<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Peter Bradley Foundation Limited</th>
</tr>
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<tr>
<td>Centre ID:</td>
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<td>Clare</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Stevan Orme</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
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<tr>
<td>Support inspector(s):</td>
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<td>Type of inspection</td>
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<td>Number of residents on the date of inspection:</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 18 March 2015 09:00  
19 March 2015 10:00

To: 18 March 2015 15:30  
19 March 2015 13:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
<th>Outcome 02: Communication</th>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 13: Statement of Purpose</td>
<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
<td>Outcome 16: Use of Resources</td>
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<tr>
<td>Outcome 17: Workforce</td>
<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

This was the first inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

This centre provides a neuro rehabilitation service to adults with a primary diagnosis of an acquired brain injury.

As part of the inspection, the inspector met and spoke with residents and staff.
members. The inspector observed practices and reviewed documentation such as personal plans, policies and procedures.

The centre was a purpose built single storey building. The house was comfortable, appropriately furnished and well maintained. The design and layout of the house met the needs of residents.

Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their individual interests and goals.

Staff and residents knew each other well, residents spoke highly of the staff, supports and services provided.

Areas of non compliance related to updating the complaints policy/procedure, statement of purpose and risk register, these are discussed further in the report and included in the Action Plan at the end of this report.
Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that residents were consulted in how the centre was planned and run. There were regular monthly in-house meetings held with residents. Residents discussed and planned the menus for the week ahead, activities that they would like to attend and things that they would like to do. Residents spoken with confirmed that they were consulted on a daily basis to seek their views regarding all daily activities. They stated that they could raise any issue with any member of staff and that issues raised in the past had been dealt with appropriately. Residents had monthly meetings with their key workers and could raise any issues of concern.

Residents had access to advocacy services. Information sessions were held in house for residents and staff, they explained about advocacy and how to access the service. Information leaflets on the advocacy services were available in the centre.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. There was a complaints policy in place, which included details of the designated complaints officer and appeals process. The policy required updating to include the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records maintained. The complaints procedure 'Your voice matters' was displayed and had been recently updated to include details of the nominated complaints officer. The procedure required further updating to include clear details of the appeals process. Information on how to make a complaint was readily accessible to residents including making a complaint leaflets, comments/compliments leaflets and a complaints/comments box.
The inspector reviewed the recently updated complaints log and noted that all complaints had been acted upon and some changes to protocols brought about as a result. Comprehensive details of complaints were recorded and included details of the complainants satisfaction or not with the outcome.

The inspector observed that the privacy and dignity of each resident was respected. All residents spoken with told the inspector that they were treated very well by staff and their privacy was respected. Staff were observed speaking with residents in respectful manner. All residents had single bedrooms. An individual intimate and personal care plan was developed for residents to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. Each bedroom had been personalised with residents preferred colour schemes, soft furnishings and furniture. Residents stated that they were happy living in the centre, comments included ' staff are very respectful of my privacy and dignity', ' staff assist me when I need help', 'we laugh a lot here' and 'I don't know where I would be without the staff here'.

**Judgment:**
Substantially Compliant

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**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that systems were in place to assist and support residents to communicate.

There was a policy on the communication needs of residents in place. Residents had no specific communication issues.

All residents had access to televisions, radio, newspapers and magazines. Some residents had their own televisions, music systems, computers and tablets. There was access to the internet. Some residents had their own personal mobile telephones and had access to the house telephone if they so wished. Some residents got the daily newspaper and staff held discussions with residents regarding various news articles and upcoming events.

Residents attended regular in house information sessions on topics such as the advocacy and various history topics. The local community welfare officer, citizens information representative and local politicians had visited the house and spoken with residents.
regarding their rights and entitlements.

**Judgment:**
Compliant

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**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector was satisfied that residents were supported to maintain positive relationships with their families and the local community. There was a policy on family relationships in place.

There was an open visiting policy. Residents spoken with stated that they could receive visits from family and friends at any time and that they were always made welcome.

The inspector noted evidence in residents files that family members were kept up to date regarding their relatives well-being and attended regular reviews/personal plan meetings. Relatives indicated in the returned questionnaires that they were satisfied with communication and were always kept up to date regarding their relatives well being.

Residents were supported to visit and stay with family members on a regular basis. Some of the residents went home for visits at weekends and holiday time. Residents confirmed that they received regular visits from friends and family and some kept in regular contact by telephone and by writing letters. Residents were supported to visit and socialise with their friends some of whom lived in the adjoining house.

Residents attended various resource services which provided activities such as baking and felting. Residents confirmed that they enjoyed attending a variety of different services and outings.

Residents were supported to go on day trips in the local area, go on shopping trips and dine out in local restaurants. Residents spoke about having attended the local St. Patrick's day parade, visiting the library, attending local religious services and attending music concerts and sporting events.

**Judgment:**
Compliant
### Outcome 04: Admissions and Contract for the Provision of Services

**Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.**

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The admissions policy clearly set out the criteria for admissions, the inspector found this to be in line with the statement of purpose. Residents had an opportunity to visit prior to admission, pre-admission assessments were carried out to ensure that the service could meet the needs of residents.

There was a signed service agreement in place for each resident. The inspector noted that the agreement set out the services to be provided and included details of additional charges such as monthly rent and the weekly contribution to utility bills and food.

**Judgment:**
Compliant

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### Outcome 05: Social Care Needs

**Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.**

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident’s assessed needs following multidisciplinary input and these were set out in an
Residents were involved in the development of their personal plans and staff provided a good quality of social support to residents. Residents confirmed that they had access to their personal plan if they so wished.

The inspector reviewed a sample of personal plans. The plans set out each resident's individual needs, dreams/aspirations, preferences and choices. Individual long-term and short-term goals were clearly set out and included the name of the person responsible for pursuing the goals within an agreed timeframe.

There was evidence of regular review and participation of residents/relatives in the development of their plans and reviewing of goals. The personal plans contained personal profiles of each resident and information about residents’ interests. Each file had an individualised weekly activities timetable. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place.

Residents were supported in transition between services, residents were given the opportunity to visit the centre and stay on a phased basis prior to moving in full time.

**Judgment:**
Compliant

**Outcome 06: Safe and suitable premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that the design and layout of the house fitted with the statement of purpose and met the needs of residents.

The centre was purpose built and found to be well maintained both internally and externally. The centre was found to be clean, bright, homely, suitably decorated and comfortable. The layout promoted residents' independence, privacy and safety. The corridors were wide and allowed residents using wheelchairs to mobilise easily. Residents told the inspector that they liked the house, they found it spacious and liked having their own personal space.
There was a variety of communal day space including a large sitting room, gym room and a large bright kitchen cum dining room. The rooms were comfortably and appropriately furnished. Residents artwork was framed and displayed throughout the house.

All bedrooms were for single occupancy; they were bright, well furnished and decorated in varying colour schemes. All bedrooms had en suite toilet and shower facilities. There was a separate bathroom also available.

The inspector found the kitchen to be well equipped and maintained in a clean condition. The kitchen was designed so that wheelchair users could prepare and cook their own meals.

Adequate assistive equipment was provided to meet the needs of residents, and systems were in place for the regular servicing of equipment.

There was adequate storage facilities provided to safely, discreetly and securely store equipment. There were separate well equipped utility/laundry room. There were adequate arrangements in place for the storage and removal of domestic waste.

There was a separate office, bedroom, toilet and shower facilities for staff.

Residents had access to a large garden area at the rear of the building. The garden area was landscaped and raised flower beds were provided. Suitable garden furniture was provided for residents use.

Judgment: Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme: Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected.

There was an up to date health and safety statement available. There was a recently updated risk management policy and risk register which included the risks specifically mentioned in the Regulations. The inspector noted that some risks identified in the risk
register did not include the measures in place to address the risks, the name of the person responsible for pursuing the issues and the timeframes for addressing risks were not always included. The person in charge carried out and recorded monthly health and safety checks.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in August 2014 and the fire alarm was serviced on a quarterly basis, the last service took place in February 2015. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. All staff had received up to date formal fire safety training. The procedures to be followed in the event of fire were displayed. Regular fire drills and emergency evacuation practices took place involving all residents and staff. Residents confirmed that they were included in regular fire drills and were confident of knowing what to do in the event of fire. There was a fire exit door located in each bedroom.

A personal emergency evacuation plan had been documented for each resident. There was a fire and emergency plan in place which outlined clear guidance for staff in the event of a fire and evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation. The emergency plan had been recently updated and included clear guidance for staff as to what their roles might be in the event of range of other types of emergencies including the loss of water, electricity, flooding and a gas leak.

The house was found to be maintained in a clean and hygienic condition throughout. There was an infection prevention and control policy dated January 2015 in place and guiding practice in areas such as hand hygiene, laundry, cleaning, kitchen hygiene, pest control and management of outbreaks of infection. Staff stated that they had received training in infection control and food hygiene. Training records reviewed confirmed that training had taken place.

All staff had received up to date training in moving and handling.

**Judgment:**
Substantially Compliant

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**Outcome 08: Safeguarding and Safety**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policy on the prevention of abuse and the procedure for dealing with allegations of abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations of abuse including conducting an investigation. It also included the name and contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area.

The inspector reviewed the comprehensive policies on restraint and responding to behaviours that challenge. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. The inspector was told that there were no restrictive measures in place. Training for staff on managing behaviours that challenged was scheduled for April 2015.

The inspector was satisfied that residents finances were managed in a clear and transparent manner. Some residents managed their own finances while money management support plans were in place for other residents. All money was securely stored in the safe. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by a staff member or a resident. Weekly balance checks were carried out by the team leader.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The person in charge and management staff spoken with were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.
The inspector reviewed the incident logs and noted that comprehensive details of all incidents were maintained. All incidents were reviewed by the person in charge and included follow up action required and learning outcomes. Staff confirmed that all incidents were discussed at team meetings.

Judgment:
Compliant

Outcome 10. General Welfare and Development
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that residents had opportunities for new experiences, social participation, training and employment.

Some of the residents attended a resource centre and some a rehabilitation training workshop each week and told the inspector that they liked attending, partaking in various activities and socialising with friends.

Residents were supported to gain employment, part-time employment had been recently organised for a resident.

Residents confirmed that they were supported to engage in a range of social activities both internal and external to the centre.

Judgment:
Compliant

Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

Theme:
Health and Development
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to GP services. There was an out-of-hours GP service available.

Residents had access to a range of allied health professionals including physiotherapy, OT, speech and language therapy, psychology and chiropody. Records of referrals and appointments were observed in residents’ files. Support/care plans were in place to clearly guide staff for specific identified health care issues.

Residents told the inspector that they were supported to buy, prepare and cook the foods that they wished to eat. They said that they each cooked the main evening meal on one day of each week. The weekly menu plan and cooking rota was displayed in the kitchen. Residents said that they enjoyed going shopping, preparing and cooking meals. Residents had access to the kitchen at all times and had access to drinks and snacks throughout the day. Residents told the inspector that they ate out in local restaurants and hotels usually at weekends and had coffee and snacks at their preferred coffee shops during the week days. Residents had attended a nutrition group in house and discussed healthy diets and exercise plans.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector noted that the policies and procedures for medication management were robust.

There was a comprehensive medication management policy guiding practice. Staff spoken with were knowledgeable regarding medication management policies and practices. All staff had received recent training in the safe administration of medications and had completed a competency assessment following the training.
The inspector reviewed a sample of prescription/administration charts and noted that they contained all the information required to enable staff to safely administer medications. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN medications were prescribed and all medications were regularly reviewed by the GP.

There were no residents prescribed controlled medications at the time of inspection.

Systems were in place for checking medications on receipt from the pharmacy.

Systems were in place for returning unused and out of date medications to the pharmacy, a recently introduced log book was in place.

Systems were in place to record medication errors and staff were familiar with them.

Medication management audits were carried out by the person in charge. the inspector reviewed the last audit which took place in October 2014 and noted that no issues were identified. Staff confirmed that the results of audits were discussed with them and had led to improvements in practice.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector reviewed the statement of purpose and noted that it generally complied with the requirements of the Regulations but required further updating to include a summary of the complaints procedure. The management structure as outlined required updating to include the provider nominee. The statement of purpose accurately described the services provided and was demonstrated in practice.

**Judgment:**
Substantially Compliant
Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She was working as a team manager in the service for the past nine years. She worked full-time and was on call out of hours and at weekends. She was also person in charge in another centre, both centres were located adjacent to one another. She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs of each resident. The inspector observed that she was well known to staff and residents. There was an on call out of hours rota system in place. The team leader in the centre deputised in the absence of the person in charge.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a regional manager, social worker and senior neuro-psychologist. The inspector met with the designated person to act on behalf of the provider and the regional manager both of whom were knowledgeable about the service. There were established monthly management meetings where the managers of services met to discuss common areas of interest and share their learning. The person in charge told inspectors that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service and she felt well supported in her role.

A manager of services from another area in the organisation had carried out a recent review of the quality and safety of care in the centre, the inspector reviewed the audit dated December 2014. The audit reviewed areas such as the building, residents files, staff files, information for residents, health and safety and complaints. A family satisfaction survey had also been carried out by an external company, the results of which indicated a high level of satisfaction with the service.

The centre was accredited to CARF (Commission on Accreditation of Rehabilitation Facilities), they carried out an independent audit every three years.
**Judgment:**
Compliant

**Outcome 15: Absence of the person in charge**
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge. To date this had not been necessary.

**Judgment:**
Compliant

**Outcome 16: Use of Resources**
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that there were sufficient resources to support residents achieve their individual personal plans.

The organisation had a service level agreement with Health Service Executive in place based on the number of residents in the centre.

**Judgment:**
Compliant
Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector noted adequate staffing levels to meet the needs of residents at the time of inspection. There were normally two rehabilitation assistants on duty during the day time, three rehabilitation assistants during the evening time and one rehabilitation assistant on sleepover at night time. Staffing arrangements were flexible in order to meet the needs of residents. There were two designated centres located adjacent to one another and staff from each centre supported one another when required. There was a designated team leader in each house who worked on opposite shifts and who had overall responsibility for the running of the houses and staff supervision. The person in charge told the inspector that from the 1 April 2015 an additional staff member was being rostered during the evening and night time to provide additional support for residents to partake in additional activities and be available to support other staff in the event of emergency.

The inspector reviewed a number of staff files, they contained all the information as required by the Regulations.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended on going training and records of training was maintained in staff files. Recent training included safe administration of medication, food hygiene, epilepsy and emergency first aid.

The inspector noted that there had been a low turn over of staff in the centre.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to
residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly.

All policies as required by Schedule 5 of the Regulations were available and up to date. Systems were in place to review and update policies. Staff were aware of policies and they were reflected in practice.

**Judgment:**
Compliant

**Closing the Visit**
At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**
The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**
Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

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<th>A designated centre for people with disabilities operated by Peter Bradley Foundation Limited</th>
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<td>OSV-0001516</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>18 March 2015</td>
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<tr>
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</table>

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The complaints policy required updating to include the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records maintained.

**Action Required:**
Under Regulation 34 (3) you are required to: Nominate a person, other than the person

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
(1) The Complaints Policy will include the name of a nominated person which is independent to the main person nominated dealing with the complaints.
(2) All records of complaints will be recorded as per policy and filed accordingly.

Proposed Timescale: 27/04/2015

Outcome 07: Health and Safety and Risk Management
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some risks identified in the risk register did not include the measures in place to address the risks, the name of the person responsible for pursuing the issues and the timeframes for addressing risks were not always included.

Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
(1) All risks identified in the Risk Register will have measures in place to address all risks.
(2) The Risk Register will include the name of the person that is responsible for pursuing the issues that have been identified.
(3) The Risk Register will include timeframes for addressing risks that will be included.

Proposed Timescale: 20/05/2015

Outcome 13: Statement of Purpose
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required updating to include a summary of the complaints procedure. The management structure as outlined required updating to include the provider nominee.

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and
Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
(1) The Statement of Purpose will include a summary of the Complaints Procedure.
(2) The Management Structure will be updated to include the provider nominee.

**Proposed Timescale:** 27/04/2015