## Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Peter Bradley Foundation Limited</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001529</td>
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<tr>
<td>Centre county:</td>
<td>Limerick</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Peter Bradley Foundation Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Stevan Orme</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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

<table>
<thead>
<tr>
<th>From:</th>
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<tr>
<td>13 April 2015 09:00</td>
<td>13 April 2015 17:00</td>
</tr>
<tr>
<td>14 April 2015 09:00</td>
<td>14 April 2015 01:30</td>
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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>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<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 two storey detached house, each resident had their own spacious bedroom. The house was comfortable, appropriately furnished and well maintained. The design and layout of the house met the needs of residents. The house was in a quiet residential area located close to a wide range of amenities including shops, a large shopping centre, restaurants and cinema.

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. Questionnaires completed by family members indicated overall satisfaction with the service provided.

Areas of non compliance related to updating the complaints policy/procedure and statement of purpose, these are discussed further in the report and included in the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. 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.

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. Topics such as health and safety, complaints procedure, HIQA standards, rights and responsibilities were also discussed. 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. Discussions had been held with residents 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 and 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 was located in
the main day room.

The inspector reviewed the complaints log and noted that all complaints had been acted upon, there had been no recent complaints. Details of complaints were recorded and all complaints had been resolved however, details of the complainants satisfaction or not with the outcome was not clearly recorded.

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 always respected. Residents commented that 'staff always knock on my door and ask before entering my room'. Staff were observed speaking with residents in a 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 bring us to nice places', 'I am always asked what I would like to do', 'I like my bedroom' and 'the house is bright and spacious'.

Judgment:
Substantially Compliant

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. Residents said that they had a wide range of television channels to choose from and some times watched films on Netflix. There was access to the internet and a desk top computer was available to residents in the sitting room. All residents had their own personal mobile telephones and had access to the house telephone if they so wished. Residents told the
inspector that they liked researching various items on the internet and also liked using social media sites such as Facebook to keep in touch with family and friends.

**Judgment:**
Compliant

**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 were supported to attend special family events such as birthday parties and weddings. Residents confirmed that they received regular visits from friends and family and some kept in regular contact by telephone.

Residents attended various resource services which provided a variety of activities, residents stated that they enjoyed attending these services as it provided an opportunity to meet with friends and mix with other people. Residents confirmed that they enjoyed going on outings and had recently been to visit Blarney Castle and gardens. Residents told the inspector that they had also recently attended a rugby match and a show at the University Concert Hall.

Residents were supported to go on day trips in the local area, visit the local shops and nearby shopping centre, attend the cinema and dine out in local restaurants. Some residents had been involved with the local residents association in tiding and cleaning up the estate, while neighbours had also been invited to attend fundraising bake sales in
the house.

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 and their families had an opportunity to visit the house prior to admission and 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 weekly charges towards utility bills and food.

Judgment: Compliant

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 individual personal plan.

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 time frame.

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 based on individual goals. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. Resident's told the inspector that they had met many of their goals to date and were progressing well in meeting further goals.

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. Some residents were planning to move into independent living accommodation and told the inspector that during the transition period staff from the centre had arranged to support them until such time as they felt safe to live independently. The organisation then provided community support services as required by the resident.

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 a two storey detached house, it was found to be well maintained both internally and externally. The centre was clean, bright, homely, suitably decorated and comfortable. The layout promoted residents independence, privacy and safety. The house was wheelchair accessible with suitable ramps provided at the front and back doors. Residents told the inspector that they liked the house, they found it spacious, bright and liked having their own personal space.

There was a variety of communal day space including a large sitting room and a large bright kitchen-cum-dining/living area. The rooms were comfortably and appropriately furnished. Residents artwork and photographs were framed and displayed throughout the house.

All bedrooms were for single occupancy; they were bright, spacious, well furnished and decorated in varying colour schemes. There were two bedrooms with en suite shower facilities located on the first floor and two bedrooms located on the ground floor. There was a separate bathroom located on the first floor and an assisted shower room located on the ground floor.

The inspector found the kitchen to be well equipped and maintained in a clean condition.

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 were separate offices, and bedroom for staff.

Residents had access to a garden area at the rear of the building. The garden area was landscaped and 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

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#### 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 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 January 2015. All staff had received formal fire safety training and further training was scheduled for 24 April 2015. 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.

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 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.

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**Judgment:**
Compliant
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. Further training was scheduled for May 2015. Residents spoken to told the inspector that they felt safe in the centre.

The inspector reviewed the comprehensive policies on restraint and responding to behaviours that challenge. The policy on responding to behaviours that challenge outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The inspector noted positive behaviour support plans in place which had been developed following the review of behaviour patterns and in consultation with clinical psychologist. They included clear details of both proactive and reactive strategies.

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.

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 two staff member and the 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 were supported to participate in education and training to assist them achieve their potential.

Many of the residents in the centre attended educational/training workshops each week. Each resident was supported to attend education/ training in line with their own personal interests. Some residents attended vocational Further Education Training Awards Council (FETAC) training courses including cookery, computers, life skills and
vocational training. Staff had recently supported a resident to arrange a European Computer Driving Licence (ECDL) training course which was due to commence shortly. Residents spoken with told the inspector that they enjoyed attending training courses and had found them to be interesting and beneficial.

Residents also attended in-house education in areas such as cooking, cleaning/laundry, money management and medication management skills.

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

**Judgment:**
Compliant

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**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 general practitioner (GP) services. There was an out-of-hours GP service available.

Residents had access to a range of allied health professionals including physiotherapy, occupational therapy (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. Staff supported residents regarding healthy eating options and portion size.
**Judgment:**
Compliant

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<tr>
<th><strong>Outcome 12. Medication Management</strong></th>
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<td><em>Each resident is protected by the designated centres policies and procedures for medication management.</em></td>
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**Theme:**
Health and Development

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<thead>
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<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
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<td>This was the centre’s first inspection by the Authority.</td>
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**Findings:**
The inspector noted that the policies and procedures for medication management were robust.

There was a comprehensive medication management policy that guided 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 management of self administration of medications was found to be in line with the centres policy.

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 the safe secure storage of medications.

Systems were in place for checking medications on receipt from the pharmacy and returning unused and out of date medications to the pharmacy.

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

A recent medication management audit was carried out by the team leader, no issues had been identified.

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<th><strong>Judgment:</strong></th>
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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 required updating to fully comply with the requirements of the Regulations. The management/organisational structure as outlined required updating to include the regional manager and provider nominee. The statement of purpose accurately described the services provided and was demonstrated in practice.

**Judgment:**
Substantially Compliant

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**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. He was working as a team manager in the service for the past nine years. He worked full-time and was on call out of hours and at weekends. He also managed community services in the Mid West area. He 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 he 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 or regional manager 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 him to deliver a good quality service. These supports included a regional manager, social worker and senior neuro-psychologist. 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 he could contact any member of the management team at any time should he have a concern or issue in relation to any aspect of the service and he felt well supported in his 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, medication management, staff files, information for residents, health and safety and complaints.

The centre was accredited to Commission on Accreditation of Rehabilitation Facilities (CARF), 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/three rehabilitation assistants on duty during the day time, two 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. The staffing rota reviewed indicated this too be the norm. There was a designated team leader in the house who had responsibility for the running of the house and staff supervision.

The inspector reviewed a number of staff files, however the inspector noted they did not contain all the information as required by the Regulations such as the date of commencement of employment, the position the person held and the number of hours...
the person was employed each week. The person in charge told the inspector that this information was included in the contracts of employment which were held at head office in Dublin.

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, emergency first aid, infection control and CPR (cardiac pulmonary resuscitation). Further training was scheduled including the prevention of abuse, fire safety and first aid.

Judgment:
Non Compliant - Moderate

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
Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Peter Bradley Foundation Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001529</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>13 April 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 May 2015</td>
</tr>
</tbody>
</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...
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:
The complaints policy will be updated 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.

Proposed Timescale: 30/06/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Details of the complainants satisfaction or not with the outcome were not clearly recorded.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The complaints recording form will be updated so that details about the complainants satisfaction or not with the outcome can be clearly recorded.

Proposed Timescale: 30/06/2015

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 management/organisational structure as outlined in the statement of purpose required updating to include the regional manager and 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:
The management/organisational structure as outlined in the statement of purpose will
be updated to include the regional manager and provider nominee.

**Proposed Timescale:** 20/05/2015

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff files did not contain all the information as required by the Regulations such as the date of commencement of employment, the position the person held and the number of hours the person was employed each week.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
A new form has been included in each staff members file which states the date of commencement of employment, the position the person holds and the number of hours the person is employed each week.

**Proposed Timescale:** 30/04/2015