## 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>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001525</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 7</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<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>Philip Daughen</td>
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<tr>
<td>Support inspector(s):</td>
<td>Leone Ewings</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</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 1 day(s).

The inspection took place over the following dates and times
From: 23 July 2015 10:00  
To: 23 July 2015 13:00

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

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<tbody>
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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 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was an announced inspection. It took place over one day and as part of the inspection, practices were observed and relevant documentation reviewed. This centre was previously inspected on the 18 and 19 March 2015. The purpose of this inspection was to ascertain what progress had been made in addressing non compliances identified on the previous inspection.

The main aim of this residential service is to operate as an assisted living house, which provides individualised community based supports to maximise the quality of life to each person living with acquired brain injury. The service operates as a neuro-rehabilitation service with the goal of providing and enabling people to live meaningful lives in the community and in doing so operates as a person-centred service. The residents had individual rehabilitation assessments and plans in place. The service is funded by the Health Service Executive (HSE) and primarily accommodates people who fit the eligibility criteria from the Dublin area. The service does not currently have the capacity based on the accessibility of the premises to accommodate wheelchair users.

The centre is located in a building originally constructed as a two storey dwelling house. The building is approximately 75 - 100 years old and is located in an urban setting. In more recent times, the attic space has been converted providing additional accommodation on the second floor. The ground floor consists of shared living, dining and cooking facilities as well as one residents bedroom and staff.
facilities. The first floor mainly consists of bedroom accommodation for four residents. The second floor consists of staff accommodation.

Inspectors found that in the main, the non-compliances identified previously had been satisfactorily addressed. However, inspectors found that some non-compliances previously identified under Outcome 7, specifically relating to fire precautions, had not been satisfactorily addressed. Furthermore, inspectors identified a number of additional fire precaution failings. These are detailed within the findings of the report.

Further to this inspection HIQA held a regulatory meeting with the provider on 14 October 2015. Subsequent to this meeting written confirmation from the provider confirmed that the works required would be funded and completed.

The action plans at the end of this report identifies where improvements are required.
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 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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

This non-compliance was found to have been fully addressed by the provider.

The inspectors reviewed each resident's written contracts of care, and found all contracts had been re-issued since the last inspection with the relevant fees included. Four contracts were signed by the residents, and one revised contract remained unsigned and outstanding.

Written evidence that the provider had communicated the details of the updated contract of care was in place.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
This non-compliance was found to have been fully addressed by the provider.

The current design and layout of the premises was suitable for residents and their individual and collective needs. The premises were homely.

The worn carpeting on the main staircase had been replaced with a new fitted carpet. The person in charge confirmed that a review of accessibility of the premises had taken place since the last inspection, and temporary ramps were available for use should visitors require access to the front door which had a step in place.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
With respect to failings identified on the previous inspection, inspectors found that the provider had since installed additional ventilation. The provider had also ensured that personal evacuation plans for the residents had been updated. Inspectors found that the lack of a fire alarm system and emergency lighting had been identified as a failing previously and the provider had not rectified these failings since the last inspection.

Inspectors found that while the layout of the centre provided residents with an adequate number of escape routes, these were not protected with fire resistant construction where required to contain fire and prevent the escape route becoming impassable due to smoke and heat. The primary escape route from the upper floors was down the stairs and all rooms on the upper floors were accessed directly from the stairs. However, none of the doors to the stairs on any of the floors were fire resistant doors. Therefore, there was no adequate fire resistant construction in place to protect the primary escape route from the effects of a fire in any room within the centre. In the event of a fire at night, inspectors noted that the stairs and associated hall and landings were the sole escape route from three of the residents' bedrooms. This was solely on the premise that the remaining residents were provided with windows suitable for escape from their bedroom and had the mobility to use same in the event of an emergency.
The centre had final exits to the front and to the rear. The front exit discharged directly to the front garden from the hall. The two rear exits discharged from the kitchen and utility room into the rear garden, which was of a size suitable to be considered a place of safety. In any case, there was a shutter to the back of the rear garden which afforded escape from the garden to a laneway. The shutter was capable of being opened at all times by way of a hand crank kept adjacent to it in the garden.

The final exits had key locks and were not easily openable in the direction of escape without the use of a key. In addition inspectors noted that there was a step outside the front exit although this was also noted as not being an impediment to the residents, as none of them required the use of mobility aids in the event of an evacuation.

Inspectors observed that the standard of housekeeping from a fire safety perspective was acceptable throughout the premises. All escape routes were noted as being clear and storage of combustible materials was in areas and rooms specifically designated for the purpose.

The lack of fire resistant construction meant these rooms were not adequately enclosed in fire resistant construction in order to contain fire and smoke, particularly in the case of the storage of combustibles, which included paper towels under the stairs on the ground floor and clothing and linen in the hot press on first floor.

Inspectors found that while an open fire was in use, according to staff, arrangements were made for the cleaning of the chimney on an ongoing basis and carbon monoxide detectors were located adjacent to the fire and other fuel burning appliances as an additional safeguard. Staff when questioned, were found to be knowledgeable of the basic principles of fire safety management.

Inspectors noted that records were being kept to indicate that a number of health, safety and fire safety related checks were carried out on a monthly basis. There were no records to indicate fire safety checks, such as checking that escape routes were clear, were carried out at any occasion outside of these monthly checks.

Inspectors observed that the centre did not have an adequate fire alarm system. The only provision for the automatic detection of fire were battery operated domestic-type smoke detectors installed throughout the centre. This did not constitute an adequate arrangement for detecting and giving warning in the event of a fire.

Emergency lighting had not been installed in the centre.

First aid fire fighting equipment was available throughout the centre where necessary and the equipment had been serviced as required.

Inspectors observed that while fire procedures were displayed within the centre, there were three different formats on display in the building, each with slightly different text and lists of instructions to follow. Personal evacuation plans had been prepared for each resident. These were accessible and contained all the necessary information as to the needs and capabilities of each resident in the event of an evacuation of the centre.
Records indicating a regular programme of fire drills being undertaken were kept in the centre. Inspectors noted a comprehensive level of detail within the records with important factors such as the numbers of staff and residents present as well as the time taken for evacuation, all recorded in a format that would allow staff to easily appraise the effectiveness of evacuation procedures. However, upon further examination of the records, inspectors found that no fire drills had been carried out replicating night-time conditions within the centre.

Judgment:
Non Compliant - Major

### 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The two actions relating to this non-compliance was found to have been fully addressed by the provider.

Each resident is protected by the designated centres' policies and procedures for medication management. Improvements required relating to the storage of out-of-date medication at the centre have been addressed. Records of disposal were in place and reviewed by inspectors to confirm practices relating to safe disposal. There was a system to audit medication management practices and this was found to be satisfactory.

Judgment:
Compliant

### 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
This non-compliance was found to have been fully addressed by the provider. A revised statement of purpose was submitted in May 2015 by the provider within the time frame. The inspector reviewed this and found that the information contained fully met the requirements of Schedule 1.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
This non-compliance was found to have been fully addressed by the provider. The inspectors reviewed the revised directory of residents and confirmed that it now contained all the information and requirements of Regulation 19(3).

Some records relating to fire safety management were found to be incomplete as described under Outcome 7

Judgment:
Compliant
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:**

Philip Daughen  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
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<tr>
<td>Centre ID:</td>
<td>OSV-0001525</td>
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<tr>
<td>Date of Inspection:</td>
<td>23 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>2 September 2015</td>
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</tbody>
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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 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:

There were no records to indicate adequate arrangements were in place for checking and maintaining means of escape and fire equipment. Records indicated that checks were not carried out any more frequently than on a monthly basis.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
### 1. **Action Required:**
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

**Please state the actions you have taken or are planning to take:**
1. Funding obtained from HSE for required fire safety works. 23/11/15
2. Contractor to be engaged and completion of all fire safety works. 15/02/16

**Proposed Timescale:** 15/02/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The means of escape from the centre were identified as not being adequate in the following respects:

- The primary escape route from the centre, specifically the stairway, hall and landings, was not adequately protected with fire resistant construction and fire doors where necessary to ensure residents can safely evacuate in the event of fire.
- The door fastenings on final exits from the centre were not easily openable from the inside without the use of a key.
- Emergency lighting had not been installed within the centre.

### 2. **Action Required:**
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
1. Funding obtained from HSE for required fire safety works. 23/11/15
2. Contractor to be engaged and completion of all fire safety works. 15/02/16

**Proposed Timescale:** 15/02/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no adequate arrangements in place for containing fire. There was no adequate provision of fire resistant construction including fire doors to contain fire and smoke, particularly where combustibles are stored within the centre.

The arrangements in place for detecting fires were not adequate within the centre in that there was no adequate automatic fire detection and alarm system within the centre.
3. **Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
1. Funding obtained from HSE for required fire safety works. 23/11/15
2. Contractor to be engaged and completion of all fire safety works. 15/02/16

**Proposed Timescale:** 15/02/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The arrangements in place for giving warning of fires were not adequate within the centre in that there was no adequate automatic fire detection and alarm system within the centre.

4. **Action Required:**
Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

**Please state the actions you have taken or are planning to take:**
1. Funding obtained from HSE for required fire safety works. 23/11/15
2. Contractor to be engaged and completion of all fire safety works. 15/02/16

**Proposed Timescale:** 15/02/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While a programme of fire drills was implemented and records of same were kept, there were no fire drills conducted that simulated night time conditions within the centre.

5. **Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Fire drills will be conducted during the day and in the evening to simulate night time conditions within the centre.

**Proposed Timescale:** 31/08/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While fire procedures were displayed throughout the centre, they were not consistent as multiple formats with differing text and instructions were displayed.

6. Action Required:
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

Please state the actions you have taken or are planning to take:
Procedures to be followed in the event of fire will be displayed in a prominent place and be made readily available within the designated centre.

Proposed Timescale: 31/08/2015