<table>
<thead>
<tr>
<th>Centre name:</th>
<th>The Grange</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001524</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 24</td>
</tr>
<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>Donnchadh Whelan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jillian Connolly</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 08 May 2017 10:00  To: 08 May 2017 17:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
<tbody>
<tr>
<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 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</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

Background to the inspection:
This was the second inspection of the centre. The previous inspection was conducted in February 2015 following an application by the provider to register the centre under the Health Act 2007. This inspection was conducted to monitor compliance with specific outcomes and to follow up on actions arising from the previous inspection.

How we gathered our evidence:
As part of this inspection, the inspector met with three of the residents. The inspector also met with staff and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:
The designated centre is one house located in Co. Dublin. The centre is operated by Acquired Brain Injury Ireland.

Overall findings:
The findings of this inspection demonstrated that the provider had implemented the action plan from the previous inspection. Residents were observed to be comfortable within their home and staff were observed to engage with residents in a respectful
and dignified manner.

Overall, the inspector found that the service was led by the needs of the residents. Residents were active participants in deciding how they live their lives and were supported to engage with their local community, with one resident stating that they have 'never been happier' and another resident stating that they 'value the freedom' of living in the centre.

The inspector found that improvements were required to ensure that there was an adequate means of escape in the event of an emergency, that medication was safely disposed of and that staff were provided with refresher training within appropriate time frames.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failing identified during the inspection and the action required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
**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):**

No actions were required from the previous inspection.

**Findings:**
Residents told the inspector that they were supported to exercise choice and autonomy in how they lived their lives. This was supported by a systematic approach to the assessment and development of residents’ personal plans.

Of the sample of personal plans reviewed, inspectors found that the health and social care needs of residents were assessed. Following on from the assessment, a plan was in place which identified the supports residents required to ensure that their needs were met. Residents had the opportunity to engage in education, supported employment and skill building. For example, some residents were working towards independent living. Personal plans identified the areas in which residents required supports to learn the skills for this to happen.

Personal plans were informed by annual meetings which involved the resident and/or their representative. These meetings involved a review of the previous plan and the effectiveness of this plan. Progress towards achieving identified goals were also reviewed on a regular basis throughout the year.

Residents had access to allied health professionals if required. Recommendations from these assessments were in personal plans.

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

**Findings:**
The inspector found that there were systems in place for the assessment, management and ongoing review of risk. This included an organisational safety statement and risk management policy. The risk management policy met the requirements of regulation 26. There was also a location specific safety statement, which included a risk register. The risk register contained an overview of all clinical, operational and environmental risks within the centre. These were supported by individual risk assessments which identified the control measures in place to reduce risk to residents, staff and visitors within the centre. The inspector found that there was an appropriate response to all adverse events in the centre.

There were systems in place for the prevention and management of fire. This included a fire alarm, emergency lighting and fire extinguishers which were serviced at regular intervals. The procedure to be followed in the event of a fire was clearly displayed. Staff had received training in the prevention and management of fire. However, improvements were required to ensure compliance with Regulation 28.

It was unclear if there was adequate fire containment measures in place particularly in relation to one bedroom on the ground floor which was accessed through the kitchen. Management stated that the window could be used for evacuation. However, this was not supported by a robust assessment. Records of fire drills had also not considered the window as a means of escape.

**Judgment:**
Non Compliant - Moderate

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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):
No actions were required from the previous inspection.

Findings:
There were policies and procedures in place for the protection of vulnerable adults. Residents told the inspector that they felt safe within the centre. Staff had received training in the protection of vulnerable adults. However, one member of staff had not received refresher training since 2012. There had been no allegations or suspicions of abuse in the centre since the last inspection.

Residents' intimate care was supported by individualised plans which identified their preferences and promoted residents' dignity.

The centre operated a restraint free environment.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that health and well being was promoted within the centre and residents were supported to take responsibility for their own health and well being.

Residents had regular access to their General Practitioner (GP) and other health care professionals, including Occupational Therapy (OT) and Physiotherapy. An assessment of residents' health care needs had also been completed and a health management plan developed. This was overseen by the appropriate healthcare professional.

Residents were supported to monitor their health in line with recommendations. For example, blood sugar levels were monitored at appropriate intervals.

The inspector observed that residents had access to the kitchen at all times to prepare meals and snacks. Residents were also supported to buy and prepare food of their choosing. The weekly menu was decided among the residents and each resident took turns cooking.
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):
No actions were required from the previous inspection.

Findings:
There were policies and procedures in place for the ordering, prescribing and administering of medication. The inspector found that staff had received training in the safe administration of medication. Medication was stored in a secure location. However, the inspector found that improvement was required to ensure that there were appropriate controls in place for the disposal of medication.

A review of a sample of prescription and administration records demonstrated that they contained all of the necessary information including the name, date of birth and a photograph of the resident. Administration records demonstrated that medication was administered at the prescribed times.

Residents were supported to self administer following the completion of an assessment.

The administration of p.r.n (as required) medication was supported by appropriate guidance.

Medication was counted and signed by staff on receipt and regular stock checks were completed. However, the inspector found medication in the cupboard which had been prescribed short term for a resident and was no longer prescribed. The medication stock checks stated that this medication was not in stock. Therefore had been administered or disposed of. This had not been identified in medication audits or the weekly stock checks.

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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that there were systems in place to monitor the safety and quality of service delivered. This was supported by a clear governance and management structure.

The team leader reported to the local service manager. The local service manager held the role of person in charge. The person in charge reported to the national service manager. The national service manager was the person nominated on behalf of the provider for the purposes of engaging with HIQA.

The person in charge was absent from the centre for more than 28 days. The provider had notified HIQA of this. The inspector found that there were appropriate arrangements in place in the interim.

An unannounced visit had been conducted by the provider as required by Regulation 23.

The inspector reviewed the annual review of the quality and safety of care and found that it addressed relevant areas. However, consultation with residents and their representatives was not centre specific and therefore did not adequately capture the views of the residents of this centre.

**Judgment:**
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector found that there was sufficient staff to meet the needs of the residents.

The centre had two staff on duty 24 hours a day. A sample of rosters confirmed that this was the standard staffing levels.

Residents told inspectors that they were happy with staff. They also told the inspector that staff would support them to do anything they wanted.

The inspector observed staff to know the needs of residents and to be respectful of residents’ rights.

Staff were provided with the appropriate training. However the inspector observed that training for manual handling and safeguarding was out of date.

There were also systems in place for formal and informal supervision.

The inspector did not review staff files on this inspection.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector did not inspect against all of the regulations in this outcome and followed up on failings arising from the last inspection.

In February 2015, improvement was required in the policies as required by Schedule 5.
This included the policies for visitors, access to education, training and development, end of life care and the complaints policy. The inspector confirmed that the policies were in place and had been reviewed with a three year timeframe as required by regulation 4.

At this time, residents’ records were incomplete. This had been adequately addressed.

**Judgment:**
Compliant

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**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:**

Jillian Connolly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

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-0001524</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>08 May 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08 June 2017</td>
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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 was not a protected means of escape due to the absence of adequate fire containment measures.

1. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape,

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
including emergency lighting.

Please state the actions you have taken or are planning to take:
• HSE Fire Prevention Officer contacted on the 8th of May 2017 as property is under HSE ownership.
• HSE Fire Prevention Officer responded on the 08/05/17 detailing that a comprehensive fire risk assessment would be carried out on the property.
• HSE Fire Prevention Officer was contacted again on the 23rd of May.
• HSE Fire Prevention Officer responded stating that fire risk assessment to be conducted by the end of June 2017 and works to be completed by the end of July 2017.

Proposed Timescale: 31/07/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication which was no longer required had not been disposed of.

2. Action Required:
Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
• Clear guidelines put in place on the 11/05/17 for staff on medication stock checks and disposal of unused medication.
• Guideline emailed to all staff on the 11/05/17 and information stored in medication folders.
• Discussed in detail at team meeting on the 16/05/17 with all staff.

Proposed Timescale: 11/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review did not capture the views of residents and/or their representatives specific to the centre.
3. Action Required:
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
- Resident’s views and opinions are recorded daily in daily logs and monthly in residents meeting.
- Residents and their representatives views are recorded at the quarterly review meetings, the annual review meeting and on an ad-hoc basis
- Actions to be taken will be noted and reported back at the next meeting and/or in minutes of the meeting
- Summary of consultations and inputs will be recorded in the 2017 annual report.

Proposed Timescale: 31/01/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Refresher training for manual handling and safeguarding was out of date for some staff.

4. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
- Safeguarding training completed on 22/05/17
- Manual Handling Training completed in the 26/05/17

Proposed Timescale: 26/05/2017