

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Rochestown Avenue
Centre ID:	OSV-0001526
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peter Bradley Foundation Limited
Provider Nominee:	Donnchadh Whelan
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 March 2017 10:00 To: 16 March 2017 17:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of the centre. The inspection, prior to this, 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 four of the residents. The inspector also met with staff, observed practices 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, in the main, appropriate action had been taken following 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.

However, the inspector found that the provider had not taken appropriate action to ensure that the premises were of a safe and suitable standard within the timeframe agreed with HIQA. Improvements were also required in the management of medication and in the arrangements in place to ensure all residents could be evacuated from the centre in the event of an emergency.

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.

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 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):

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

Findings:

The inspector found that the day to day routine in the centre was led by the needs and wants of residents. 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 of care was in place which identified the supports residents required to ensure that their needs were met. Personal plans promoted skill building and development. For example, residents were supported to develop skills in areas such as self care and socializing.

Residents told the inspector, that they felt supported to engage in activities in line with their interests including recreational activities. They also said that they were supported to actively plan their own lives including completing their own food shopping.

Residents were also supported to go to a variety of formal day programs on a full or part time basis in line with their wishes.

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.

Recommendations from Allied Health Professionals were also included in personal plans.

Progress towards achieving identified goals were reviewed on a regular basis.

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):

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

Findings:

The centre was registered under the Health Act 2007 following an inspection in February 2015. At this time there were four failings of Regulation 17 identified. The provider had responded by stating that the necessary works would take place by September 2015. The inspector found that this had not occurred within the agreed timeframe.

The centre consisted of a two storey house, with a separate apartment.

On this inspection, building work was underway to address the absence of an accessible toilet downstairs. This building work was also addressing the absence of accessible egress from the building. However, the inspector found that there remained an absence of suitable adaption to the kitchen area, to promote accessibility. Areas of the centre were also not well maintained and the inspector observed improvement was required to ensure that the kitchen was appropriately cleaned.

The inspector observed the kitchen to be a narrow space with the majority of cupboards to be below waist height. The inspector observed two individuals in the kitchen at once and found that it was confined. This is in contrast to the rehabilitative function of the centre.

The provider employed an external cleaning company. However the inspector observed there to be inadequate oversight of the effectiveness of this, as kitchen surfaces were observed to be unclean.

The inspector also observed the flooring in the centre to be visibly worn in places and paintwork to be considerably marked.

Building work had occurred to the apartment since the last inspection and the resident reported satisfaction with this.

Judgment: Non Compliant - Moderate

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: The inspector found that there were systems in place for the assessment, management and ongoing review of risk. This included an organizational safety statement and 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. There were systems in place for the prevention and management of fire. This included a fire alarm and fire extinguishers which were serviced at regular intervals. Staff had received training in the prevention and management of fire. However, improvements were required to ensure compliance with Regulation 28. The inspector noted that final fire exits were key operated, therefore increasing the risk of a delay in the event of an evacuation. The centre also did not have the provision of emergency lighting. Management informed inspectors that they were aware of this and it was in the process of being addressed. The inspector also found that there was more than one fire procedure in place, providing conflicting information. Staff also provided conflicting information to the inspector on their ability to evacuate residents in the event of a fire. Records of fire drills demonstrated that there had been challenges in evacuating some residents in the event of a fire. There had been an insufficient review of the control measures in place to address this.

Judgment: Non Compliant - Moderate

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):

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

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. There had been no allegations or suspicions of abuse in the centre since the last inspection.

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

Positive behaviour support was provided to residents. This was through assessment by Allied Health Professionals and the development of plans which identified the proactive and reactive strategies required to support residents.

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):

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

Findings:

The inspector found that health and well being was promoted within the centre. Resident's had regular access to their General Practitioner (GP) and other health care professionals, including Speech and Language Therapy (SALT), Occupational Therapy (OT) and Physiotherapy.

An assessment of residents' health care needs had also been completed and a health management plan developed. Residents were also supported during times of acute illness.

Residents were supported to monitor their health in line with recommendations. For example, their weight was 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 on a weekly basis. Residents had been assessed by the appropriate Allied Health Professionals and were supported in line with the recommendations arising.

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 and there were appropriate controls in place for the receipt and disposal of medication. However, the inspector found that improvement was required to ensure that medication was administered to residents at the time prescribed.

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. However the inspector observed medication which was prescribed to be administered at 8am to be administered at 10.15 am.

The inspector found that residents were assessed for their ability to self - administer medication. However, there was conflicting information on the supports residents required. For example, there were instances in which staff signed as administering medication however medication errors demonstrated that the medication had not been taken. Personal plans of residents did not provide clarity of the specific supports residents required in this area.

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

Medication audits were conducted in the centre.

Judgment:

Non Compliant - Moderate

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 governance and management systems in place to monitor the safety and quality of service delivered. This was supported by a clear governance and management structure.

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.

The inspector reviewed a sample of audits which demonstrated that areas such as medication management, health and safety and key working were reviewed.

An unannounced visit had also 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. At times during the week there was an additional staff member to facilitate health care appointments or recreational activities. A sample of rosters confirmed that this was the standard staffing levels.

Residents told inspectors that staff were very good and that they felt there was enough staff available to meet their needs.

The inspector observed residents to be familiar and comfortable with staff. Staff were also familiar with the needs of residents and were able to inform the inspector of their needs.

Staff were provide with the appropriate training and there were also systems in place for formal and informal supervision.

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:

Jillian Connolly
Inspector of Social Services

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Peter Bradley Foundation Limited
Centre ID:	OSV-0001526
Date of Inspection:	16 March 2017
Date of response:	10 May 2017

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 06: Safe and suitable premises

Theme: Effective Services

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

The kitchen did not promote accessibility.

1. Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities

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

and independence of residents.

Please state the actions you have taken or are planning to take:

- Communicate issue to HSE Disability Manager - Complete
- Three quotations for required work – May 19th 2017
- Meet with Disability Manager to discuss the issue and submit quote for required work – June 9th
- Agree capital funding with HSE – Sept 30th 2017
- Work complete Jan 31st 2018.

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

Areas of the centre were not well maintained. The kitchen was observed to be unclean.

2. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:

- PIC spoke with cleaning company manager on the 21/03/17 to address issues identified. Action plan devised with manager and communicated to her staff.
- Discussed at team meeting on the 23/03/17 and staff reminded of daily cleaning rota and advised to supervise cleaning.
- 3 quotes to be obtained by the 15th of May on Kitchen refurbishment.
- Works include: Painting, repair of doors, replacement of counter, replacement of extractor fan and floors professionally cleaned.
- Work to commence on June 1st on refurbishment of kitchen.
- 3 quotes for painting to be obtained by the 31st of May.
- House common areas to be painted by the 15th of June.
- New flooring on hall, stairs and landing to be put down by the 20th of May.

Proposed Timescale:

Cleaning – Complete 21st March

Floors in dining room and living room sanded and varnished – Complete 9th May

New flooring on hall, stairs and landing – 20th May

Kitchen Upgrade – 9th June

Painting of Common Areas – 15th June

Proposed Timescale: 15/06/2017

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 challenges identified in evacuating some residents from the building.

3. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:

- Referral to Community OT on the 31/03/17 to assess resident for sliding sheet and evacuation in the event of a fire.
- Sliding sheet to be purchased if recommended as the outcome of the assessment.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

There was no emergency lighting as of the day of inspection. Final fire exits were key operated.

4. 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:

- Emergency lighting installed on the 30th of March.
- Thumb lock installed by the 12/05/17 to rear exit. Thumb locks in existence on front door and apartment doors.

Proposed Timescale:

Emergency lighting – Complete 30th March 2017

Thumb lock - 12th May 2017

Proposed Timescale: 12/05/2017

Theme: Effective Services

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

There were conflicting procedures to be followed in the event of a fire.

5. 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:

Conflicting displays were immediately removed on day of inspection.

Proposed Timescale: 16/03/2017

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 was administered outside of the prescribed times. Staff were signing as administering medication however the medication had not been taken.

6. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

- GP appointment made and medication administration time changed to accommodate resident staying later in bed on days off.
- Times were changed to AM and PM specifying that medication needed to be 8 hours apart.
- In relation to medication not being taken, risk assessments were reviewed.
- Self administration of medication assessment was reviewed.
- Resident now self-administers, staff are no longer signing.

Proposed Timescale: 22/03/2017

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.

7. 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:

- Views of residents taken in monthly team meetings.
- In 2017 review these to be included in the annual report.

Proposed Timescale: 31/01/2018