



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Hillview A
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	05 April 2018
Centre ID:	OSV-0001515
Fieldwork ID:	MON-0020996

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre is located in Co. Clare. It is in a location with access to local shops, transport and amenities. The service is managed by the Peter Bradley Foundation Ltd and comprises a purpose-built four bedded bungalow house. This centre was set up to provide a specialist residential neuro-rehabilitation service for persons with an acquired brain injury (ABI). Neuro-rehabilitation is a clinical and social process to aid recovery after a brain injury. It is about relearning, compensating and regrowth so the person lives a life of their own choosing. It supports the person to live a meaningful everyday life. Each individual is assessed, and a plan is put in place. The person is gradually supported by the (neuro-rehabilitation) team to regain skills, adapt to the environment and learn new ways to cope with day-to-day life. The assisted living model provided in this home, is a flexible response that is essential to individuals with an acquired brain injury. As their needs change over time, the individual's capabilities increase and support by staff decreases. The emphasis is on independent living based on individual need.

The following information outlines some additional data on this centre.

Current registration end date:	13/08/2018
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
05 April 2018	09:45hrs to 18:35hrs	Margaret O'Regan	Lead
06 April 2018	10:00hrs to 13:15hrs	Margaret O'Regan	Lead

Views of people who use the service

All four residents residing in this centre were happy to speak with the inspector. They openly shared their views of the service provided to them. All residents were very complimentary of the service provided by Acquired Brain Injury (ABI) Ireland. The residents spoke of how attentive, respectful and caring the staff were. This level of care gave residents much comfort, security and independence. Residents spoke movingly of how their injuries had impaired their independence and how ABI and its staff had given them back independence. Residents described the rehabilitation programmes and activities they were engaged in. Such activities were tailored to the skills and talents each resident had; be that music, art, carpentry or cooking.

Capacity and capability

The inspector was satisfied that the provider had the capacity and capability to deliver a safe and quality service. There were effective leadership, governance and management arrangements in place with clear lines of reporting responsibilities.

The person in charge was an experienced professional with the skills to manage the centre. She displayed commitment, knowledge and enthusiasm for her role. She was involved in the operational management of the centre on a consistent basis. The person in charge was supported in her role by a team leader and a regular cohort of staff who were familiar with the individual needs of residents. In addition she had support from the senior management team.

The centre was adequately resourced, both in terms of adequate staffing and provision of appropriate facilities. The premises was purpose built to meet the needs of residents, was well maintained and suitably decorated.

The centre had an organised programme of staff training in place. This was organised by the team leader who kept up-to-date records of staff training. Staff files were complete and the regular cohort of staff very well known to residents. Where indicated staff received extra training to manage specific needs of residents.

Records and documentation were comprehensive, easy to retrieve and legible.

The provider showed a commitment to ongoing review and improvement. Actions from the previous inspection had been addressed. Learning took place from inspections to other centres operated by the Peter Bradley Foundation and the learning transferred to this centre. Six monthly unannounced inspections were carried out by the provider and the recommendations made from such inspections

were implemented. Regular internal and external audits took place. The audits indicated the centre was operating in a responsible manner.

An annual review was also carried out by the provider but its relevance to this centre was minimal as it was a national review of all services as opposed to a review of this particular centre.

The inspector found the centre to be in substantial compliance with regulations. The service provider was of a high standard, there was an emphasis on continuous improvement and a desire to assist residents to be as independent as possible.

Registration Regulation 5: Application for registration or renewal of registration

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced professional with the skills and capacity to carry out her functions effectively.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff numbers on duty. There was a low staff turnover with aided with continuity of care. Staff were up to date with their mandatory training requirements.

Judgment: Compliant

Regulation 16: Training and staff development

A log was maintained of staff training. Staff were supported to avail of training relevant to the needs of residents who they were providing support to.

Judgment: Compliant

Regulation 21: Records
Records were clear, comprehensive and easy to retrieve.
Judgment: Compliant
Regulation 22: Insurance
A record of current insurance status was available for inspection.
Judgment: Compliant
Regulation 23: Governance and management
The annual review was not specific to the centre
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The statement of purpose was reviewed regularly and met with the requirements of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The inspector was satisfied that all reportable incidents were reported to HIQA as required by regulations.
Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were welcomed, documented and followed up.

Judgment: Compliant

Quality and safety

People living in this centre were actively involved in determining the services they received. They were empowered to exercise their rights and at all times their independence was promoted. The effective delivery of services resulted in significant improvement in outcomes for residents. These improvements were evident across the social and health care needs of residents and confirmed to the inspector by residents, staff and via the documentation examined.

The approach to care was individual and tailored to each resident's specific needs. Staff were respectful in their communication with residents, in how interventions were documented and in how they referred to residents. Staff displayed enthusiasm and commitment to their work with was commendable.

The inspector met with all four residents who confirmed their satisfaction with the service provided. Residents were well versed on their rights, they were facilitated to exercise their rights and facilitated to participate in the political process by voting or being involved in board of managements.

The person in charge addressed issues impacting on residents' safety and protection. There was evidence that when issues arose around such matters they were sensitively and diplomatically addressed.

Complaints were welcomed and viewed in a non judgemental way by staff. Complaints were seen as a means of improving the service.

A suite of services were available to residents in supporting their needs. These included services from the Health Services Executive local primary health care team such as physiotherapy, occupational therapy, public health nursing support and speech and language therapy.

Each resident's privacy was respected, with residents having their own rooms. These rooms were decorated according to individual preferences. There was good flexibility in the centre around routines and this was combined with good organisation.

Residents had access to transport, community activities and educational programmes that interested them. Each resident's individual skill was valued and

nurtured. These skills include art, carpentry, cookery and music. Assistive technology was used to support residents in maintaining their interests and promoting their independence.

The centre was found to be in compliance with regulations and standards pertaining to the quality and safety of the service offered.

Regulation 10: Communication

The presence of regular staff enhanced effective communication. Where indicated the services of speech and language therapy was sought. Residents were supported to use assistive technology to support their communication needs.

Judgment: Compliant

Regulation 11: Visits

Visitors are welcomed to the house. This was confirmed by residents and staff. The inspector met with visitors in the centre on the day of inspection.

Judgment: Compliant

Regulation 13: General welfare and development

The care provided to residents was appropriate to the nature and extent of residents assessed needs. Much effort was made to ensure residents had access to occupation and recreation that interested them and utilised their skills.

Judgment: Compliant

Regulation 17: Premises

The premises was purpose built to support persons with mobility issues. It was comfortable, clean and attractively decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had good risk management procedures. Risks were assessed and measures put in place to minimise the risk.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions and arrangements were in place against the risk of fire. Emergency lighting and fire alarm system was serviced quarterly and other fire equipment serviced annually. It was evident the provider had taken action and addressed matters that had arisen in previous reports in relation to fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was good documentation in place around medication management and practices. Where corrective action was needed the inspector saw that such action was taken and the risk of error occurring reduced as a result of such action. There was frequent review of residents' medications. From discussions with staff, residents and from examination of the records, it was evident that a culture of examining alternatives to medicines was employed. There was infrequent use of PRN medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were detailed written assessments and plans in place. These plans were reviewed regularly. The plans were reflective of the resident's needs.

Judgment: Compliant

Regulation 6: Health care

There were very good improvements in health outcomes for residents. Such improvements had a significant positive impact for residents' quality of life.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported by experienced and knowledgeable staff to be as independent as possible. This included staff having good insights into residents needs and behaviours. Staff were trained in supporting residents in positive behaviour management.

Judgment: Compliant

Regulation 8: Protection

Staff were up to date with their training on safeguarding. They were familiar with the process of reporting any concerns in relation to abuse. Good relationships had been developed between residents, staff and the designated officer who follows up on reported concerns

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed the dignified and respectful approach from staff in carrying out their duties. Residents consent was sought for all interventions. Residents confirmed to the inspector that they felt their rights were protected by the attitude and approach of staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview A OSV-0001515

Inspection ID: MON-0020996

Date of inspection: 06/04/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">The Annual Report of the Safety & Quality of Care of Residents will highlight care and support of Residents that are specific to that Centre and be in accordance with the standards. This will be achieved through an annual service specific review, outside of the anonymised overall organisational review, which will also be informed with consultation by residents and their representatives.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31.12.18