Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Greine
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	30 September 2019
Centre ID:	OSV-0001522
Fieldwork ID:	MON-0024538

About the designated centre

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

The designated centre was a detached, five bedroom house, located less than two kilometres from a town in county Cork. Five residents were accommodated in single occupancy bedrooms. Four bedrooms were located on the ground floor and one upstairs. The centre had two bathrooms, one on each floor, both equipped with a shower. There was a utility area located off the kitchen. There was a staff office with an inner staff bedroom upstairs in the centre and a second staff bedroom on the upstairs landing. The communal areas of the house comprised of an open plan kitchen and dining area, and a sitting room. Residents also had access to a garden. Both male and female residents lived in the centre. The centre had two vehicles which were used to support residents to regularly access their local community, spend time with family members, attend various classes and day services, and attend appointments, as required. The centre was staffed 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
30 September 2019	10:00hrs to 19:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

The inspector met all five residents on the day of inspection. On arrival at the centre one resident had gone out for breakfast as was their choice and other residents were gone to a day service. The residents were observed to have meaningful activities to go to during the day.

One resident with whom the inspector spoke at length outlined the reasons they resided in the centre and how safe they felt living there. They spoke about outings to visit family and friends and how they were facilitated by staff to go anywhere they wished. Other residents explained to the inspector that they were really happy in the centre and that the staff were very kind to them.

The inspector observed the residents in the house and noted that they were comfortable in their surroundings and in the presence of staff. Staff were very good at interpreting the residents needs and supported the residents in a very respectful manner. All interactions between the residents and staff were noted to be very positive and the residents indicated through interactions with staff that they were happy with the support provided. On return to the centre the residents continued with their evening activities and were facilitated by staff using a person centred approach.

Capacity and capability

Governance and management systems were in place in this centre, and there were clear lines of accountability and responsibility.

The centre had a clearly defined structure which included a suitably qualified and experienced person in charge. The person in charge was present regularly and was always accessible to the staff. They had good oversight of the operational management of the centre and was effective in their role as person in charge. In addition, the provider completed unannounced visits and an annual review of the care and support provided to the residents.

Staff spoken with on the day of inspection had a good knowledge of the residents' needs. Interactions observed with residents, showed that care and support was provided in-line with the residents' assessed needs and in a person centred manner. The inspector observed staff members supporting a resident returning from an activity and the resident was facilitated in a dignified manner that promoted their independence. The inspector noted that staff members were very familiar with the residents methods of communication and were very respectful to the

residents in this area allowing more time to support memory issues.

The person in charge had a training matrix in place for the inspector to view. The inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary. The provider has ensured that the person in charge was in receipt of supervision and this cascaded to the staff in the designated centre.

The inspector viewed actual and planned rosters and these were in-line with the statement of purpose. The person in charge had ensured that there was appropriate numbers and skill mix of staff to meet the assessed needs of the residents.

The registered provider had ensured systems were in place for the receipt and management of complaints. There were no open complaints at the time of inspection. Where complaints had been received, the provider had been responsive ensuring that the complaint was investigated and the outcome recorded.

Regulation 14: Persons in charge

The person in charge was on leave on the day of inspection and the inspection was facilitated by the team leader. However the person in charge had ensured there was effective governance and operational management in the designated centre in her absence. The person in charge was present in the centre two and a half days per week.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had a planned and actual roster in place and this was in line with the statement of purpose. However one staff member had recently left, this position was already being recruited for.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix in place for the inspector to view. The inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre which included the information specified in Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service. The provider inspections and annual review resulted in actions plans for service quality improvement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had in place an agreed and signed contract outlining the terms of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Office of the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of inspection. The registered provider had arrangements in place which ensured that both residents and their representatives were aware of their right to complain about the care and support provided.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the residents' was very good. The health and well-being of the residents' was promoted in the centre. The residents were noted to be very happy in their home and with the staff and management working in the designated centre.

The inspector found that the assessments of the residents' health and social care needs were completed to a good standard and were effective in meeting the needs of the residents. However the inspector identified gaps in the Emergency Information Profile, for example the residents diagnosis had been omitted. There was a staff member (a key worker) identified to support each resident.

While the health and well-being of the residents was promoted in the centre, where treatment was recommended for one resident the follow up was poor and the resident was awaiting medical equipment which would support them to communicate in line with assessed needs. This was addressed somewhat the day after the inspection.

The residents who had communication assessments were supported and assisted to communicate in accordance with their needs. However one resident was under assessment for communication support which had not been followed up.
All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents' from abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a good medicines management system to support the residents' needs. There was evidence of review of residents' medical and medicines needs.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of day service, community facilities and amenities. The residents had access to recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection, alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place approximately every six weeks.

The residents had their own bedrooms, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was warm and personalised with photographs and other items. However the house was not suitable for the assessed needs of the residents as highlighted in previous inspection reports. The sitting room was no longer being used as sleepover room and a second sleepover over room was provided although it was very small and not suitable for its stated purpose. There is a plan in place for a move to a more suitable premises however this has not been progressed.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. There were arrangements in place for the investigation of and learning from adverse events.

There were systems in place and supports available to manage behaviour that challenges in the centre. Inspectors noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

Regulation 10: Communication

Communication supports were in place for residents however one resident was under assessment for communication support which had not been followed up.

Judgment: Substantially compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in accordance with the residents' wishes.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. Residents' had access to facilities for recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the residents' home was warm and personalised with photographs and other items. However the house was not suitable for the assessed needs of the residents as highlighted in previous inspection reports.There is a plan in place for a move to a more suitable premise however this has not been progressed.

Judgment: Not compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences and dietary needs

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre including a summary of the services and facilities provided, the terms and conditions relating to residency and arrangements for resident involvement in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had addressed the issues around fire in terms of fire doors, regular fire drills, quarterly servicing of alarm system, emergency lighting and extinguishers. The sitting room was no longer being used as sleepover room and a second sleepover over room was provided although it was very small and not suitable for its stated purpose.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place in relation to the ordering, storage, dispensing, prescribing, administration and disposal of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs. However the inspector identified gaps in the Emergency Information Profile, for example the residents diagnosis had been omitted.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. However where treatment was recommended the follow up was poor and the resident was awaiting medical equipment which would support them to communicate in line with assessed needs. This was addressed somewhat in the day after the inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a plan of care to ensure that consistency of care was provided to the resident.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	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	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard Na Greine OSV-0001522

Inspection ID: MON-0024538

Date of inspection: 30/09/2019

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: A communication logbook as now in place (1/10/19). All communication from clinician involved in residents care is logged in the communication book, PIC to review communication book as required and sign off weekly	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A teleconference was held by the A/National Services Manager with Tuath Housing in October 2019 and a follow-up was arranged for November 2019, which was completed by our Housing Manager. A new design team has been appointed to work on the development. The layout plan was discussed, and next steps were identified. Outline Plan following discussion with Tuath Housing - OT Report on Tuath Floor Plan – Completed by 10/1/10 - Design Review – Completed by 31/1/20 - Final Architect sign off – Completed by 27/3/20 - Break ground - Completed by 14/8/20 - Residents in situ – Completed by 26/3/21	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Emergency/portable profile layout is under review. All relevant information has been prioritized and the most needed information is documented on front page for specific resident's needs.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Follow up continuously with primary care staff to ensure promptly responses and updates are given regarding all applications for supportive devices for the benefit of each resident. All staff to continue to advocate on behalf of each resident despite delays that present around funding and applications being accepted by the external funders in tow with the HSE.	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	01/10/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	27/03/2020
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each	Substantially Compliant	Yellow	01/10/2019

	resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	01/10/2019