



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

Name of designated centre:	Adelaide Road
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	13 February 2018
Centre ID:	OSV-0001527
Fieldwork ID:	MON-0020797

## About the designated centre

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

The designated centre provides 24 hour residential care to seven adults with acquired brain injuries. The centre is comprised of two adjoining semi-detached houses in a South County Dublin suburban area. The designated centre is made up of two separate units, one operating in each of the two adjoining houses. In one unit there was an entrance hallway, an open plan kitchen and dining/living area, three bedrooms with en suite facilities, and an open air courtyard space on the ground floor. On the first floor there was administration offices and a staff sleepover room. The second unit contained an entrance hallway, a large living room area, an open plan kitchen area with dining space, a staff office/sleep over room, and two resident bedrooms with en suite facilities on the ground floor. The first floor area contained and additional two bedrooms for residents, both with en suite facilities, and a hot press. The exterior space of the centre included a front driveway with space for parking and a large garden at the rear of the units which housed some outbuildings for storage facilities. The person in charge is based permanently at this centre and is supported in their role by a full-time team leader, and by a staff team of rehabilitative assistants. The whole time equivalent of rehabilitative assistants is 12.0, and the team leader is 1.0, with the person in charge being 0.9. A service transport vehicle is provided to assist residents attend social activities and to facilitate develop networks with the wider community.

**The following information outlines some additional data on this centre.**

Current registration end date:	28/06/2021
Number of residents on the date of inspection:	7

## 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
13 February 2018	09:30hrs to 18:55hrs	Thomas Hogan	Lead

## Views of people who use the service

The inspector met with five of the seven residents who were availing of the services of the designated centre and throughout different times during the day observed elements of their daily lives. Residents' views were also taken from the questionnaire and feedback forms of which seven were completed and returned to the inspector.

Residents told the inspector that they were very satisfied with the service being delivered. Residents told the inspector that the centre was like home away from home and that they felt included in every aspect of the centre. They told the inspector about how they were supported to maintain relationships with family and people who were important to them.

All residents stated that they felt safe, would know what to do if they were unhappy about any matter, and felt that they could speak to a key worker, the team leader, or the person in charge about concerns at any time.

## Capacity and capability

The inspector found that overall, the registered provider and the person in charge had effective management arrangements in place to ensure a quality driven, safe service was provided to residents. There was evidence of a person centred, resident led service being delivered in the designated centre. In addition, the inspector found that there was an inclusive and supportive approach to rehabilitation with a focus on achieving high standards in the area of deliverance of care and support to individuals availing of services. There were some areas that required improvement to comply with regulatory requirements.

The provider had ensured that there were clear management arrangements to ensure appropriate leadership and governance. There was a team leader permanently based in the centre with support from a person in charge who had responsibilities for the centre and a separate home care service. The team leader worked a variety of shifts and was supervising staff members in both formal and informal capacities.

There were sufficient staff in the centre who had the knowledge and skills to respond to the support needs of residents. Staff were provided with a training programme covering a range of areas appropriate to their roles. While some staff had not fully completed the required training, the person in charge had their training

programme scheduled.

The provider had a recruitment process that ensured that staff were appropriate for working in this kind of centre. Information required by the regulations relating to staff who intended working in the centre had been obtained, however some staff files did not have all of the required information. The inspector saw where two references were not available for some staff and a full employment history had not been obtained for some staff.

The provider had ensured that policies and procedures were available in the centre to ensure that staff had guidance in the management and operation of the centre. However, two of the policies required by the regulations relating to communication with residents and health and safety in the centre were not available during the inspection.

The provider was monitoring the service and using the information from auditing to improve the quality of the service for residents. There had been an annual review of the standard of service being delivered and there had been six monthly unannounced visits to review the service. In addition, both the team leader and person in charge were monitoring the service and had action plans in place to address areas which required improvement.

Since the last inspection, the provider had improved the arrangements for residents to express their concerns or make a complaint about the service. In addition, the inspector spoke with residents and found that they knew how to make a complaint and stated that they felt supported to do so by staff if required. In addition, information on independent advocacy services was on display for residents.

### Regulation 15: Staffing

The provider was obtaining information to ensure that staff were appropriate to work in the centre, but had not obtained all of the required information for all of the staff. The inspector reviewed a sample of staff files and found that full employment histories were not available in the files of two staff members, while three staff files did not contain at least two fully completed written references.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There was an active training programme for staff providing them with information on a range of subjects relevant to their roles. Not all staff had completed the full programme of training but the person in charge had scheduled the remaining

training areas for staff in areas such as medication administration and positive behaviour support.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The inspector found that a directory of residents was in place at the designated centre and contained the required information.

Judgment: Compliant

### Regulation 22: Insurance

The inspector found that there was insurance policy in place in the designated centre which included indemnification for public liability.

Judgment: Compliant

### Regulation 23: Governance and management

The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a comprehensive quality assurance system. An annual review of the quality and safety of care and support in the designated centre was completed along with unannounced visits by persons on behalf of the registered provider on a six monthly basis.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose provided an accurate description of the centre and the support services provided to residents, and it contained the information required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had improved the complaints procedures since the previous inspection. Residents knew how to express any concerns or complaints they may have.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The inspector had provided policies and procedures to support staff in the management and delivery of the service in the centre. However, two of the policies required by the regulations were not available in the centre.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that residents were happy living in the centre, that there was a high standard of support for residents in relation to their goals, wishes and preferences. Some areas for improvement were also identified.

Staff were providing support to residents to pursue their individual goals based on consultation with residents and assessment of their support needs. The planning process in place was found to have been structured and valued by all stakeholders. An annual 'Individual Rehabilitation Plan' was prepared with the input of the resident, their support network, family members, key worker, management team, and multidisciplinary team. Quarterly reviews of these plans were completed by the multidisciplinary team to review progress made in each area. The goals in the plans were meaningful for residents and both residents and staff spoke with pride about the achievement of those goals.

The inspector found that residents availing of the services of the designated centre were supported on an individual basis to achieve and enjoy the best possible health. Residents' health care needs were found to be met through timely access to health care services and appropriate treatment and therapies. Health care support plans were found to be in place for all identified health care need and these plans were completed to a high standard and appropriately guided staff members on how to support residents. There was access to an allied health care team through internal

and community based services. Evidence was available in the designated centre to demonstrate that residents were actively encouraged to take responsibility for their own health and medical needs. Residents had access to a medical practitioner and pharmacy of their choice.

Residents told the inspector that they liked the house that they were living in and the inspector found that it was appropriate to the needs of residents and was well maintained. However, the painting in some areas such as two bedrooms and kitchen cupboards could be refreshed and there was mould observed in one of the en suite bathrooms.

Residents were also being protected from risk in the centre. A review of risk management in the designated centre found that three risk registers were maintained which included: a local risk register, an operational risk register, and a person served risk register. The inspector found that trending and analysis was completed on incidents which occurred in the centre and the person in charge and team leader demonstrated learning from incidents through discussions held at team meetings and at individual supervision meetings with staff.

A review of medication management arrangements found that all medication stored in the centre was within listed expiry dates. A review of a sample of medication administration records found that all prescribed medication had been appropriately administered. The inspector found, however, that PRN medication (medication only taken as the need arises) did not have clearly stated maximum doses that could be administered.

Residents were protected by the safeguarding arrangements. The person in charge, team leader, and members of staff demonstrated sufficient knowledge of the types of abuse, actions to take in the event of witnessing or suspecting abuse, and could identify the designated safeguarding officer in place for the centre. Residents spoken with by the inspector stated that they felt safe and knew how to report any concerns they might have. A review of records of incidents and accidents which had occurred in the centre since the time of the last inspection found that two incidents between residents had been responded to, but had not been identified as safeguarding issues and the follow up actions had not been managed through the safeguarding procedures.

Fire precautions in the centre also protected residents from risk. There was evidence of regular servicing of the fire alarm. Records which were maintained relating to completed fire drills were found to demonstrate that fire drills were regularly completed and involved both day and night time scenarios. Individualised personal emergency evacuation plans were in place for all residents and there was an evacuation plan for the centre which outlined alternative accommodation in the event of an emergency. However, two fire doors were found not to have seals fitted and three further fire doors were observed not to be closing properly which potentially compromised their effectiveness in the event of a fire.

### Regulation 17: Premises

The inspector found that overall, the designated centre was in a good state of repair internally and externally, however, some areas required improvement. Stains were observed in an en suite bathroom of a resident's bedroom, mould was present in another resident's en suite bathroom, two bedrooms were identified as requiring painting and decorating, and cabinets in a kitchen area required painting.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There was a risk management policy in the centre and the provider had a thorough risk assessment process relating to the environment, operational management and individual service user risks.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire precautions in place in the centre to protect residents from risk. However, two fire doors were found not to have seals fitted and three further fire doors were observed not to be closing properly which potentially compromised their effectiveness in the event of a fire.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The medication management arrangements promoted the autonomy of residents and protected them from risk. However, while PRN (medications taken only as the need arises) protocols were in place for residents, in one case the maximum dose prescribed in a 24 hour period was not clear and as a result presented a potential area of risk for residents.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Each resident had an annual rehabilitation plan review, residents were supported to achieve meaningful goals and the assessment and personal planning processes were being used to guide staff in the provision of support to residents.

Judgment: Compliant

## Regulation 6: Health care

The healthcare needs of residents were found to be met in a timely manner.

Judgment: Compliant

## Regulation 8: Protection

Residents were protected from risk by the safeguarding arrangements. Staff were knowledgeable about their responsibilities and residents clearly stated that they felt safe in the centre. However, there had been two incidents between residents which met the description of safeguarding concerns in the policy but the follow up actions did not fully comply with the requirements of the policy.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Adelaide Road OSV-0001527

Inspection ID: MON-0020797

Date of inspection: 13/02/2018

## 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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>Full and satisfactory information in respect of the person in charge or persona participating in the management of the service has been submitted to HIQA. The Registered Provider Representative was in discussion with the Inspector of record and there was subsequent confirmation that the documentation was present.  </p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Complete employment history gaps have been discussed, requested and uploaded to the Internal HARIS system and 2 references for all Glenageary staff are now on file.  </p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The remaining training areas for staff in Medication Administration and Positive Behavior Support were scheduled. All the Staff members from Glenageary Services have received the training.  </p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ol style="list-style-type: none"> <li>1. In relation to the CCTV Policy enquiry, it was clarified with the inspector that Acquired Brain Injury Ireland does not make use of CCTV equipment. A policy will be in place by May 31<sup>st</sup> stating that.</li> <li>2. A Communications with Residents Policy has been created and is now in place.  </li> </ol>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> <li>1. The Person in Charge contacted "Reactive Property Management ". Services have been booked to carry out the necessary maintenance works. Works are contracted begin at the end of April and end at beginning of May 2018.</li> <li>2. Both Anvers and N. 69 Kitchen cabinets were repainted in April.  </li> </ol>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. The Person in Charge contacted Fire Safety Provider Masterfire.</li> <li>2. Masterfire services have been contracted to carry out the necessary maintenance works at the end of April / beginning of May 2018.  </li> </ol>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> <li>1. PRN Protocols in place now are with no medical abbreviations</li> <li>2. Clearer guidelines and records now in place for PRN maximum dose prescribed in a 24 hour period.  </li> </ol>	

Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	
<p>1. Incidents between residents which meet the description of Safeguarding Concerns will be addressed under the Safeguarding / Allegations of Abuse of Vulnerable Adults policy.</p>	

## 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
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated	Not Compliant	Yellow	30 <sup>th</sup> April 2018.

	centre and any other person who participates or will participate in the management of the designated centre.			
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30 <sup>th</sup> April 2018.
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	16 <sup>th</sup> April 2018.
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	11 <sup>th</sup> May 2018.
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	11 <sup>th</sup> May 2018.
Regulation	The person in	Substantially	Yellow	13 <sup>th</sup> April 2018.

29(4)(b)	charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Compliant		
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31 <sup>st</sup> March 2018.
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30 <sup>th</sup> April 2018