

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Acquired Brain Injury Ireland
<b>Centre ID:</b>	ORG-0007788
<b>Centre county:</b>	Offaly
<b>Email address:</b>	dtobin@abiireland.ie
<b>Registered provider:</b>	Acquired Brain Injury Ireland
<b>Provider Nominee:</b>	Barbara O'Connell
<b>Person in charge:</b>	Doreen Tobin
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	Carol Grogan;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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 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 announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
29 January 2014 10:00	29 January 2014 16:30
06 February 2014 10:00	06 February 2014 11:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11: Healthcare Needs
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

**Summary of findings from this inspection**

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority. As part of the inspection, inspectors met with residents, family members and staff members. Inspectors observed practices and reviewed documentation such as personal plans, accident and incident documentation, policies and procedures and staff files. As staff files and training records were held centrally in the Acquired Injury Ireland head office, the second part of the inspection took place there.

Overall, inspectors found that residents received a good quality service in the centre. Clear goals for rehabilitation were set and residents were supported by staff to meet these goals. There was also evidence of the effectiveness of these with goals and the supports in place in order for residents to achieve them.

Residents were participating in the running of the house and in making decisions and choices about their lives. Effective communication strategies were in place to ensure maximum participation of residents.

The premises were maintained to a high standard, met the needs of residents and ensured the safety of residents, staff and visitors. There were homely living areas, personalised bedrooms and a spacious and well maintained outside area.

Evidence of good practice was found across all outcomes, and some areas for improvement were identified. These are discussed in the body of the report and in the action plan at the end.

**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 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

**Judgement:**

Compliant

**Findings:**

The inspectors found evidence that staff provided good quality social and rehabilitative support to residents, and that residents were involved in the development of their personal plans and setting of goals. Residents participated in meaningful activities in accordance with their assessed needs and rehabilitation goals. Staff members were knowledgeable in the area of acquired brain injury, and there was clear indication of evidence based care.

Inspectors reviewed four of the personal plans and found them to be outcome based and person centred, including assessments of residents' health, personal and social care needs and individual rehabilitation goals which were reviewed every three months, or more frequently as required. Accessible versions of the schedules developed from these personal plans were available in the form of white boards in each residents' room.

The personal plans contained individualised risk assessments to ensure that residents could participate in activities in accordance with their goals, with appropriate levels of risk management in place. Residents were involved in the development of their personal plans and risk assessments. For example, one resident described his goals towards independent living, and described the good relationship he had with his key worker. He discussed his interests, and there was evidence of these being incorporated into his personal plan.

Inspectors also met with relatives of residents during the inspection. Relatives were very complementary about the service, and there was clear evidence of their involvement in the personal planning and goal setting process.

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Effective Services

### **Judgement:**

Non Compliant - Moderate

### **Findings:**

Inspectors found evidence of good practice in relation to both health and safety and fire safety management. However some improvements were required in record keeping and risk assessments around fire safety, and in the availability of policies guiding infection control.

Staff were knowledgeable regarding health and safety, fire safety and risk assessment. The Health and safety folder was up to date and had been inspected recently and satisfactory policies in relation of both health and safety and risk management were in place. Accidents, incidents and near misses were being recorded with an appropriate level of detail and were reviewed by the person in charge.

Fire evacuation plans were visible throughout the centre. Equipment testing was up to date and records were available to verify this. There was evidence of a recent emergency fire drill, and no issues of concern had been identified during this process. However there was no evidence of equipment checks in between servicing.

Individual assessments had been carried out for each resident to ensure that any risks were identified and proportionately managed. The inspectors reviewed a number of these assessments and found that they were being used to support residents to undertake activities with appropriate support, with a view to attaining rehabilitative goals. However although staff were aware of safety measures and supervision required for residents who smoke, there was no evidence of risk assessment in relation to smoking.

Staff were aware good practice in relation to infection control and were observed engaging in appropriate hand hygiene practices and in using personal protective equipment such as latex gloves when required. However no infection control policies were available during the inspection.

**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

**Judgement:**

Compliant

**Findings:**

Inspectors found clear evidence of residents being treated with dignity and respect by all staff. There was clarity around the management of residents' finances, with clear record keeping in relation to residents contributions. Independence in relation to personal finances was encouraged and supported, for example some residents were involved in skills development in the area of personal finances.

Staff training in the protection of vulnerable adults had taken place, and staff were aware of procedures to follow if they had any concerns. There was a policy on the prevention of abuse which guided staff practice.

There was evidence of clear behaviour support plans, staff were knowledgeable about these, and an incident of difficult behaviour was managed competently and with respect during the inspection. There was evidence of behaviour support plans being implemented, reviewed and adjusted according to the review and according to the progress towards attaining goals. For example one resident who engaged in challenging behaviour on admission to the centre is managing his behaviour to the extent of now planning a move towards independent living.

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Judgement:**

Compliant

**Findings:**

Overall inspectors were satisfied that residents health care needs were being met. The inspectors found that all residents had access to medical care and allied healthcare

professionals according to their needs, such as public health nurse, dietician or general practitioner.

There was evidence of residents being supported in self care in relation to health needs, for example on resident was being supported to manage their own medications.

There was evidence of the provision of wholesome and nutritional meals. Residents were given choices of meals and snacks, and were encouraged and supported to prepare their own meals. A kitchen was available other than the main catering kitchen, with wheelchair access, for residents and their families to prepare their own drinks, snacks and meals, and residents were observed to be making use of this facility during the inspection.

#### **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

##### **Judgement:**

Compliant

##### **Findings:**

Inspectors were satisfied that the centre was appropriately managed and there was evidence of a clear management structure and governance within the service.

Inspectors found that the person in charge was appropriately qualified and had continued her professional development in areas relevant to the needs of residents in the centre. She had sufficient experience in supervision and management of the delivery of the centre. The inspectors found during discussion with her and on observation of her interactions that she was knowledgeable and skilful in the area of acquired brain injury, the management of challenging behaviour and in the support and supervision of staff members.

There were clearly defined management reporting relationships and management structure, for example minutes were available of both team meetings and regional meetings.

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

**Judgement:**

Compliant

**Findings:**

The inspectors found that there were sufficient staff available to meet the needs of residents and support them to achieve their goals. The ethos of the centre and the care delivered were found to be as outlined in the statement of purpose and function.

The centre was well equipped and furnished, well maintained and adapted to meet the needs of residents. Assistive equipment was available for residents who required it.

**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

**Judgement:**

Compliant

**Findings:**

Inspectors were satisfied that there was sufficient competent staff to meet the needs of the residents.

Inspectors met with a number of staff during the course of the inspection and found them to be knowledgeable regarding the needs of the residents and their role within the centre. There was evidence that staff had access to training pertinent to their role. Inspectors observed a friendly respectful rapport between staff and residents.

Inspectors reviewed the staff files held on site in the centre which provided evidence of appropriate supervision arrangements. The inspector met with the HR manager in the centre's head office where staff files and training records were centrally held. There was evidence of a robust recruitment process in place, and staff employed in the centre were suitable to work with vulnerable adults.



Three staff records were reviewed and all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were available.

Training records were examined and clearly outlined training over the last year. This included mandatory training in fire safety and manual handling, and various other short courses such as rehabilitation planning, management of percutaneous endoscopic gastrostomy feeding (PEG) and infection control.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Julie Pryce  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Acquired Brain Injury Ireland
<b>Centre ID:</b>	ORG-0007788
<b>Date of Inspection:</b>	29 January 2014
<b>Date of response:</b>	29 February 2014

### 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

### 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:**

No policies to guide staff in good infection control practices were available.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

There policies are now available to staff and training is underway. To review policies approx. Four weeks. 28-03-14

**Proposed Timescale:** 28/03/2014

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

**Theme:** Effective Services

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

There was no record of checking of equipment between servicing.

**Action Required:**

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Weekly testing and checking of fire equipment such as the alarm, the fire doors, fire fighting equipment will be physically carried out and recorded on health and safety checklists. Start date 10-03-14.

**Proposed Timescale:** 10/03/2014