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The Grange, OSV-0001524, 29 January 2018

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Grange
Centre ID:	OSV-0001524
Centre county:	Dublin 24
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peter Bradley Foundation Company Limited by Guarantee
Lead inspector:	Thomas Hogan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 January 2018 09:20 To: 29 January 2018 18:10

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an announced inspection to assess the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the registered provider's assessment in response to an application which was made to renew the registration of this designated centre. This inspection was completed over one day by one inspector.

Description of the service:

The service provider had produced a statement of purpose which outlined the service provided within this designated centre. The centre was comprised of one semi-detached house in a suburban setting in South West County Dublin. The centre provided residential services and supports to four persons and at the time of inspection there were no vacancies.

How we gathered our evidence:

The inspector met with all four of the residents availing of the services of the centre and spoke in detail with three residents. The inspector also spoke with two staff members, the team leader, and the person in charge. Various sources of

documentation, which included the statement of purpose, residents' files, centre self-monitoring records, policies and procedures, risk assessments etc., were reviewed as part of this inspection. Four completed questionnaires were received by the inspector and reviewed in full. The questionnaires were all completed by residents availing of the services of the designated centre. Overall, the questionnaires highlighted that residents were satisfied with the service.

Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents. A full walkthrough of the centre was completed by the inspector in the company of the person in charge. The inspector followed up on all four actions which were issued at the time of the last inspection.

Overall judgment of our findings:

Nine outcomes were inspected against as part of this inspection and the inspector observed a high level of compliance with the Regulations. The inspector found that the service delivered by the designated centre was person centered, led where possible by residents, and focused on achieving high standards of care and support. Six of the outcomes inspected against were found to be fully compliant with the Regulations, with three further outcomes found to be in substantial compliance. Areas of improvement which were identified included: assessing the needs of residents formally on an annual basis, painting and decoration of the interior of the designated centre's premises, and the area of fire protection and evacuation.

These findings, along with further details, can be found in the body of the report and accompanying action plan.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the wellbeing of residents was maintained by a high standard of care and support. Each resident had opportunities to participate in meaningful activities and fulfill valued social roles.

While a comprehensive assessment of need was not formally available in the centre, several completed assessments were completed for residents. A wide range of personal plans were in place for each resident and guided staff on how to appropriately support resident to achieve stated goals. 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. In the case of one resident, goals in place included: attending classes, learning the skills required to successfully self administer their medication, health and hygiene, improving short term memory loss, and engaging in gardening projects over the summer period.

Residents in the designated centre were found to partake in valued social roles. Some examples of this include one resident being supported to obtain paid employment in the local area and another resident attending college and achieving a level six qualification. Other residents were supported to attend a variety of day services and integrated clubs in the local area. Residents spoken with informed the inspector that they were very pleased with the services provided in the designated centre relating to social care and outlined that they frequently went on holidays together. One resident informed the inspector that they travelled to the United Kingdom recently to visit a family member

and was supported with the trip by the staff team who arranged a new passport as part of this process.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was found by the inspector to be suitable for its stated purpose and to meet the residents' individual and collective needs in a comfortable and homely way.

The inspector found that extensive construction works had been completed to the rear garden at the property in the time since the last inspection.

All internal rooms of the centre were found to require painting and decorating. In addition, an area of damaged paintworks was identified in the kitchen area.

There were satisfactory arrangements in place for the disposal of general household and clinical waste.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

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

implemented.

Findings:

Overall, the inspector found that the health and safety of residents, visitors and staff was promoted and protected in the designated centre, however, an action which was identified at the time of the last inspection remained outstanding.

An action which was issued at the time of the last inspection relating to the containment of fire was found not to have been satisfactorily addressed. The egress route of one resident was not fully protected as it involved passing through a kitchen area. The person in charge outlined that construction works to rectify this issue was due to commence in the coming weeks and following this the issue would be rectified. In addition to this, the inspector observed that a smoke seal on one fire door in the kitchen area was not present at the time of inspection.

The inspector found that suitable fire equipment was present and available in the designated centre. A review of service records for a fire detection and alarm system and emergency lighting demonstrated that these were serviced and maintained on a quarterly basis.

Fire drills were found to have been conducted on at least a monthly basis in the designated centre. Records maintained demonstrated that fire drills were reflective of the staffing numbers deployed in the centre and the drills were completed at varying times so as to test responses for both day and night. Individual personal emergency evacuation plans were in place in the centre for each resident and these were found to appropriately take into consideration the mobility and cognitive understanding of residents. In addition, an 'emergency preparedness plan' was in place for the designated centre which provided direction on: contingency plan for alternative accommodation, fire safety and emergency evacuation, bomb threats, natural disaster, utility failure, medical emergencies, violent conduct, and evacuation assembly.

Staff members and residents spoken with by the inspector were aware of the action to take in the event of a fire and the location of the assembly point.

The inspector found that risk was appropriately managed in the designated centre and was outlined clearly in the form of risk registers. There were three separate risk registers made available which included a local, operational and resident registers. All risks identified by the inspector at the time of inspection were found to have been identified, assessed, and appropriately managed.

A review of all incidents, accidents and near misses which had occurred in the designated centre since the time of the last inspection was completed by the inspector. A total of 23 incident reports were found to have been completed. Seven incidents related to minor injuries sustained by residents, one incident related to a minor injury sustained by a staff member, seven incidents related to medication errors, and eight incidents related to slips, trips and falls of residents. The inspector found that an analysis of these incidents had been completed by the person in charge and appropriate follow up was taken in all cases.

The inspector found that satisfactory procedures were in place for the prevention and control of infection.

Records of service and maintenance of the transport vehicle used in the designated centre were made available to the inspector. In addition, monthly visual checks were completed by members of the staff team to ensure roadworthiness of the vehicle.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the measures in place in the designated centre to protect residents from harm or experiencing abuse were satisfactory.

The centre had a policy and procedures in place for the prevention, detection, and response to abuse (reviewed in 2016). In addition, there was a policy in place on the provision of intimate care to residents (reviewed in September 2017).

Staff members were observed to treat residents with respect and warmth. Staff members spoken with demonstrated appropriate knowledge on what constituted abuse/types of abuse, and the actions to take if abuse was suspected, witnessed or reported.

Evidence was available to demonstrate that all staff had completed mandatory training in the area of safeguarding vulnerable persons.

Residents spoken with by the inspector stated that they felt very safe in the designated centre and were aware of how to report any concerns.

A review of all incidents which had occurred in the designated centre since the time of the last inspection found that no incidents of abuse had occurred in that period.

All residents had individualised support plans in place for intimate care. These were found to have been prepared with resident input and took a consent based approach to providing such care. All plans were signed and agreed by residents, keyworkers, and managers.

There was a policy in place in the centre on the use of restrictive procedures and physical, chemical and environmental restraint (reviewed in September 2017). The inspector found that there were no restrictive practices in place in the centre at the time of inspection. All residents were found to have behavioural support plans in place and these were reviewed on a quarterly basis. There was evidence available to demonstrate that efforts were made to identify and alleviate the underlying causes of behaviours which challenge for individual residents.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

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 healthcare services and appropriate treatment and therapies. Health care support plans were found to be in place for all identified health care need and these documents 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.

The inspector observed a mealtime experience and found it to be a very positive and sociable event. Residents were supported to prepare their own meals and demonstrated to the inspector how individual preferences were catered for. This process was supported through food and nutrition plans in place for each resident along with individual health promotion plans.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that residents availing of the services of the designated centre were protected by the practices in place for medication management.

There was a policy in place in the designated centre relating to the ordering, prescribing, storing and administration of medication to residents (reviewed October 2016). Each resident had a personal medication support plan in place which outlined preferences, choices and areas in which assistance was required.

A review of medication cabinets in the designated centre found that all medication contained within were in date and appropriately stored. A review of a sample of medication prescriptions and recording documents found that all information required was provided and all medication was appropriately signed as having been administered.

Capacity assessments were completed for all residents for the self administration of medication. In addition, residents who were being supported to self administer medication were found to have had risk assessments completed.

Satisfactory arrangements were in place for the disposal of medication.

Monthly audits were found to have been completed in the designated centre regarding medication management. These identified minor areas for improvement which had all been actioned and addressed in full. In addition, the inspector found that an external pharmacist had completed an audit of medication practices in the centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there was a written statement of purpose (dated 15 December 2017) in place in the designated centre at the time of inspection. Some minor errors were found to be contained within this documents and the inspector provided the person in charge an opportunity to rectify these during the time of inspection. A revised statement of purpose was made available and this document was found to contain all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that appropriate management systems were in place in the designated centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

There were clearly defined management structures in place in the centre with a full time team leader supporting a person in charge who had responsibility for two designated centres. Both the person in charge and team leader demonstrated sufficient knowledge of the legislation and requirements as outlined in the Regulations. The inspector found that both the person in charge and team leader provided good leadership and were engaged in the governance, operational management and administration of the

designated centre on a consistent basis.

An on-call management support service was in place for out of hours support needs by the staff team. The person in charge outlined that this support was provided through a rotational rota by the persons on charge and local service manager team.

An annual report on the quality and safety of care and support in the designated centre was found to have been completed and this was made available to the inspector. In addition, two reports from six monthly unannounced visits to the designated centre by persons nominated by the registered provider were found to have been completed. Actions arising from these three reviews were found to have been compiled and appropriately followed up on.

Evidence was available in the designated centre to demonstrate that arrangements were in place to support, develop and performance manage all members of the workforce to exercise personal and professional responsibility for the quality and safety of the services delivered.

Staff members spoken with by the inspector stated that they felt supported in their roles in the centre, would be comfortable expressing concerns to the person in charge and/or team leader, and were confident that any issues would be promptly addressed.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that there were appropriate staff numbers and skill mix in place in the designated centre to meet the assessed needs of residents and the safe delivery of services. Staffing levels were found to have taken into account the statement of purpose and size and layout of the designated centre. There were actual and planned staff rotas in place in the centre at the time of inspection.

Residents were observed to receive support, assistance and interventions in a respectful,

timely and safe manner.

The inspector found that staff members were appropriately supervised in both a formal and informal capacity in the designated centre. Records were made available to the inspector to demonstrate that formal supervision took place with each staff member on at least a quarterly basis. Areas discussed at this forum included: issues arising, resident needs, safeguarding, complaints, advocacy, key performance indicators, key worker roles, training, workload, supports required, accident and incident reviews, and any other business. Informal supervision took the form of the team leader or the person in charge being based in the designated centre, working along side staff members, and ensuring a presence across shifts including sleep over shifts.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Thomas Hogan
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 report¹

Centre name:	A designated centre for people with disabilities operated by Peter Bradley Foundation Company Limited by Guarantee
Centre ID:	OSV-0001524
Date of Inspection:	29 January 2018
Date of response:	28 February 2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

Formal comprehensive assessments of need were not completed on at least an annual basis in the designated centre.

1. Action Required:

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

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

1. Draft document to be submitted to National Quality Committee to be drawn up by PIC & PPIM
2. Formal comprehensive assessments of need to be discussed at the next National Quality Committee Meeting
3. Agreed process to ensure compliance with Regulation 05 (1) (b) in place.

Proposed Timescale:

1. March 29th 2018
2. April 30th 2018
3. May 31st 2018

Proposed Timescale: 31/05/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

All internal rooms of the centre were found to require painting and decorating. In addition, an area of damaged paintworks was identified in the kitchen area.

2. Action Required:

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

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

1. The regulatory requirement has been communicated to the HSE whom HSE own the property and funding has been requested to be reassigned to meet the issue under Regulation 17 (1) (c)
2. Painting will be completed following planned works to provide a protective means of escape

1. Feb 15th 2018
2. May 31st 2018

Proposed Timescale: 31/05/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The inspector observed that a smoke seal on one fire door in the kitchen area was not present at the time of inspection.

3. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

Smoke seal to be installed

Proposed Timescale: 01/04/2018

Theme: Effective Services

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

A protected means of escape was not in place for one resident.

4. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Plan was in place pre-inspection, where the kitchen will be blocked off from the bedroom and an internal corridor created to provide a protected means of escape.

Proposed Timescale: 01/04/2018