

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004468
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	Damien Woods;
Type of inspection	Announced
Number of residents on the date of inspection:	7
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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 November 2014 10:30 To: 20 November 2014 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this residential service carried out by the Health Information and Quality Authority. This service is one of the eighteen designated centres run by the Brothers of Charity Roscommon. This announced inspection forms part of the assessment of the application for registration made by the provider. The inspection took place over one day and as part of the inspection care practices, documentation such as personal plans, medical records, accident reports, policies and procedures and staff files were reviewed. The views of residents and staff and family members were also sought. As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). This was reviewed as part of the registration

assessment.

At the previous inspection, this centre was part of a five house centre. However, the provider reduced the number of houses to ensure that the statement of purposes appropriately reflected the services being provided in each designated centre. Therefore, all of the actions in the previous report were not relevant to this registration inspection.

The centre comprised of two modern purpose-built houses that accommodated up to seven residents that had moderate to severe intellectual disability. The houses were very spacious, attractively furnished and provided good personal and communal space for residents. Both houses were conveniently located for access to shops and services in Boyle town Co. Roscommon.

Staff conveyed good knowledge of residents support needs and could describe the ways that independence was promoted. There were systems in place to include residents in decisions about day to day activities such as the preparation of food and menus, and residents attended daily activities in the local day centre. Residents were familiar with local shops and cafés and participated in community events.

The person in charge was present during the inspection and provided an overview of the services provided by the Brothers of Charity. In addition, she was the Chairperson of the Roscarra House Association and explained the social housing arrangements to the inspectors. The person in charge was aware of her responsibilities in regard to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. The inspectors found that there was a wide range of responsibilities attached to the role of the person in charge. This included responsibility for six residential houses and two-day care facilities.

While evidence of significant compliance was found across most outcomes, areas such as staffing were inadequately resourced on a daily basis and residents' choices and personal goals were not always achieved. In addition; medication practices were not rigorous to ensure safe administration; however, the person in charge took immediate steps following the inspection to rectify these issues. Resident's families returned satisfaction surveys to the Authority with some families stated that they were not satisfied with the staffing levels or management structure in this centre. The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found that resident's privacy and dignity was respected as all residents had en-suite bedrooms. There was also a room available for residents to meet their families in private. Residents' bedrooms were closed when they were away from the centre. There was no CCTV or other monitoring devices in use at this centre.

Inspectors observed residents being treated with respect and had good meaningful relationships with the staff that provided support to them. In addition, residents and family were consulted and were enabled to participate in decisions about their care. Regular residents meetings took place, and staff reports reflected the discussions and decisions made about social activities, meal planning and personal choices. The resident's capacity to lead full lives and make choices about what they wanted to do was sometimes compromised by the staff deployment model, as social activities were only available when the second staff members were on duty. For example; there was only one staff available in each house after 4pm on a Saturday and 3.30pm Sunday to provide physical and social care to the residents. This meant that if residents wanted to go out, their wishes couldn't be fulfilled as the most residents were wheelchair users and required individualised supports.

The Brothers of Charity Services Roscommon had revised their complaints policy in November 2014. It identified the organisations ethos and outlined the various stages to follow when making a complaint. For example, the person in charge was identified as the complaints officer in this centre, and the provider nominee was identified as the designated complaints review officer. There was no active complained logged in the centre at the time of this inspection. However; the complaints log template

recommended in the complaints policy was not the log used in the centre and it was difficult to determine from the record what remedial actions had been taken to support the residents while complaints were being resolved. In addition, there were no time-scales set out for managing different stages of the complaint. The records were recorded in narrative format, and the process of investigation and resolution was difficult to determine.

The arrangements to safeguard residents' finances were reviewed. Staff were familiar with the way money was managed. The inspectors found that there were receipts for all income and expenditure and the balances held reflected the balance in the record. There was a weekly check of the money held in each house and an annual audit of a random sample of residents' accounts. However; inspectors concluded that a weekly in-house check did not adequately protect residents or staff handling money on their behalf or that an annual check was adequate to ensure adherence to the organisation's financial procedures.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Effective and supportive interventions were provided to residents to ensure their communication needs were met. For example, each resident's communication needs were assessed and documented in their individual care plans. Some residents' were non-verbal and communicated by means of facial expression, such as; smiling or nodding for yes or no.

Residents care plans showed evidence of speech and language assessments, and evidence of recommendations being implemented in practice. For example, some residents had wall pictorial daily timetable schedules and communication books that went between day and residential services and some residents had picture communication books for at home. Documentation was in place to support the decisions taken at the personal planning meetings and inspectors viewed evidence of this in the resident's files.

Residents had easy access to television and radio, residents' preferences in terms of what programmes or music they preferred were facilitated. In addition, inspectors saw picture notices were on display as an aide memoir for residents. For example, photographs of the staff on duty were on display in the kitchen/dining room.

Judgment: Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community. Residents had families that were actively involved in their care, and families were encouraged to participate in the lives of the residents and inspectors saw that families were regularly consulted and kept up to date. In addition; residents had photographs of their family members in their sitting rooms and bedrooms.

The inspector found that the houses were open to visitor's at all reasonable times, and residents stated that their friends and families were welcome in the centre and were free to visit. In the two houses, a private room could be made available for residents to meet their visitors. There was a visitors policy in place and inspectors were informed it was currently under review. Residents were supported to attend the local community events and visit local shops regularly.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The referrals/ admissions/ transfers and Discharge policy for the Brothers of Charity Services Roscommon were reviewed in December 2014. It identified the organisational

policies and procedures in place in the organisation to guide the admissions and discharge process. The admissions and transfers of residents to residential services were directed by the admissions and discharge team in the Brothers of Charity services. This involved several members of the senior management and multi-disciplinary team, meeting every four months and reviewing the applications for admissions or discharges in the Roscommon area. However, clarification was required in the policy stating if, or when, a resident could be discharged from the service, or what notice they would be given, prior to discharge.

Three of the seven residents had contracts of care completed which included the cost of services, such as heating, house maintenance and food each per week. However, the contract of care did not include the weekly accommodation costs charged by Roscarra Housing Association. For this reason, it was unclear in the contracts of care what total weekly charges were to the residents.

The inspectors found that residents had adequate amounts of food stocks in the centre, however; under the current arrangements the Roscarra Housing Association charges the residents €70 each week for house maintenance services and for food for the residents. Under regulation 18 of the care and support regulations it is the responsibility of the person in charge to ensure that each resident is supported to purchase, prepare and cook their meals. These issues had been previously raised with the provider and the person in charge at previous inspections; however no action had been taken to address this issue.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector found that each resident had a personal plan in place and that these plans were reviewed annually. There was evidence that residents and some families had been involved in personal plan meetings. Inspectors viewed a sample of resident's personal plans and found that they were individualised and person-centred. Recreational

activities were available for residents during the day five days a week, and there were some occasional opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities in the evenings or at weekends.

At the last inspection, recreational activities were limited due to the dependency levels of some residents and the limited staff allocated to support and care for these residents. For example; in both houses, there was only one staff member allocated to each house, to care for three or four residents in the evenings and at weekends.

Previously; the inspector had requested that a review be completed of the staffing requirements in this centre based on the dependency needs of residents. Inspectors reviewed the actions taken since the last inspection and found some action had been taken to support residents in meaningful activities appropriate to their interests and capabilities. For example; some residents had expressed a wish to go swimming, however the hoist was broken in the local public pool and the person in charge had written to the county council requesting that it be fixed to allow residents access this local public amenity. In addition some residents had attended concerts and overnights away in Galway with the assistance of outreach workers and volunteers. However; there was no evidence that the provider had increased the staffing levels as residents were limited to one social activity per month, such as; visiting the local pubs, restaurants, library and church.

Judgment:

Non Compliant - Moderate

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 design and layout of the centre were in line with the centre's Statement of purpose. There were two houses in this centre. Both houses were purpose built attached bungalows situated on a private site in a quite housing estate in Boyle, Country Roscommon. The two of the houses were rented from the Roscarra housing association. The inspector found that the two houses and grounds were well maintained and offered a comfortable homely environment for residents. The centre was clean, suitably decorated and colours were tastefully coordinated. There were enough space and suitable storage facilities for the personal use of residents.

Bedrooms were private en-suite bedrooms that were personalised and had attractive paintings hung on the walls. The centre had an adequate number of bathrooms and

showers to meet the needs of the residents. However, two residents were assessed as requiring new baths in their ensuite bedrooms; due to their physical disabilities in accessing the existing baths. For example; one bath was half the normal size and both baths were restrictive for the resident when receiving personal care. As an interim measure the two residents were assessed for separate bath inserts to support them in the bath. However, funding for these bath inserts had not yet sanctioned by the provider.

The premises had suitable lighting and ventilation, however; the inspector found that one of the houses was cold in the afternoon. Staff informed the inspector that that the under floor heating was difficult to regulate and that this was an ongoing problem in the house.

Judgment:

Non Compliant - Moderate

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:

The designated centre had a safety statement and a policy on risk management. This was dated May 2014 and outlined the roles and responsibility of management and employees in relation to health and safety. A number of general/corporate risks were outlined such as the retention of staff, the use of volunteers, non compliance with organisational objectives and environmental risks. Personal risk assessments were based on a risk assessment tool called "Making it Happen". The inspector found that the health and safety of residents and staff was promoted and protected although additional work was required to achieve compliance with regulation 26 - Risk Management Procedures as the risk management policy did not adequately describe the range of risks relevant to the centre, such as fire evacuation risks and personal hygiene risks. The previous inspection report identified that the risk management policy required review to include guidance for staff on a water boil notice issued by the county council and this had been completed. There was an organisational risk register in place, in each of the two houses; which identified different categories of risk, for example; physical, environmental or chemical hazards. The risk register identified some of the specific risks in each of the houses and these risks were appropriately risk rated.

The inspector viewed a number of individual risk assessments for residents and some risks related to personal care or participating in social activities. Inspectors found that staff took a proactive approach to controlling risks to residents while ensuring that residents could still take part in their chosen activity. For example; three residents were

identified as requiring full nursing care support and the inspectors saw that the risks associated with a lack of staff and supervision had not been included in the residents risk assessments. For example; when staff were attending to one resident personal care, they could not supervise the other residents who were situated in another room.

Most staff had training in safe moving and handling of resident's and the centre had tracking hoist in place that was regularly serviced. However, there was limited guidance on safe moving and handling in the risk management policy. The person in charge said restraints such as lap belts on wheelchairs and bed rails were risk assessed and there was regular restraint free time during the day for all residents. A number of staff did not have up to date training in risk management, first aid and basic food hygiene. Vehicles used by residents were appropriately maintained and were checked monthly for safety issues by the services' vehicle safety officer.

The infection control policy was included in the safety statement, and there were appropriate facilities in place for the prevention and management of infection control, including hand washing facilities, hand sanitizers and personal protective equipment. However, the policy did not give clear guidance on the control of infection, for example; safe management of indwelling catheter care.

There were appropriate fire equipment, emergency lighting and fire alarm system located throughout the centre, and there was evidence that this equipment were regularly serviced. Weekly and monthly fire safety checks were also recorded in the centres fire register. Fire safety training for all staff had taken place. The procedure, to be followed in the event of fire, was displayed in the centre; however in one of houses, the procedure displayed did not identify where the residents should evacuate to in the event of an emergency. Staff had participated in regular fire evacuation drills including a deep sleep evacuation drill. The fire panel was regularly serviced and had colour coded designated areas for easy recognition of the fire's location. The fire doors in the houses were kept open using door wedges and doors required self-closing devices.

Personal evacuation plans (Peep's) were kept in each resident's personal file. The evacuation plan identified that residents should be evacuated through the exit door in each of their bedrooms.

Judgment:

Non Compliant - Moderate

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 organisational national policy is currently under review at present, however there was a local policy available for the prevention, detection and response to abuse. All staff had training on safeguarding of vulnerable adults and also had received Garda clearance prior to working with vulnerable adults in this organisation.

The person in charge knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. There was a named designated person in the centres abuse prevention policy, and staff members were aware of her role. There were no physical or chemical restraints in use at the time of inspection and residents did not display behaviours that challenge.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the notifications in relation to this designated centre and found that the Chief Inspector had been notified of all incidents as required by the regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The statement of purpose describes day services available to residents depending on their assessed needs. These services provide practical skills for daily living as well as a range of social activities. Residents had opportunities to engage in information technology opportunities, art and craft classes, gardening, and social activities. Other activities were available in the day service, and residents participated in a range of varied interests such as, cookery and massage therapy.

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:

Residents were supported on an individual basis to achieve and enjoy the best possible health. Each resident's health needs were appropriately assessed and care plans were in place to ensure they received the appropriate care. For example, residents had timely access to their General Practitioner (G.P.) and medical consultants that care for residents with a percutaneous endoscopic gastrostomy (peg feed). Residents had access to allied health care services that reflect their diverse care needs, including nurses, physiotherapists, and dieticians. Records of all referrals and follow-up appointments were maintained in the residents medical files. For example, one resident had experience weight loss and staff had made a referral to the dietician for review on diet and weight and a weight management plan was put in place.

Food was nutritious, appetising, varied and available in sufficient quantities and of a suitable consistency to meet the residents. It is available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner. The advice of dieticians and other specialists was implemented in accordance with each resident's personal plan.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

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

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

Findings:

There was a policy in place regarding the medication management practices in the designated centre and this was dated November 2014. The policy aimed to direct practice and to provide guidance to staff and managers. The medication policy now provides guidance on peg feeding and stoma care. However, inspectors found that the medication policy did not distinguish between a serious medication error and a clerical error and requires further review.

Resident's prescription charts and the medication dispensing pack were not in union with each other for example; the resident's medication kardex identified the generic name of the medication and the blister pack contained the trade name of the medication which were different names and confusing for non medical staff. The care staff that was administering the medication on the day of inspection was unable to distinguish if the tables in the blister pack were the same tablets that were prescribed. In addition, the names of the tablets on the blister packs were so small that they were illegible. However, following on from the inspection the person in charge informed the inspector that the pharmacist and the General practitioner had rectified these issues.

Residents that had a condition such as epilepsy had supplies of emergency medication available and they took this medication with them at all times. There were protocols in place to advise staff on their use in the event of the resident going into Status epilepticus.

The inspectors reviewed the systems in place for storing medication and found that keys for medication were not kept in a secure place.

Judgment:

Non Compliant - Moderate

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 statement of purpose (SOP) was submitted prior to inspection and was reviewed by

inspectors. It detailed the aims of the centre and described some of the facilities and services that were to be provided for residents. However, the SOP did not accurately identify that actual staffing needs or supports being provided in the centre. For example the SOP stated in one house, that there was an allocation of 4.16 WTE (162 hours) allocated staffing per week, however, the inspector found this was not the current staffing allocation based on findings on the day of inspection

The statement of purpose did not clearly under the services and facilities provided that one house was nurse led and the other house was care staff led. It also omitted to state the night staffing arrangements for these houses. However, the inspector found that staff management of these houses required review as many of the risks identified in this centre were in the house that had no nursing support.

Judgment:

Non Compliant - Minor

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):

Findings:

Boyle residential services are governed by Brothers of Charity Services Ireland. A board of thirteen directors oversees the operation of the organisation, and the Director of Services Margaret Glacken was responsible for the day to day management of the centre. There was also a senior management team with personnel who have a variety of roles and responsibilities in supporting residents and staff in the centre. During the inspection the person in charge and other senior staff demonstrated a commitment to providing a good quality service that met legislative requirements and the needs of residents. There was evidence that regular staff meetings had been re-introduced since the person in charge returned to work from long-term leave.

The inspectors found that the person in charge was appropriately qualified and had the necessary experience to fulfil this role. She was a nurse and had many years' experiences in several areas of social care including the management of social housing schemes that she contributed to at national level. Some deputising arrangements were in place in the event of the person in charge's absence, however, a more structured on-call arrangement system was to be put in place by the provider in response to the previous action plan but this was not completed.

The inspectors found that clearer governance structures were required to manage the service. There was no person appointed to assist the person in charge in participating in the management and supervision of staff in this centre. Nursing support was required in the non nurse led house as many of the residents had high dependency medical needs and required some level of nursing support and staffing shortfalls continued to be non-compliant. Also, there were no systems in place to monitor or review improvements or changes being made to meet legislative requirements.

There was some evidence of meetings between the person in charge and staff members since the last inspection and inspectors saw some of the minutes of meetings. The organisation had a policy of completing annual staff appraisals. However, annual staff appraisal had not taken place for all staff but the person in charge showed evidence to the inspector of dates she had arranged to meet staff early in 2015 to complete their annual appraisals. The provider had not undertaken an unannounced visit to this centre or produced a written report as to the safety and quality of care and support provided as required by the regulations.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had been absent for more than 28 days and a clinical nurse specialist was promoted in her absence. The inspector found that this was a suitable arrangement. The Health Information and Quality Authority had been notified one month prior to the absence as per regulations.

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

The centre was inadequately resourced to appropriately meet the current and future residential needs of the residents. The inspector found that financial resources were not available to provide staff support despite risks identified during inspections. These risks are discussed under outcome 1, 6, 7, 12, 17. Staffing shortages had previously been raised with the provider at the last inspection and the provider agreed in the action plan response to the Authority that resident's risks and care needs would be appropriately reviewed, and actions would be taken to address the non-compliances. However, the inspector found on this inspection that action plan responses had not been adequately addressed since the last inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. Three staff files were reviewed and inspectors found that all documents, as outlined in 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 present.

There was evidence that staff received some training to meet the needs of residents and records of training were documented in staff files. Inspectors saw that training on medication management, personal care procedures, protection and safety of vulnerable adults, epilepsy awareness and manual handling had been provided to staff. However, from the findings of this inspection, refresher training should be provided for some staff in relation to medication management, management of risks, first aid, and food and hygiene safety and infection control. The person in charge confirmed to the inspector a training schedule for 2015 which included these training courses.

There was only two staff rostered to care for four maximum and three high dependency

residents that were accommodated in two houses. Due to the dependency levels of residents additional staff support was required particularly on the weekends when the staff commenced duty on a Friday evening and does not finish a work until Monday morning. Although there was a staff support on a Saturday, this was not adequate in the evenings. Inspector identified non-compliances due to staffing across a number of outcomes as discussed under outcome 1, 5, 6,7,11, with residents not being adequately supervised.

In addition, the number and skill mix of staff working in the centre was inadequate to meet the dependency needs of the residents. For example; individual residents' healthcare needs were met solely by nursing staff in one house and by the care staff in the other house and there was limited sharing of skill mix on medical or social activities by the staff working in this centre. This was evident in medication practices.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain records as outlined in Schedule 3 and 4 of the Regulations. Written operational policies and procedures were in place to inform practice and provide guidance to staff, and had been reviewed in the past three years. However, the inspector found that some of these policies and procedures were not always adhered particularly in relation to managing risk and staffing in this centre and required review. This is addressed under outcome 7.

A directory of service users was maintained in the centre, and this contained all of the items required by the Regulations.

Resident's files were found to be complete and were kept accurately and up to date. For example, a record was maintained of all referrals/appointments and resident's notes were updated accordingly with the outcome of the appointment. However, a record of resident's dependency assessments, required review as resident's dependency levels were documented as high, when, in fact, and the resident's dependency levels was

maximum dependency.

Judgment:

Non Compliant - Minor

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:

Thelma O'Neill
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 Brothers of Charity Services Roscommon
Centre ID:	OSV-0004468
Date of Inspection:	20 November 2014
Date of response:	

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The arrangements to safeguard residents' finances require review.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Person in Charge checks the finances on a regular basis. A nominated staff is taking responsibility to check and ensure finances are correct and documentation is all filed correctly on a weekly basis

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

The policy and procedures on complaints requires review.

Action Required:

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

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

Complaints Policy has been amended as required and a general information leaflet is also now available.

Proposed Timescale: 09/02/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The organisations policy on the provision and the costs of food charges to residents require review.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The policy on the provision and the costs of food charges has been reviewed and a new system has been put in place since 01/01/2015

Proposed Timescale: 01/01/2015

Theme: Effective Services

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

Resident's contracts of care did not identify the additional weekly charges to residents.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Clarity has now been provided on the weekly charges.

Proposed Timescale: 27/11/2014

Theme: Effective Services

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

The discharge procedures required clarification in the referrals/ admissions/ transfers and Discharge policy.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Policy emailed to the Authority.

Proposed Timescale: 18/03/2015

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:

There were not enough staff rostered to meet the social needs of the residents.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Costings are being sent to our funders, the HSE, requesting enhanced staffing resource.

Proposed Timescale: 28/02/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was limited accessibility in some en suite bathrooms. Bath aids were not provided for two residents to ensure their safety in the baths. Two baths were too small to meet the needs of the residents.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Roscara Housing Association has sanctioned the purchase of a new bath for the house in question. This is being ordered for a communal bathroom and will be installed as soon as possible, as structural work has to take place to accommodate a new communal facility.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The under floor heating is not adequately regulated to ensure residents are not cold.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Plumber has been sourcing early warning system to ensure continuity of adequate heating for the house and the people living there.

Proposed Timescale: 15/04/2015

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:

There were not sufficient guidelines on infection control to guide staff on the risks of healthcare associated infections.

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:

1. A number of staff have attended Infection Control training and further training is being planned.
2. The Infection Control Policy will be further reviewed.

Proposed Timescale: 1. 04/12/2014 and ongoing; 2. 30/06/2015

Theme: Effective Services

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

The procedure displayed did not identify where the residents should evacuate to in the event of an emergency.

The doors in the houses were kept open using wedges and doors required self-closing devices.

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:

The Individual Emergency Plans have been reviewed - all state the emergency exits are through the nearest exit, whether that be a communal living area or the bedroom. People are evacuated in their wheelchairs, through the external bedroom doors.

Proposed Timescale: 06/02/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Clarification was required in the policy to identify clearly different types of medication errors and the procedures to follow in each event.

Keys for medication presses were kept hanging in the resident's wardrobes.

Staff required retraining in medication management.

The trade name and the generic name was used for the same medication and staff were not aware if they were administering the same medication.

The print on the medication packs was illegible.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

1. The Medication Policy has been amended.
2. Keys are now held in a locked key cabinet in the utility room.
3. Refresher medication management training is scheduled.
4. Prescription packs (The Easy-Way) were adapted which clearly display the generic and trade name of each medication to reflect the drug that is prescribed by the Doctor and are legible.

Proposed Timescale:

1. 09/02/2015;
2. 09/04/2015
3. 22/12/2014;
4. 22/12/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The SOP did not accurately identify that actual staffing needs or supports being provided in the centre.

The statement of purpose did not clearly state the actual day or night staffing arrangements.

Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The Statement of Purpose has been amended.

Proposed Timescale: 16/02/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Governance and Management systems require review to ensure that areas such as;

risk, fire, medication management, financial management, premises, complaints, and staffing are appropriately managed.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

1. The management structure is under review.
2. There is a schedule of team meetings with nominated staff from each house and with the full staff teams in each house at which all of the above mentioned are agenda items.
3. We are escalating the requirement for supernumerary hours to the Service Level Arrangement Monitoring meeting.

Proposed Timescale:

1. 30/09/2015
2. 20/11/2014 and ongoing
3. 24/03/2015

Theme: Leadership, Governance and Management

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

The provider had not undertaken an unannounced visit to this centre or produced a written report as to the safety and quality of care and support provided as required by the regulations.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Unannounced visits are planned for 2015

Proposed Timescale: 09/04/2015 and ongoing throughout the year.

Theme: Leadership, Governance and Management

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

There was no evidence of regular support and supervision meetings between the provider and the person in charge.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Monthly meetings are scheduled for 2015.

Proposed Timescale: 17/12/2014 and ongoing

Theme: Leadership, Governance and Management

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

There was no deputising arrangements or persons participating in management identified in this centre.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

1. Meetings with staff have taken place to look at the arrangements for the management of the designated centre. Negotiations are ongoing with regard to appointing PPIMs.
2. The Person in Charge has regular meetings with the teams and manages the performance of all team members currently.

Proposed Timescale: 1. 06/02/2015; 2. 17/12/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was inadequately resourced to sufficiently meet the needs of the residents.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Costings have been done and funding is being sought from our funders, the HSE, to recruit additional staff to meet the needs of people supported in this designated centre.

Proposed Timescale: 28/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were not sufficient staff members rostered to meet the needs of the residents and to ensure that residents were being adequately supervised.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Costings have been done and funding is being sought from our funders, the HSE, to recruit additional staff to meet the needs of people supported in this designated centre.

Proposed Timescale: 28/02/2015

Theme: Responsive Workforce

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

Staff training should be provided to all staff working in this centre, particularly in risk management, medication management, infection control, first aid and food safety.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All of the above mentioned training is being scheduled throughout 2015..

Proposed Timescale: 31/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The risk management policy required review, in relation to safe moving and handling, infection control, and staffing. .

Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

These are currently addressed in the Health and Safety statement, the Manual Handling policy and the Infection Control Policy. The National Risk Management policy is under further review.

Proposed Timescale: 30/06/2015**Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The documented dependency needs of the residents did not accurately reflect high support needs of the residents.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Per the National Intellectual Disability Database (NIDD) continuum of level of supports, high support is the category that we have used in assessments for the people in this designated centre. In the event of a person needing 1:1 staff support, they are assessed as intensive. The need for additional support for these people has been identified to the HSE on the NIDD since this centre has been open. They are currently categorised as receiving moderate supports with the future need identified as high supports. The term 'maximum' is not available to us to use per the NIDD categories.

Proposed Timescale: 01/11/2014