

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
<b>Centre ID:</b>	OSV-0004693
<b>Centre county:</b>	Roscommon
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Margaret Glacken
<b>Lead inspector:</b>	Thelma O'Neill
<b>Support inspector(s):</b>	Marie Matthews;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	3

## **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:	To:
03 December 2014 11:00	03 December 2014 21:00
10 December 2014 10:00	10 December 2014 19:30

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. It was an announced two-day registration inspection. This designated centre provided residential and day support on a full and part-time basis, to male and female residents that had severe to moderate intellectual disabilities. 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 information was reviewed and the inspectors met with residents, staff members, the Person in Charge (PIC) and the Provider nominee. Inspectors observed care practices and reviewed documentation such as personal plans, risk management documentation, medical records, as well as policies and

procedures.

This service is one of the seventeen residential services run by the Brothers of Charity Services, in County Roscommon. The houses in this designated centre were situated in Roscommon town. The two houses were detached single storey houses with gardens to the front and rear of the premises. They were within easy access of social amenities, and had access to transport. The second house was unoccupied at the time of inspection.

Three residents, one female and two males were living in the house. During the visit to the houses, inspectors requested and received the consent of the residents to enter their home and reviewed personal care plans and care files. The residents were unable to verbally communicate; however, inspectors met with the residents and with each of residents next to kin's. Inspectors listened to their views of the service being provided in the centre. Families were very clear that they were happy with the care and attention that their family member was receiving from the staff working in the centre. However they were explicit in their dissatisfaction of the management of their complaints and the lack of a full residential service for their family members. These concerns are discussed in a number of outcomes throughout this report.

Staff members were noted to interact with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences. Inspectors found evidence of residents and their families being involved in decisions about their care, and were supported to promote independence and exercise choice in their daily lives. Inspectors found that staff members supported residents in making decisions and choices about their lives. Residents were supported to engage in meaningful activities of their choice, and all received day services from their residential home. However; families raised concerns regarding the lack of social activities being provided in the centre which they believed was due to a recent change in the allocation of staffing to the centre.

At the previous inspection, these two houses were amalgamated with another two houses in the Roscommon area to form one designated centre. However; it was agreed that the four houses should not be registered as one designated centre, due to variation in the care provided. For example; residents care needs varied considerably, in that some residents required constant supervision due to behaviour's that challenge and were very active individuals, whereas the other residents required full nursing/ physical care. The provider agreed to divide these two houses into a separate designated centre as per regulations of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

The previous inspection of this centre dated the 9/10th June 2014 had recorded 18 non-compliances, 10 of which related to this designated centre. The inspectors reviewed the actions taken since the last inspection and found that four had been completely achieved and six non-compliances continued to be worked on in collaboration with the resident's families.

During the inspection, non-compliances were identified in relation to risk

management, management of complaints, healthcare issues, and contracts of care, social care, premises issues and medication management organisation policies, all of which are discussed further in the body of the report and included in the Action Plan at the end of this report.

**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):**

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

**Findings:**

There were four actions issued under this outcome from the last inspection. Two actions were fully addressed and two were not adequately addressed. These actions relate to residents having access to their financial affairs, social activities and personal possessions.

Residents' privacy and dignity was respected, as all residents had private en suite bedrooms and their bedroom doors were closed when they were away from the centre. There were two sitting rooms available for residents to meet visitors and the second sitting room was available for private visits. 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 their family were consulted and were enabled to participate in decisions about their care.

Regular communication took place between residents/families and staff, the records reflected the discussions and decisions made about social activities, meal planning and personal choices. An action from the previous inspection was review; where one resident had no clothes in their wardrobe as their clothes were sent in from home each day. This was found to limit the residents independence, choice, and control over their personal possessions. This non-compliance had not been adequately addressed and this will be actioned again at the end of this report.

In addition inspectors found that 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 there was only two support staff on duty in the house to provide care and support to three high dependency residents, two which were wheelchair users. As a consequence, if residents wished to go out socially, their wishes couldn't be fulfilled as they all required individualised staff supports. This is discussed in more detail under outcome 5.

The Brothers of Charity Services Roscommon had revised their complaints policy in November 2014. 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. However, there was no contact details for the new person in charge or provider nominee detailed in the complaints policy. Prior to the inspection, some of the resident's parents and siblings requested to meet with the inspectors during the inspection and this was facilitated by the inspectors. Families discussed a range of ongoing issues/complaints they had with the services being provided in this centre. Although families expressed satisfaction with the new person in charge and the staff members working in the house; they were dissatisfied with the management of their complaints by the previous manager/provider nominee.

Family members stated they did not feel supported in making complaints or having their complaints resolved. One family member told inspectors that they attempted to use the independent advocate service that is recommended in the complaints policy and were still waiting six months later for access to an advocate. Other families stated they were dissatisfied with the management of accidents in this centre following an accident relating to their relative. In addition; families were advocating for a 7 day residential services which they said they were promised by the previous provider nominee a number of years ago which they had not yet received.

Inspectors reviewed the complaints policy and found it required review, as the complaints recording log recommended in the complaints policy was not used in the centre and it was difficult to determine from the complaints recorded in the centre what remedial actions had been taken to support the residents/family members while complaints were being resolved. In addition, there were no time-scales set out for managing different stages of the complaints logged. In addition; part one of the complaints policy detailed incidents when a complaint would not be investigated and it did not clearly identify what types of complaints would be investigated. Also, the process of investigation and resolution was difficult to determine. Inspectors found the new person in charge and the senior social worker was actively reviewing previous complaints and working with families to try and resolve some historical issues.

Staff were familiar with safeguarding resident's money and the way money was managed. Inspectors found that there were receipts for all income and expenditure and the cash balances held reflected the balances recorded. The resident's weekly disability allowance money was managed by the residents' families and money for social activities was provided to the staff as requested. However an action from the previous inspection on reviewing the organisations policies and procedures on managing household and residents finances required review and this has not been completed. This is actioned under outcome 18

**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 recent speech and language assessments, and evidence of recommendations being implemented in practice. For example, some residents had pictorial daily timetable schedules, and communication books that went between home and residential services. 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 families were actively involved in their care on a daily basis, and families were encouraged to participate in the lives of the residents. Inspectors saw that families were regularly consulted and kept up to date on the daily activities of the residents. In addition; most residents had photographs of their family members in their sitting rooms and bedrooms. However, the three families expressed dissatisfaction with the current activities provided in the centre due to a reduction in staff. It was also very clear to inspectors that a lack of communication had existed between families and the previous management. There appeared to be a level of distrust between families and service provider due to the lack of action on complaints and the fact that they have not yet received a seven day residential service. This has been actioned under outcome 1.

Inspectors found that the houses were open to visitor's at all reasonable times, and residents stated that their families and friends were welcome in the centre and were free to visit. A private room could be made available for residents to meet their visitors if they so wished. Most of the parents attended resident's yearly personal outcome meetings and discussed achievements for the past year and to plan for the upcoming current year in collaboration with the resident's wishes.

Inspectors viewed the residents' participation in community activities for example; one resident had a social role in the local church and this allowed them the opportunity to meet new people, however, there was evidence that these activities had been limited since the last inspection. Staff explained that this was due to staffing shortages. This is actioned under outcome 17.

**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, there were no guidelines 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.

In addition; the contract of care, did not include the weekly accommodation costs charged by Housing Association and it was unclear in the contracts viewed what were the total weekly charges to residents.

The residents living in this centre had transferred from a respite centre a number of years ago and their families informed inspectors that the terms and conditions offered at the time of the transfer had not been honoured. As a result there was disagreement as to the costs of services being charged to residents.

The inspectors found that residents had adequate amounts of food stocks in the centre, However, the Housing Association (the landlord) provided the food to the residents for a set fee each week and the Brothers of Charity staff purchased the food for the residents. The bank account into which the money is paid is in the houses name, however, it is managed by the Housing Association. This requires review.

**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):**

No actions were required from the previous inspection.

**Findings:**

The three residents received their day and residential services from their residential home. Two residents had a half-time placement; which included every second weekend each month and additional respite is always available to families on request. The other resident received a full seven day service.

The inspector found that each resident had a personal plan in place, and these plans

were reviewed annually. There was evidence that resident's and their family members participated in the yearly personal plan meetings. Inspectors viewed a sample of resident's personal plans and found that they were individualised and person- centred. One resident had an activity tracker and it shows the activities that the resident liked to participate in daily such as, trips to Athlone, walks in the local park, and visits to the local coffee shop or to attending mass. However; there was evidence to show that less social outings had taken place since additional staff members left this centre to work in another day service. This will be actioned under outcome 17

Inspectors were told that residents used also have access to a hydrotherapy pool in their last day service which they enjoyed very much; however, since this facility was closed residents have had no access to hydrotherapy. One of the resident' s mother informed inspectors that she wanted her son to have access to the Jacuzzi bath in his house, but he required a special insert, so that he could sit safely into the bath. The resident also required an assessment for a bath sling when using the hoist. This was an action from the last inspection and was not adequately addressed.

Inspectors were informed that one resident did not like to travel in the organisation's bus and this was impacting on the social activities of other residents. For example; there were only two staff providing the day service to the three residents and all residents required a 1:1 support while out socialising. For example; one staff member could not drive the bus and bring two residents on the bus for a social outing without an additional staff support.

Inspectors were told that this had only become an issue since the transfer of another resident to a different day service and their support staff was transferred to the other centre with them. A review by management of the remaining staffing allocation had not secured additional staffing to ensure that the wrap around service in this house was adequate to meet the needs of the remaining residents.

One of the resident's families informed inspectors that the wrap around service (24hr support from home) was not meeting the needs of their family member and that they feel that they are suffering from social isolation since their friend was moved to another day service. In addition, Parents stated they felt that their son was not getting out socially on a daily basis. Staff confirmed this to be the case. The parents suggested that their son would be happier if he was meeting other people in a day service that had similar interests and abilities and they would like him to move to an alternative day service.

**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):**

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

**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 bungalows situated beside each other in a quiet housing estate in Roscommon town. The two houses were rented from the Roscarra Housing Association, however only one house was occupied. Inspectors found that the house 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 was enough space for the resident's personal effects. Each resident had their own room with en suite facilities.

Some of the rooms were personalised and had attractive paintings hanging on the walls. One bedroom looked bare from furniture and personal possessions; however, from speaking to one of resident's parents this was following their wishes.

There was also a second sitting room available for residents to meet their families/visitors in private. However, this room was small and it was difficult to access using a wheelchair. Inspectors informed the person in charge of this and she immediately agreed to remove some of the furniture to allow easy access and egress for the residents.

The centre had an adequate number of bathrooms and showers to meet the needs of the residents. However, an action from the previous inspection had not been actioned as the provider had not provided bath aids to support residents positioning while in the bath and other residents could not use the Jacuzzi bath until residents were appropriately assessed for moving and handling slings. This was an action from the previous inspection and will be re-actioned again at the end of this report.

One resident's reclining chair and wheelchair had been assessed by the physiotherapist and found not appropriate to meet their health and mobility needs. This had been an action from the last inspection; however, following discussion with the resident's family and new person in charge it was agreed that this equipment would be reviewed by the occupational therapist from the HSE. This action was not adequately pursued since the last inspection and will be actioned again following this inspection.

**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. It outlined the roles and responsibility of management and employees in relation to health and safety.

There was an organisational risk register in place, in the house; which identified different categories of risk, for example; physical, environmental or chemical hazards. The risk register identified some of the specific risks in the house and these risks were appropriately risk rated. The organisation had a safety statement for guidance on issues such as; identification, recording, investigation and learning from serious incidents. However, the inspector identified issues requiring clarification in relation to health and safety, particularly the arrangements for recording and managing accidents and incidents in the centre. The inspector found that the health and safety of residents and staff was promoted although, additional work was required to achieve compliance with regulation 26 - Risk Management Procedures as the risk management policy did not provide clear guidance on the management and recording of risks.

Personal risk assessments were based on a risk assessment tool called "Making it Happen". Inspectors viewed a number of individual risk assessments for residents and some risks related to personal care issues. All staff were aware of each resident's fall risk rating. Inspectors reviewed the accidents and incidents in the centre and the learning following from these accidents. Inspectors found that the management team are now aware of their duty to effectively communicate with families regarding accidents to residents in the centre. For example; This is in response to family members complaining that their loved one had received a serious laceration to their head from a fall that required medical treatment, and the person in charge did not meet with them for three weeks following the accident to discuss the incident. Inspectors also found that when staff were reviewing the residents post fall assessments; the accident/ incident reports did not prompt staff to identify potential causes of accidents, for example; if additional staff support needs were required for specific tasks. or if the residents required new shoes or additional mobility aids. In addition; there was also no prompt for staff to check the resident's neurological observations for 24 hours following an un-witnessed fall.

There was appropriate fire equipment, emergency lighting and fire alarm system located throughout the centre, and there was evidence that this equipment was 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. Staff had participated in regular fire evacuation drills including a deep sleep evacuation drill.

Not all staff had up to-date training in safe moving and handling and only three staff had been trained in clamping wheelchairs into vehicles. This had been an action since the last inspection and will be re-actioned again following this inspection. The hoist in the bus was serviced every six months and all the appropriate vehicle documentation was in place. The centre had a hoist and it was serviced in November 2014. Restraints such as lap belts and bed rails were risk assessed, and there was regular restraint free time during the day for all residents.

However, a number of staff did not have up to date training in risk management, first aid and basic food hygiene.

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.

**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:**

There was a policy available for the prevention, detection and response to abuse and 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 policy, and staff members were aware of her role. All staff had completed training in protection of the vulnerable adult. There were no allegations of abuse reported to the inspectors during this inspection.

There were some physical restraints in use at the time of inspection, such as lap belts and bed-rails and these had been risk assessed and risk rated. Inspectors found they were used only for safety reasons and their use was regularly monitored and notified to the authority as per the regulations.

One resident was diagnosed under the autism spectrum disorder and at times displayed

loud vocalisations as an expression of communication. However there was evidence that this was sometimes upsetting to other residents in the centre and this resident had been referred to a behavioural support specialist for an appointment for a behavioural assessment.

**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:**

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

**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. The Adult Residential Service provided support for each individual to live the life they choose. They provided support that was responsive to the individual needs of those living in the house with an experienced staff team.

There was an environment of safe risk-taking that supports each individual to reach

their fullest potential while living in a safe, secure and homely environment. There was a focus on learning through everyday activities. Opportunities for people to build skills in areas of communication, self-care and living skills are supported.

Involvement in the local community and access to community facilities is supported; however, this was limited due to staffing allocation in the centre. Residents were supported to live inclusively in their local communities and to be active participants who have valued social roles.

**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):**

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

**Findings:**

Residents were supported on an individual basis to achieve and enjoy the best possible health. Care plans were in place to ensure they received the appropriate care. Residents had timely access to their General Practitioner (G.P.) services. Residents had access to allied health care services that reflect their diverse care needs, including nurses, physiotherapists, and dieticians.

At the last inspection, inspectors had observed a resident sitting in a reclining chair and their positioning in the chair did not appear to promote good posture and safety straps appeared very restrictive. Inspectors reviewed the actions taken since the last inspection and found the resident continued to use the same chair; however, the straps had been adjusted by the physiotherapist and again she had recommended the need for a new wheelchair and reclining chair for this resident. Discussion had also taken place between the new person in charge and the resident's family and they had agreed to link in with the occupational therapist in the HSE regarding ordering suitable chairs to meet this residents needs.

In addition a speech and language therapist had reviewed this residents swallowing reflex and assessed them for a risk of choking due to excessive salivation; following this assessment a protocol was put in place to guide staff on the first aid procedure to follow should the resident begin to choke.

Inspectors also reviewed this resident's monthly weight records and found that they had been diagnosed by a dietician with significant weight loss in 2009 with a BMI of 11.9, However, a weight management plan had not been implemented and the resident's



current weight was only 33.75kg with a BMI of 13.1 (normal is 18.5- 24.9) which puts them at risk of suffering from malnutrition. Staff informed inspectors that this resident had a good appetite; however they agreed to immediately speak to his parents and to seek medical advice and send a referral to the dietician for further advice.

There was limited access to occupational therapy services and one resident had been waiting months for a follow up appointment to be assessed for using a hoists and sling for safe moving and handling. Records of all referrals and follow-up appointments were maintained in the residents medical files. One family raised concerns regarding the procedures for hospital admission, as their son has been admitted on many occasions for medical procedures and they are concerned that staff will not be available/ funded to support the resident while in hospital.

Food was nutritious, appetising, varied and of a suitable consistency to meet the needs of the residents. It was available at times suitable to residents, Families wishes regarding the type of food and quantity of food was strictly adhered to and not always based on good nutritional assessments. This was a factor identified with the resident that was underweight. Food diaries were maintained so families and staff were aware of the residents' daily food intake. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a policy in place regarding the medication management practices in the designated centre, and this was dated November 2014. The medication management policy included the arrangements for ordering, prescribing, storing and administering medicines to residents.

Medications were stored appropriately and there were no medications that required strict control measures (MDA's) at the time of the inspection. Residents who had conditions such as epilepsy had supplies of emergency medication that they took with them at all times and there were protocols in place to advise staff on their use in the event of the resident's going into Status epilepticus.

The medication management policy aimed to direct practice and to provide guidance to staff and managers. However, the medication policy did not distinguish between a serious medication error and a clerical error and required further review. Staff spoken with knew what process they had to follow if they made an error.

Inspectors reviewed the residents prescription and medication administration records and found that documentation required review to ensure safe practices for example; one resident was prescribed a strong laxative three times a day and staff had documented that they had withheld it 47 times over a 6 month period as staff were of the opinion it was not required; however the G.P. had not been requested to review this prescription. In addition; medication kardex were illegible and difficult to read, one resident had two medication kardex and upon review only one was required as many medications had been discontinued. This created a risk of medication errors, particularly when non nursing staff were administering medication in this house. Inspectors found a number of clerical medication errors had been recorded as a result.

Inspectors brought these medication management issues to the attention of the person in charge. On day 2 inspection, the kardex's had been reviewed by the General practitioner and rewritten to ensure safe medication practices in accordance with guidelines of Bord Altranais agus Cnáimhseachais Na hÉireann.

**Judgment:**

Non Compliant - Minor

**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. The statement of purpose does not adequately identify the residential placement provided to residents in this centre. For example; that one resident received a full time placement and the other two residents received a five day residential placement. In addition; two of the three people had physical disabilities and the other three residents had high support needs and this was not clearly identified in the statement of purpose.

The statement of purpose detailed the aims of the centre and described some of the facilities and services that were provided for residents. However, it did not clearly state

the skills mix of staff or the night staffing arrangements working in this house.

**Judgment:**

Non Compliant - Moderate

**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 post of person in charge had changed since the last inspection. Previously, the provider nominee also had responsibility as person in charge. Since the last monitoring inspection, two new nurse managers were appointed joint persons in charge of this centre. They had responsibility for five houses each. The post holders had recently taken on their new duties, however their roles and responsibilities as new persons in charge needs to be kept under review, as they have a considerable work load with consideration that they are also working part-time in other houses as front line staff. Inspectors found that one of the persons in charge continued to work as a staff nurse one day a week in another part of the service. The inspectors were satisfied that the person's in charge were appropriately qualified and had the necessary experience to fulfil this role. They were nurses and had many years' experiences in several areas of social care including day services and managing behaviours' that challenge.

The inspectors found that while some action plans from the previous inspection had been addressed, healthcare issues and equipment 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. The new person's in charge had responsibility to cover each other's absences and both persons in charge reported to the provider nominee, who in turn reported to the Board of Management. Staff were aware of the new arrangements and a system for regular meetings between the person in charge and the staff team in each house had been established.

A senior staff nurse took charge when the persons in charge were absent. The availability of senior staff outside of regular working hours in the event of an emergency needed to be formalised for all staff including staff who worked part time or on a locum basis. This had been identified for attention in the action plan from the last inspection;

however, no formal on call system was available according to staff who said they would contact the person in charge at all times. This action is repeated in this report.

There was some evidence that the quality of care and experience of the residents was monitored on an on-going basis and staff said that they responded to views expressed by residents and made changes in accordance with their wishes where possible. There was positive commentary on many aspects of the service including the food provided, the activities and support from staff. Relatives described staff as dedicated and committed and outlined various examples where staff had taken considerable time getting to know how residents communicate resulting in very positive outcomes for the residents.

A system for unannounced visits by the provider nominee and formal reviews to assess the quality of care, outcomes for residents and compliance with legislative requirements was not yet in place. The provider had not undertaken unannounced visits to this centre every six months or produced a written report as to the safety and quality of care and support provided as required by regulation 23 (2) Governance and Management. Families had expressed their concerns about locum staff working in the centre that did not know residents so well and that resources restricted social opportunities and felt these concerns had not adequately been addressed by the previous person in charge.

**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 Health Information and Quality Authority had been notified of the changes to the person in charge as required by the 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 the wrap around service described in the statement of purpose.

**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. 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 not present. For example, the new persons in charge had no new contacts of employment.

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, protection and safety of vulnerable adults, epilepsy awareness 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, manual handling and food and hygiene safety. The person in charge confirmed to the inspector a training schedule for 2015 which included

some of these training courses.

There was only two staff rostered to provide a day and residential service for three maximum/high dependency residents. Due to the dependency levels of residents additional staff support were required particularly during the day and at the weekends

**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. 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, the inspector found that some of the policies and procedures were not always adhered to particularly in relation to managing risk, staffing, and resident's finances and required review.

**Judgment:**

Non Compliant - Moderate

## 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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
<b>Centre ID:</b>	OSV-0004693
<b>Date of Inspection:</b>	03 December 2014
<b>Date of response:</b>	

### 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:**

Residents were not given the opportunity to exercise choice and control over their personal possessions; such as the right to choose the clothes they wear daily.

**Action Required:**

Under Regulation 12 (3) (a) you are required to: Ensure that each resident uses and

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



retains control over his or her clothes.

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

Social worker and Person in Charge continue to engage with the person's family and advocate for the person's right to exercise choice and control over their personal possessions and clothes. Family like to continue with the practice of looking after the person's clothes as they want to be involved in the ongoing support of their family member.

**Proposed Timescale:** 30/10/2015

**Theme:** Individualised Supports and Care

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

Resident's did not have appropriate access to an independent advocate for the purpose of making a complaint.

**Action Required:**

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

Social Worker gave family, who want to advocate for their non-verbal family members, all the appropriate information on the National Advocacy Service. We have no control over any waiting times within this government agency.

**Proposed Timescale:**

**Theme:** Individualised Supports and Care

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

Families stated that their complaints were not investigated promptly and that reporting a complaint had not improved the quality of the services provided.

**Action Required:**

Under Regulation 34 (1) (b) you are required to: Ensure that each resident and their family are made aware of the complaints procedure as soon as is practicable after admission.

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

The complaints policy and procedure have been reviewed. A new complaints leaflet and form has been devised and circulated to all people supported and their families.

**Proposed Timescale:** 09/02/2015

**Theme:** Individualised Supports and Care

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

The complaints policy required review to ensure that it was easy to read, and clearly specifies the procedures for managing complaints in the centre, within an appropriate time frame.

**Action Required:**

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The complaints policy and procedure have been reviewed. A new complaints leaflet and form has been devised and circulated to all people supported and their families.

**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 admissions and contract for the provision of services policy did not state if, or when, a resident could be discharged from the service, or what notice they would be given, prior to discharge.

**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:**

The admissions policy has been amended to clarify transfer and discharges.

**Proposed Timescale:** 26/03/2015

**Theme:** Effective Services

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

The contract of care, were not signed and it was unclear in the contracts viewed what were the total weekly charges to residents.

**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:**

Individual Service Agreements have been issued to each person's family and the total weekly charges have been clarified on these. However, families have refused to sign these agreements.

**Proposed Timescale:** 03/12/2014

**Theme:** Effective Services

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

The arrangements by the Housing Association for providing residents food requires 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:**

Brothers of Charity Services staff purchase all of the food and constantly audit the quality and quantity of food being provided to people when they are in residence. Food diaries are maintained.

**Proposed Timescale:**

**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:**

Resident's day services that were provided from their home, were not meeting their needs and required review.

**Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

All personal plans have been reviewed to include more variety and individual choices. Staff will continue to review and source meaningful work, training and leisure activities in the community for people supported in line with their interests and skills.

**Proposed Timescale:** 12/02/2015

**Theme:** Effective Services

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

There was not adequate staff support to ensure residents that wished to go out on the bus could do so, and participate in a social activity.

**Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The staffing situation is under review. Due to staff retirement, re-structuring and re-deployments are being looked at to improve the level of staffing and better meet the needs of the people supported.

**Proposed Timescale:** 15/05/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

One resident's wheelchair and reclining chair did not adequately support them in the correct sitting positioning. The chairs were negatively impacting on the resident's posture.

**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:**

The Person in Charge is working with the family on an on-going basis to review the chairs and organise a seating assessment with the HSE Occupational Therapist.

**Proposed Timescale:** 15/05/2015

**Theme:** Effective Services

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

One resident had not been assessed for using a hoist sling and a bath insert had not been provided as required.

**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:**

1. The assessment has been completed for the sling and it has been delivered.
2. The insert for the bath has been ordered and delivery is expected.

Proposed Timescale: 1. Completed 08/04/2015; 2. 15/05/2015

**Proposed Timescale:** 15/05/2015

**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:**

The risk management policy did not provide clear guidance on the management and recording of risks and the recording and managing of accidents and incidents in the centre and required review.

**Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The Risk Management Policy is currently under review.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

Accident/ incident forms did not prompt staff to identify potential causes or identify additional support needs when reviewing the residents post fall assessments.

There was also no prompt for staff to check the resident's neurological observations for 24 hours following an unwitnessed fall.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

A new Accident, Incident Reporting System has been introduced which addresses all of the above.

**Proposed Timescale:** 02/02/2015

**Theme:** Effective Services

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

Only three staff had been trained in clamping wheelchairs into vehicles. This was an action since the last inspection and had not been completed.

**Action Required:**

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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

Wheelchair clamping training is planned and ongoing. We have to engage an external trainer for this and there is a waiting time but we hope to have all training completed by this Summer.

Proposed Timescale: Commencing 12/05/2015 to 31/07/2015

**Proposed Timescale:** 31/07/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

There was no agreement or procedures in place with the residents family as to the staffing supports that would be provided should the resident require hospitalisation.

**Action Required:**

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

There is a protocol in place for the above.

**Proposed Timescale:** 30/01/2015

**Theme:** Health and Development

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

There was limited access to occupational therapists and residents had been waiting months for a follow up appointment to be assessed for using hoists and slings for safe moving and handling.

**Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

All appointments have been followed up on. The assessment has been completed for the sling and it has been delivered.

**Proposed Timescale:** 08/04/2015

**Theme:** Health and Development

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

One resident's current weight was only 33.75kg and a BMI of 13 which puts them at risk of suffering from malnutrition.

**Action Required:**

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

While the person is in part-time residence, adequate food and drink are provided at all times which are consistent with the person's individual dietary needs and preferences. A food diary is maintained.

The Person in Charge has been in contact with the family to discuss referral to the

dietician again, as per previous request for referral and the family are following up on this referral. The family have also been in contact with the G.P. who has stated that the person's low BMI is due to his medical condition and that it is his medical opinion that the person is not suffering from malnutrition. The GP will provide a letter to this effect.

**Proposed Timescale:** 02/04/2015

### **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:**

The medication policy did not distinguish between a serious medication error and a clerical error and requires further review.

**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:**

The medication policy has been amended.

**Proposed Timescale:** 09/02/2015

### **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 statement of purpose does not adequately identify the residential placements provided to residents in this centre. Three residents have high support needs, two of the three people have physical disabilities and this was not identified in the statement of purpose.

The statement of purpose did not accurately identify the day/night staffing supports being provided in the centre.

**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:** 20/02/2015

#### **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:**

The provider had not undertaken unannounced visits to this centre at least every six months or produced a written report as to the safety and quality of care provided in the 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:**

Unannounced visits are planned for 2015.

**Proposed Timescale:** 14/04/2015

**Theme:** Leadership, Governance and Management

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

There was no organised out of hour's on call system in place to support staff should they need assistance of a manager in an emergency.

**Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

On-call out of hours rota is now in place

**Proposed Timescale:** 06/02/2015

#### **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 appropriately meet the current and future residential 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:**

The staffing situation is under review. Due to staff retirement, re-structuring and re-deployments are being looked at to improve the level of staffing and better meet the needs of the people supported.

**Proposed Timescale:** 15/05/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was not adequate staffing provided to ensure that residents were receiving the service identified in the statement of purpose.

**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:**

The staffing situation is under review. Due to staff retirement, re-structuring and re-deployments are being looked at to improve the level of staffing and better meet the needs of the people supported.

**Proposed Timescale:** 15/05/2015

**Theme:** Responsive Workforce

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

The persons in charge had not been issued a contract of employment prior to commencing their new role.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Contracts of employment are being issued to the new persons in charge. Job descriptions and terms and conditions had been issued prior to commencement.

**Proposed Timescale:** 13/04/2015

**Theme:** Responsive Workforce

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

Refresher training should be provided for some staff in relation to medication management, management of risks, first aid, manual handling and food and hygiene 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:**

Refresher training is on-going in all of the above mentioned trainings.

**Proposed Timescale:** 22/12/2014

**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 policies and procedures particularly in relation to managing risk and staffing, and residents finances required review.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures 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.

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

Both of these policies are currently under review.

The government are currently introducing changes to legislation in respect of 'in patient charges' and this will entail further review of the policy on service users' finances before it can be finalised.

**Proposed Timescale:** 31/07/2015