

**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-0004695
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:	Marie Matthews
Support inspector(s):	Thelma O'Neill
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: 11 December 2014 10:00 To: 11 December 2014 21:30

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. As part of the inspection, the inspector 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. It is funded by the HSE with whom the service has a service level agreement. The organisation had a board of management and a company secretary who is also the director of services for Roscommon and the

provider nominee for the service. Houses are all rented from Roscara Housing Association and each resident has an individual tenancy agreement.

This centre comprised of three modern houses which accommodate seven adults with an intellectual disability. There are five females and two males living in the centre. Two of the houses are located next door to each other in a housing estate close to the town of Castlerea. The third house was located approximately three kilometers away. House 1 accommodated two female residents; house two accommodated two males and a female resident and house 3 accommodated two female residents. Residents in two of the houses attend day services run by either by the service or by an external provider from Monday to Friday. The third house provided a 7 day wrap around service and the two residents participate in local employment and education programmes.

Inspectors visited all three houses, two which were conveniently located for access to shops and services and one house required the use of a car. Each house was spacious, attractively furnished and provided good personal and communal space for residents. Residents and staff knew each other well and residents were observed to be relaxed with staff. Inspectors observed good practice in areas of the service. Staff supported residents to make decisions regarding their preferred daily routine, aspirations and life choices and residents were supported to pursue their goals. Residents were actively involved in the development of their personal plans and there was evidence of regular review.

The person in charge (PIC) was present during the inspection. He informed inspectors that he was responsible for the management of nine residential houses and six day care facilities. The findings of this inspection indicate that the role of the person in charge required review to ensure that the post holder could carry out their responsibilities in accordance with regulatory requirements and was actively engaged in the governance.

Prior to the inspection the Authority received a concern relating to physical and emotional abuse by a staff member employed by the Brothers of Charity Castlerea services. The person in charge was interviewed by inspectors in relation to this allegation of abuse. The outcome of the investigation was not available at the time of the inspection as the provider had not concluded the investigation. The provider was requested to submit to the authority on the conclusion, the findings of the investigation and the actions taken to protect the residents from abuse.

Deficits were also identified in the management of complaints in one house in the centre and inspectors found that a number of complaints had not been responded to appropriately. A previous inspection of this centre on 28/29 of May 2014 identified similar issues. An investigation had taken place into these complaints by the senior social worker and care practice issues in the centre were identified. However during the inspection inspectors identified new complaints by residents concerning a staff member which were not identified as allegations of abuse and had not been forwarded to the social worker as per the centres' adult protection policy. These were brought to the attention of the provider on conclusion of the inspection.

Risk management practice also required improvement as there were no risk assessments available for a number of risks identified.

Five houses were associated with this centre and were inspected at the last inspection. Since then the provider had reconfigured the houses dividing them into two designated centres. The inspectors reviewed the twelve actions from the last inspection, six of which related to these three houses. Only one of the six actions had been adequately addressed. These actions are repeated at the end of this report. They relate to financial management, contracts of care, management of complaints particularly in relation to abuse, support and supervision of out of hours and appropriately recording minutes of staff meetings.

Inspectors identified that the provider needed to review the resources allocated to the centre to ensure resident's needs as they age were met. They also identified the need to improve medication practices and review policies.

Non-compliances are discussed 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:

Residents were observed on inspection to be treated with respect and had meaningful relationships with the staff that provided support to them. Inspectors observed that residents were relaxed in the company of staff and were consulted and encouraged to participate in decisions about their life. There was evidence of house meetings which reflected discussions with residents about activities, meal planning and personal choices. Most residents attended mass weekly. Residents were registered to vote and polling cards were sent to each house.

Residents in one house receive a wrap around 7 day service and inspectors saw evidence that these residents participated in a local supported employment scheme and had attended educational courses. Both residents told inspectors they were very happy with their quality of life in the centre and had a choice regarding the activities they took part in.

The residents in two houses attended local day services provided by either by the organisation or run by another agency 5 days a week. In general, the daily routines reflected residents' individual preferences however; the allocation of resources sometimes dictated the activity. For example, one resident who could not be left unsupervised had to go with other residents on their activities or appointments. This was more evident at weekends when only one staff was on duty.

The provider had revised their complaints policy in November 2014. It identified the organisations ethos and outlined the various types and stages to follow when making a complaint, including; when, how and to whom a complaint should be made. 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.

Inspectors reviewed the centres complaints log during the inspection and identified 13

complaints from the five residents living in the two houses. Staff interviewed confirmed that the issues complained were ongoing over a long period of time. The log indicated actions taken by staff but there was no narrative to indicate what if any action was taken by the PIC to address the issues, the date the complaint was resolved or if the complainant was satisfied with the outcome. Staff interviewed during the inspection confirmed that the issues raised in the complaints were still causing concern to residents. This is discussed further under outcome 8.

Receipts were available for all income and expenditure by residents and the balances reflected the balance in the records. There were daily checks of the money held in each house when the second staff member came on duty and there was an annual audit of a random sample of residents' accounts.

Judgment:

Non Compliant - Major

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:

The residents living in this centre were all able to communicate verbally. Residents had good communication skills and were able to tell inspectors about their experience of daily life in the centre. Two residents were attending a Life skills course in the town. Picture references were in use to assist residents identify the staff on duty and meals planned for the day.

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. Some resident's had access to computers and used social media.

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. Some of the residents went home every weekend and others visited their family regularly. Inspectors saw that families were actively involved in their loved ones care and were regularly consulted and kept up to date. Photographs of family members were displayed in resident's bedrooms.

Residents were supported to attend the local community events and visit local shops regularly. The centre was open to visitors' at reasonable times and residents said that their friends and families were free to visit and made fee welcome. The houses did not all have a separate private area where residents could meet their family however inspectors were told that a partition door can be closed between the two areas to ensure privacy. Two of the houses were open plan design for example; the kitchen, dining and sitting room were all linked together. The other house had a private sitting room that could be used if the residents wished to meet their loved ones or visitors in private.

The organisation had a National Policy on receiving visitor's which was available in an easy to read format. The policy required minor revision as it indicated that visitors should contact the centre before they visit, and that residents could meet with visitors in private in their bedroom which is contrary to the requirements of the Regulations which states that residents should be free to receive visitors without restrictions and that suitable facilities should be available to receive visitors in private.

Judgment:

Substantially 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):

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

Findings:

All admissions to the centre were directed by an admissions/ discharge team in the Brothers of Charity services. This involved several members of the senior management and multi-disciplinary team which meet quarterly to review applications for admissions or discharges. The statement of purpose it did not adequately describe the process as it exists. The provider stated that admission arrangements were under review and that the statement of purpose would be revised to reflect the process.

Each resident had a contract of care and a tenancy agreement which outlined the services provided to the resident, however not all rental cost were identified in the contracts of care. Some additional costs occurred by the residents were included in the contract however some residents incurred additional charges which were not clearly specified in the contract of care. For example, all residents had a medical card however; some GP's charged an additional fee to residents for medical reviews or blood tests. These additional costs were not made clear in the contracts.

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:

Inspectors reviewed a sample of personal plans which were based on the Personal Outcome Measures Model. Each resident had their own personal plan that described their specific support needs and personal goals. An assessment that described social, emotional and health needs was available for each resident. The assessments outlined residents' current skills in relation to activities of daily living, such as dressing, cooking and showering.

Plans were developed which outlined the support needs and the actions/interventions to be put in place to help residents achieve their goals and maximum their participation in the activities of daily living. There were also goals recorded which addressed the development of skills, hopes for employment and personal wishes. A system was in place to review personal plans annually.

Residents' personal plans included risk management plans and intimate care support plans. There was evidence of a multi disciplinary approach recorded in files and a number of residents told inspectors of their involvement in their plans and that of others including family and key workers.

Residents' had opportunities to participate in meaningful activities, appropriate to their individual interests and preferences. Two female residents had a 7 day wrap around service which was dictated by their day to day preferences and inspectors saw that this included both employment and education opportunities. The other residents attended local day services run by the organisation. External activities included trips into the town to local restaurants and cafes, attending the beauticians, going on shopping trips to larger towns and overnight breaks and trips to concerts.

As discussed under outcome 1, it was clear from interviewing staff members and reviewing personal plans that the current deployment of staff was having a direct effect on the opportunities available to some residents. There was usually only one support staff member available in each house to support residents. This meant that if one resident wished to take part in an activity or go on a trip, other residents had to also go as they could not be left unsupervised.

In addition, the staff from this centre would collect residents from another residential service and bring them to mass every Saturday. Residents complained to inspectors that regardless of whether they wanted to go to mass, they had to go, as their support staff was now required to support the other residents.

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 houses was in line with the description in the centres statement of purpose. This service is provided in three detached single storey houses located on the outskirts of a Roscommon town. Each house was clean, pleasantly decorated, homely and well maintained with suitable heating, lighting and ventilation.

Bedrooms were personalised to reflect resident's individual taste and had good storage for residents' belongings. There were adequate bathrooms and showers available to meet the needs of residents however the shower in one house required repair as it was faulty and difficult to operate and there was no lock on one bathroom door to ensure the privacy of residents using this facility. A garden area was available for residents.

Each house had a well-equipped kitchen with a dining area and comfortable sitting room with an open fire and a television. Photographs of residents were displayed throughout the houses. A room was provided in two of the houses for sleepover staff and this doubled as an office. There were car parking facilities available at each house.

There were two matters that needed attention. A lip protruded on the door saddle in one house and this created a trip hazard for residents and the letter box in another was faulty and continuously flapped.

Judgment:

Non Compliant - Minor

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:

Systems were in place to safeguard the health and safety of residents and staff working in the centre however inspectors identified that additional work was required to achieve compliance with regulation 26 - Risk Management Procedures as the risk management policy did not adequately describe the full range of risks in the centre. A health and safety statement and a risk management policy were available which was reviewed in May 2014. A number of general/corporate risks were outlined such as risks associated with the retention of staff, the use of volunteers and environmental risks. Individual risk assessments were based on a risk assessment tool called "Making it Happen". A missing person's policy was available and each resident had a personal profile available. Each centre was clean and standard infection control procedures were in place.

Risk assessments completed included commonly occurring areas such as the prevention of burns or scalds, the use of hazardous substances and using kitchen equipment. However, other risks identified were not appropriately assessed to prevent injuries. For example, one resident had been identified with challenging behaviour and had caused damage to his bedroom in the past during an incident however a risk assessment had not been completed. The temperature of the hot water at wash hand basins was also found to be very hot and there were no window restrictors fitted on windows which faced directly onto a main road.

One sleepover staff member supervised the two houses located together at night. A panic button linked to the telephone was provided in each resident's room to alert staff in the event of an emergency in the unsupervised house, however inspectors identified that this button did not work if the phone was engaged. This risk was not assessed adequately. Inspectors were also told that one resident regularly stayed on his own in the house while other residents attended social activities, but there were no risk assessment available to support this practice.

An action plan in the last report required the provider to ensure the risk management policy included measures and actions to address the risks identified. Inspectors found that this action had not been adequately addressed and it is restated in the action plan at the end of this report.

The provider submitted a certificate in advance of the inspection certifying that the centre complied with fire regulations. Fire equipment was provided throughout the houses and there was evidence that emergency lighting and fire fighting equipment was serviced annually. There was evidence of weekly and monthly fire safety checks recorded in the centres fire register. Staff spoken with were familiar with the centre's procedures on fire evacuation carried out regular drills. Training records viewed confirmed that all staff had completed fire safety training.

Although all fire exits were observed to be unobstructed, there was no emergency lighting provided outside of each exit to illuminate the areas and assist residents to leave the centre safely in the event of a fire. Fire panels in two of the houses were located up high making difficult to determine the location of the fire. There was an emergency plan available and suitable arrangements were in place for responding to emergencies.

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 organisation has a policy for the welfare and protection of vulnerable adults and this policy was supported by national guidelines and Governance statements. The policies and guidelines were available to staff on the correct procedures to follow should staff have a concern as to the safety and welfare of adults in the service. The policy described the duty of care and responsibilities of the person in charge and staff working in the organisation and names the designated person to contact in the event of any allegation of abuse. Staff interviewed confirmed that they had recently completed training in adult protection and were aware of their duty of reporting any incidents or suspicions of abuse to the designated person and knew how to do this.

Although measures were in place to protect residents from being harmed or suffering abuse, inspectors identified that appropriate action had not been taken in response to several allegations of verbal abuse and intimidation of residents by a staff member employed by the organisation. As discussed under outcome one, thirteen complaints were recorded in the centres complaints log by the five residents regarding this staff member. The staff member was no longer working in the centre however, it was clear to inspectors that this issue continued to cause upset and anxiety to some residents.

The PIC and the provider were interviewed in relation to the complaints logged in the complaints book. The inspectors informed the provider and the person in charge that the Authority had received a concern regarding an allegation of abusive practices by a staff member in the centre. They confirmed that the designated officer had been involved in an investigation of a staff member working in this centre and this staff member had been relocated and was working under supervision. An investigation is currently taking place and the provider is due to report back the findings of the external investigation by the end of March.

Judgment:

Non Compliant - Major

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:

Accident and incident forms were completed for all incidents occurring in the centre. As discussed under outcome 8 allegations of abuse recorded in the centres complaints log had not been appropriately identified or notified to the Authority as required in the regulations. These notifications have since been reported to the authority.

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:

Residents took part in social activities according to their preferences and attended educational courses, employment schemes and day care services. There was evidence that residents attended local events and were active members of the community.

There were daily/weekly activity schedules that outlined the activities that residents attended regularly. Photographs of events attended were displayed and were recorded in residents' personal files. The events recorded included birthday parties, visits to restaurants, trips out, swimming, exercise sessions and day to day activities such as cooking at home. Residents also participated in range of activities depending on their interests including education courses. Two residents had completed FETAC level 2

qualifications and another resident had completed a computer course. Another resident went horse riding every week.
As described throughout this report there were difficulties in ensuring that residents could exercise real choices about activities they would like to attend due to the staff structure where one staff was on duty and not all residents may wish to attend an activity.

Judgment:
Substantially 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 to achieve good health outcomes through care planning, access to medical services and monitoring of residents individual health care needs. Residents were regularly seen by a General Practitioner and there good support from specialist services such as mental health, speech and language therapists, dentists, chiropodists and opticians. Staff were knowledgeable about the recommendations of health professionals and how to implement recommendations into practice. Resident's health was monitored by staff including their weights and all residents had been offered the influenza vaccine. Residents' progress notes and medication records were sent to day care each day and observations were recorded and highlighted for attention or address.

Minutes of house meetings showed that food choices were regularly discussed with individual residents and changes were made to the menu to meet personal choices. Residents assisted staff with the weekly shopping. Fridges were well stocked with a variety of nutritious and wholesome food. There were adequate supplies to prepare additional snacks if needed. The evening meals were cooked by staff with assistance from residents where appropriate.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were available in the centre. Medication was supplied by a local pharmacy in individual blister packs and an individual medication file was available for any resident requiring medication. Medications were stored securely in a locked cupboard in the office or in the resident's bedroom. The inspectors reviewed one resident's medical file. Prescriptions were individually signed by GPs. The maximum dose was stated for PRN or as required medication on the prescriptions reviewed. Photographic identification was available on the medication Kardex to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

There were no medications in use that required specific controls under the Misuse of Drugs (Safe Custody) Regulations, 1984. Inspectors identified a number of medication errors which were clerical but there was no evidence available that these were not routinely reviewed by the PIC to ensure they were not repeated.

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 contained the majority of the required information except for the name of the person nominated as provider on behalf of the organisation. The admission procedure as described required review as it did not provide adequate and clear information about how referrals, admissions or discharges are managed.

It is suggested that the names of staff except for those in statutory roles such as the provider and person in charge are removed to avoid unnecessary revisions when staff change.

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):

No actions were required from the previous inspection.

Findings:

The person in charge had responsibility for the supervision of staff and for nine residential houses and six day care services. The inspectors found that the responsibilities, lines of authority and accountability of the person in charge needed to be clearly defined to ensure that the post holder can meet their legislative responsibility as defined by the regulations. The person in charge told inspectors he found it difficult to give each house the required attention.

During discussions, the person in charge and other senior staff demonstrated a commitment to providing a good quality service to meet the needs of residents. There was evidence that regular staff meetings had been introduced since the last inspection to strengthen communication and governance arrangements.

The inspectors were satisfied that the person in charge was appropriately qualified and had the necessary experience to fulfil this role. He was a psychiatric nurse and had many years experience in several areas of social care including the management of social housing schemes which he contributed to at national level.

While governance and management structures were in place, inspectors identified deficiencies with responsibilities and communication in the centre. As discussed in outcome 1, inspectors identified that some issues raised by staff were not adequately responded to and may not have been brought to the attention of the provider.

The inspectors found that many staff were employed on a locum basis and there was no formal structure in place to ensure that locum staff were made familiar with

arrangements in the centre. The inspectors also found that of the six actions from the previous inspection related to this designated centre, five actions had not been adequately addressed. There were no systems in place to monitor or review improvements or changes being made to meet legislative requirements.

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 not been absent from the centre for any period in excess of 28 days which is the notification period.

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 three houses that formed the designated centre provided a good environment for the residents and were adequately furnished and equipped. However, as discussed under previous outcomes, there was evidence of inadequate staff resources to ensure effective delivery of care and support and afford the residents the right to choose how they spent time particularly at the weekends.

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):**Findings:**

The inspectors reviewed a sample of staff files and found that contracts did not accurately reflect the hours that staff were working in the centre. The inspectors reviewed staff rotas and interviewed the staff members on duty. In one of the houses a staff member was on duty at all times when residents were at home. In the other two houses, one staff member supervised both houses. As previously discussed, this on occasions impacted negatively on the choices available to residents. Staff identified difficulties when staff on call in other centres run by the service were not present which resulted in one resident who could not be left unsupervised having to be brought for any planned trips or appointments for other residents.

There was a yearly training schedule for staff available. Staff had completed training in a range of areas including the protection of vulnerable adults, medication management, advocacy, fire safety and moving and handling.

There was evidence that some staff meetings were held and inspectors reviewed minutes of these meetings. There was a set agenda and varied aspects of the service were noted to be discussed. However, there was limited feedback on progress made to address issues of concern raised such as staffing levels and staff deployment. For example; staff informed inspectors that concerns raised by them with the person in charge relating to allegations of abuse were not documented in the minutes of meeting. Inspectors reviewed all of the Schedule 2 documents and found that they were in compliance with the Health Act 2007 (Care and Support of residents in designated centres for persons (children and adults) with disabilities) Regulations 2013.

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):

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

Findings:

Inspectors found that all policies required in schedule 5 of the regulations were available as were other documents required by the regulations. Some policies required review as they did not provide clear guidance to staff of the actions to take in certain situations. The adult protection policy did not give guidance protecting the resident once an allegation of abuse was made and while the investigation was ongoing. There was also no information on the requirement to report to the senior case worker in the Health Service Executive.

The risk management procedures did not adequately describe all risks relevant to the centre as discussed earlier in this report and the admission and discharge procedures were not described in a way that was transparent and ensured that anyone reading the procedure would understand the steps involved .

The policy on receiving visitor's required minor revision as it indicated that visitors should contact the centre before they visit, and that residents could meet with visitors in private in their bedroom which is contrary to the requirements of the Regulations which states that residents should be free to receive visitors without restrictions and that suitable facilities should be available to receive visitors in private.

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:

Marie Matthews
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-0004695
Date of Inspection:	11 December 2014
Date of response:	06 July 2015

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

The complaints log did not record what if any action was taken by the PIC to address the issues, the date the complaint was resolved or if the complainant was satisfied with the outcome.

Action Required:

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

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 procedure has been further reviewed and a new complaints log has been introduced. This new log has headings that lead the staff and person in charge to log the complaint, actions, responses and resolutions and to date and sign off on same. Easy read versions of the complaints procedure are on display in all houses and a new complaints leaflet and form have been developed

Proposed Timescale: 10/04/2015

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:

Some additional costs occurred by the residents were included in the contract however some residents incurred additional charges which were not clearly specified in the contract of care. For example, all residents had a medical card however; some G.Ps charged an additional fee to residents for medical reviews or blood tests. These additional costs were not made clear in the contracts.

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 Individual Service Agreements have been amended and clarity on items being charged outside of provider charges is now provided.

Proposed Timescale: 10/04/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

the current deployment of staff was having a direct effect on the arrangements to meet the assessed needs of some residents.

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:

1. We have escalated the resourcing issue to our Service Level Arrangement meeting and will continue to do so, on a regular and continuous basis.
2. A recruitment drive for additional volunteers is being planned following national volunteer week in May.
3. Direct support staff in conjunction with multi-disciplinary staff and the person in charge have carried out risk assessments on people being more independent and staying home alone. The Behaviour Support team are also working on plans to support this.

Proposed Timescale: 1. Completed 14/04/2105 and ongoing; 2. 31/05/2015 and ongoing 3. 10/04/2015

Proposed Timescale: 31/05/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A lip protruded on the door saddle in one house and this created a trip hazard for residents
and
the letter box in another house was faulty and continuously flapped

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The door saddle and letter-box have been repaired.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

1. Two houses did not all have private areas where residents could meet their family.
2. There was no lock on one bathroom door
3. The shower in one house was in poor repair

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:

There are double doors between the dining room and the sitting room that are closed to allow privacy for people when visiting, if required. These doors are generally open at the request of the people living in the house and were open during the inspection.

Proposed Timescale: 1. Completed 01/11/2013; 2. Completed 19/12/2014

Proposed Timescale: 19/12/2014

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:

A resident with behaviour that challenged and had caused damage to his bedroom in the past during an incident did not have a risk assessment completed.

The temperature of the hot water at wash hand basins was very hot

There were no window restrictors fitted on windows which faced directly onto a main road.

A risk assessment was not available to support the practice of leaving one resident on his own in the house while other residents attended social activities.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. Direct support staff in conjunction with multi-disciplinary staff and the person in charge have carried out risk assessments on people being more independent and staying home alone. The Behaviour Support team are also working on plans to support this and on supporting the person with behaviours that sometimes challenge on an ongoing basis.
2. A thermostat to control the water temperature was installed by the landlord.
3. Window restrictors are being installed by the landlord.

Proposed Timescale: 1. Completed 10/04/2015 and ongoing; 2. Completed 19/12/2014; 3. 08/05/2015.

Proposed Timescale: 08/05/2015

Theme: Effective Services

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

There was no emergency lighting provided outside of each exit to illuminate the areas and assist residents to leave the centre safely in the event of a fire.

Fire panels in two of the houses were located up high which could make it difficult to determine the location of the fire.

Action Required:

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

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

Emergency lighting has been installed outside the houses and the fire panels have been lowered.

Proposed Timescale: 09/01/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

appropriate action had not been taken in response to several allegations of verbal abuse and intimidation of residents by a staff member employed by the organisation.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

An investigation is currently in process. People supported are being protected and are receiving support from the multi-disciplinary team.

Proposed Timescale: 05/01/2015

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 system in place for reviewing and monitoring safe medication management practices required review.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

Medication Audits take place on a regular basis. A new computerised reporting system has been introduced for medication errors and this will ensure a better system for reviewing, monitoring and learning from errors. A review group has been established for this purpose.

Proposed Timescale: Commenced computerised system on 02/02/2015 and review is ongoing.

Proposed Timescale: 02/02/2015

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 name of the person nominated as provider on behalf of the organisation was excluded from the statement of purpose . The information on the admission procedure required review to provide adequate and clear information about how referrals, admissions or discharges are managed.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:

The Statement of Purpose has been amended.

Proposed Timescale: 15/04/2015

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:

Responsibilities, lines of authority and accountability of the person in charge needed to be clearly defined to ensure that the post holder can meet their legislative responsibility as defined by the regulations.

Of the six actions from the previous inspection related to this designated centre, five actions had not been adequately addressed.

There were no systems in place to monitor or review improvements or changes being made to meet legislative requirements.

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:

Regular staff support and supervision meetings are now scheduled by the person in charge with a set agenda to address areas required in standards and regulations. The provider nominee also holds monthly meetings with persons in charge to ensure that monitoring and review takes place and that legislative requirements are being met.

Proposed Timescale: 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:

There was evidence of inadequate staff resources to ensure effective delivery of care and support and afford the residents the right to choose how they spent time particularly at the weekends

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:

1. We have escalated the resourcing issue to our Service Level Arrangement meeting and will continue to do so, on a regular and continuous basis.
2. A recruitment drive for additional volunteers is being planned following national

volunteer week in May.

Proposed Timescale: 1. Completed 14/04/2105 and ongoing; 2. 31/05/2015 and ongoing

Proposed Timescale: 31/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The present allocation of staff is impacting negatively on the choices available to residents.

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:

1. We have escalated the resourcing issue to our Service Level Arrangement meeting and will continue to do so, on a regular and continuous basis.
2. A recruitment drive for additional volunteers is being planned following national volunteer week in May.

Proposed Timescale: 31/05/2015

Theme: Responsive Workforce

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

Staff contracts did not accurately reflect the hours that staff were working in the centre.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The person in charge will review the staff rosters and staff contracts and liaise with the HR department on same.

Proposed Timescale: 31/05/2015

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 adult protection policy did not give guidance protecting the resident once an allegation of abuse was made and while the investigation was ongoing. There was also no information on the requirement to report to the senior case worker in the Health Service Executive

The risk management procedures did not adequately describe all risks relevant to the centre.

The admission and discharge procedures were not described in a way that was transparent and ensured that anyone reading the procedure would understand the steps involved .

The policy on receiving visitor's required minor revision as it indicated that visitors should contact the centre before they visit, and that residents could meet with visitors in private in their bedroom.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

1. The Adult Protection Policy and Procedure have been amended and now give guidance around protection of people while investigations are ongoing. There is currently no senior case worker to report to in the HSE – this system has not yet been implemented by the HSE.
2. The Risk Management Procedures are being reviewed.
3. The Admission and discharge policy and procedures have been reviewed to provide further clarity.
4. The policy on visitors will be reviewed.

Proposed Timescale: 1. Completed 31/03/2015; 2. 31/05/2015; 3. Completed 31/03/2015; 4. 31/07/2015

Proposed Timescale: 31/07/2015