Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004464
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	Niamh Greevy;
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
03 September 2015 09:00	03 September 2015 18:30
04 September 2015 15:30	04 September 2015 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was the second inspection of this centre by the Health Information and Quality Authority. This announced inspection forms part of the assessment for registration made by the provider and the inspection took place over two days.

The Brothers of Charity Services Ireland owned the premises and provided residential respite service in the two houses in this designated centre. One house was a detached single-storey house with a large garden which provided a respite service up to two children and the second house was a two-storey semi-detached house in a housing estate which also provided a respite service to two residents. On the day of

the inspection, there were two residents admitted to one house in the service and there were two vacancies in the other house.

The centre provided support and accommodation on a part-time basis, to three young males, (two adults and one child) that had mild to severe intellectual disabilities. In one house, two residents received respite, up to eleven/twelve nights a month, in the other house one resident received respite one weekend a month. All of the residents lived at home with their families the remainder of the time. The residents attended school or work activities during the week, which the inspectors were told were suitable for their needs and abilities.
As part of the inspection, care practices documentation such as, personal plans, medical records, accident reports, policies and procedures and staff files were reviewed. The views of residents, the staff and family members were sought prior to the inspection and responses indicated that they were happy with the service provided to their family members.

The previous monitoring inspection of this centre was an eight outcome inspection which took place on the 18/2/15. There were twenty one actions issued following the last inspection. On this inspection, the inspectors reviewed the actions taken to address the non-compliances and noted that 15 actions were complete, 3 partially complete and 3 not complete. The inspectors found that a lot of work had been done since the last inspection to improve services being provided to the residents, however, significant risks were identified on this inspection relating to medication management, governance and management and staffing of the centre, which resulted in an immediate action being issued to the provider. Inspectors found that the provider and the person in charged failed to ensure that the care and welfare of those availing of services were appropriately managed. These and other non compliances are discussed further in the body of the report and actioned at the end of the 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):
No actions were required from the previous inspection.

Findings:
Staff members were observed interacting with residents in a respectful manner and residents' rights and choices were facilitated. For example; discussions between the residents and staff were held at the beginning of each respite admission, to plan the social activities and food menus for the week. Inspectors saw evidence of this on inspection.

The inspectors reviewed the systems and documentation in place for the management of complaints. The complaints policy identified the responsible persons to contact if a person wished to make a complaint. Complaints were addressed and records maintained. There was an advocacy service available to residents and they could access this service if required. Two family members completed a quality questionnaire regarding their opinion of the service provided to their children and they were complementary of the service and stated that they were aware that they could make a complaint to the person in charge, and, to date, they never had to make a complaint.

All residents' privacy and dignity was respected. Each resident had their own bedroom where they displayed their personal possessions and they had adequate space to store their clothes. However, there was a lack of space to adequately mobilise residents in their bedrooms, due to the size of the moving and handling equipment and the resident's wheelchairs. This is discussed further under outcome 6.

Residents finances were managed by their families, staff told inspectors that parents sent in money for respite charges and additional expenses for social and personal activities.

At the last inspection, the inspector had found that there was a lack of privacy in this centre as there was no visitor's room or quite space for residents to relax. This had been actioned since the last inspection and was complete.

Judgment:
Compliant

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:
Two of the three residents living in this centre communicated non-verbally and were able to make their wants and needs known to staff through facial expression and body gestures. Effective and supportive measures were provided to residents to ensure their communication needs were being met.

Residents' individual communication requirements were highlighted in their personal plans and pictures of the residents' personal like/dislikes were available to show new staff members what the residents' liked to choose. For example; food and nutrition, social activities and relaxation techniques; such as, listening to music on their CD player, or foot or hand massages. It also identified what personal care assistance was required by each resident and if staff needed to assist the person in these activities. For example; with eating and drinking or toileting.

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:
At the time of the inspection, three residents (1 adult and 2 children) regularly received a respite service in this designated centre. Two residents received shared care between their family home and this respite centre up to 12 night's a month depending on their individual/ family needs and wishes. The other service-user received respite one weekend a month. Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community. All residents had families who were actively involved in their care and staff had regular contact with families as part of the shared care service. Staff told the inspectors that residents could meet their friends and families in the centre and were free to visit whenever they choose. However, there was evidence that communication surrounding healthcare appointments and accessing medical treatments required discussion between staff and family members, to ensure that the residents' healthcare needs were actively been addressed when/or as required. This is actioned under outcomes 11

Residents were involved in their local community. Community integration was maintained while in respite care and residents attended social activities during the week and at the weekends. Residents attended local community events and like to go for walks in their local community and visited the local shops, post office and restaurants. For example; the inspectors observed one resident being supported by staff to go for a walk in their wheelchair during the inspection.

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:
Each resident has a written service level agreement which details the support, care and welfare provided to them and all of the services provided by the organisation and the fees to be charged. However, the service level agreement did not detail the organisation's duty of care and responsibility in managing resident's healthcare and medication needs while in respite care and this requires review.

Residents' admissions were in line with the Statement of Purpose for this respite centre.

The admissions process considered the wishes, needs and safety of the individual and the safety of other residents currently living in the services prior to new respite admissions taking place.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
There was one action issued following the last inspection, this was reviewed on this inspection and found to be partially complete.

Inspectors reviewed the individualised assessments for each of the residents receiving respite in this centre and found that resident's Personal Outcome Workbook (assessments) were completed which informed the decision as to the person centred goals for the resident. There was evidence that a resident's parent had signed the person centred plan which showed that they were aware of the goals identified for their child. The plan clearly defined actions to be complete such as; increasing the use of assistive technology and the child's love of music as a form of relaxation. In addition; regular massages, as well as the use of sensory equipment were also included in the child's goals. These goals were individualised and person-centred and there was evidence to show that actions had been taken to achieve most of these outcomes. However, the child's social care needs/ development was not assessed. This was an action from the last inspection and although, some actions had been taken to address this issue since the last inspection and the child was receiving some social outings, it was unclear that social activities were being fully implemented.

The inspector also reviewed another resident's individualised plan that commenced on the 15/10/14 and was reviewed every six months. There was good progress notified in supplying equipment; such as, a new recliner, and a new wheelchair, and covers for their bed rails to protect the resident from injury. The family were also aware of the

individualised goals for this resident.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
There are two houses in this designated centre.
House one: was a respite house owned by The Brothers of Charity Services where up to two people avail of respite at any given time. It usually provides respite to one resident one weekend a month. Planned and crisis respite is also provided. This house is also used as a day base for three people with intellectual disabilities. These residents are supported in this house in training with supported living skills.

House two: is a respite house also owned by The Brothers of Charity Services where up to two people can avail of respite at any given time. The house is usually providing a respite service on alternate mid-weeks and weekends. Individuals are supported with transport to access activities in the community while on respite. Residents have their own rooms when in respite. Planned and crisis respite is also provided as required.

There were seven actions issued following the last inspection under this outcome. Five of these actions were complete, one partially complete and one not complete.

The inspectors reviewed the actions taken since the last inspection and found that new equipment had been provided to residents, including a new reclining chair, wheelchair, an epilepsy alarm mat for a resident's bed and a bed rail protector for covering the side bed rails; as well as an emergency sledge for safe moving and evacuating of residents in an emergency. In addition, the outside of the house was cleaned and work was completed in the garden to make it wheelchair accessible. There was a garden redecoration project ongoing to make it more suitable for children.

The two outstanding actions from the previous inspection, related to making a kitchen more user-friendly for the children using the service. The inspector found that no action was taken since the last inspection, to make the counter tops and kitchen sink at a level

that children can use. The kitchen facilities remain inaccessible for the children using, or that may use this service. Also, the ceiling hoist has not been installed. However, the person in charge showed the inspectors plans to renovate the house and said this will be included in the renovation works in the future.

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:
There were six actions issued following the last inspection. These related to the supervision of residents at night, lack of infection control training, inadequate emergency evacuation equipment, storage and inadequate environmental risk assessments and risk management. Four actions had been adequately addressed; however, two actions remain outstanding. These were; the storage of moving and handling equipment and environmental risks to residents while in bed, these actions were not fully resolved and are re-actioned at the end of this report.

The inspectors found that there continued to be a lack of space to adequately store moving and handling equipment. The mobile moving and handling equipment was stored in the bathroom or in the sitting room at night which caused a potential hazard to residents and staff. In February 2014 physiotherapists recommended a ceiling hoist would be more suitable to meet the needs of the residents due to the limited space in the house; however, to date it had not been installed.

The Authority had been notified that restrictive practices were in use in this centre. Physical restraint was used as part of a behavioural support plan, and environmental restraint was used at night. This was in the form of bed rails on two of the resident's beds. However, risks were identified where one resident was banging their limbs off the bed rails in a display of self injurious behaviour. Inspectors found that the bed rails were creating a risk of injury to the resident and that the least restrictive options had not been tried prior to the use of bed rails; for example, the use of a low low bed, which would lower completely to the ground, which may eliminate the need for bed rails.

There was a risk management policy and safety statement in place in this centre. Following a review of the medication administration practices in this centre, it was clear that clinical and staffing risks were not adequately assessed or included in the centres

risk register. These risks are discussed in detail under medication management and staffing in outcomes 12 &17 in this report.

The inspector spoke with staff regarding fire evacuation procedures in this centre and they were knowledgeable about what to do in the event of a fire. Training for staff in fire safety was in date. Fire drills were carried out at least twice yearly the last recently completed on the 10/5/15. Servicing of the fire alarm and emergency lighting was outsourced to an external fire safety company. The fire alarm systems were serviced quarterly. The fire extinguishers were serviced on an annual basis and the inspector viewed the certificates. At the last inspection the inspector found that the emergency evacuation key was missing from the fire doors and a key safety box was required to ensure safe egress in the event of an emergency. This had been completed. Also, one resident's individual risk assessments required review as their personal evacuation plan was not adequately identified, this had been achieved and new equipment was purchased to assist staff in evacuating the resident in an emergency. However, a staff member told the inspector they were not trained in its use. This created a risk to the residents as the staff may delay in evacuating the residents if they are unfamiliar with using this equipment. This is actioned under outcome 17.

Individual risk assessments were completed for the residents, however, not all risks identified were appropriately risk rated and some measures were inadequate to safeguard the residents. For example, one resident that had epilepsy and frequently had nocturnal seizures, which was risk rated 4. However, there was only sleepover staff on duty in this centre, which may reduce staff response times in the event of a seizure. In addition; the control measures recorded on the risk assessment for a resident with epilepsy did not clearly identify the safeguards in place or the actions required to mitigate the risks to the resident. For example; in the event of the resident having a seizure while in the bath, the risk assessment did not identify the control measures in place, or the additional control measured required to ensure the residents safety. The staff told inspectors they constantly supervise the resident while in the bath and would call for assistance if required, however this control measure was not identified on the risk assessment, nor was the requirement to pull the plug and remove the water if the resident had a seizure in the bath, this would mitigate the risks of a serious accident.

Staff had received training in driving adapted vehicles. There was personal protective equipment and hygiene equipment available to maintain a safe environment. Staff members were recently trained in infection control procedures

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

Findings:
There were policies and procedures in place to safeguard residents and protect them from the risk of abuse. There was no allegation of abuse reported to the Authority from this centre.

One resident displayed regular incidents of self injurious behaviour, resulting in them hitting themselves continuously for a period of time. The consequence of this was there was a high risk of long term damage to their body. In response the child was assessed by a behavioural support specialist and a behavioural support plan was implemented. It highlighted the resident's physical, psychological, social, emotional, and communication needs that affected their self-injurious behaviour and provided a supportive strategy for staff to follow when they encountered these episodes of self injury.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

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

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training

and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

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

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
There were two actions issued under this outcome at the last inspection, relating to wound care and epilepsy management. These actions were reviewed on this inspection and found to be complete.

Inspectors did not find sufficient evidence that the person in charge of the centre had assured themselves that the healthcare needs of the residents were adequately being delivered in the centre. On this, and the previous inspection, inspectors found that there was not sufficient oversight of residents' healthcare needs by the nursing staff or person in charge, particularly in relation to accessing the General Practitioner (G.P.) to consult with them regarding the resident's health or their recommendations following a consultation. In addition, there were inadequate health care records maintained in the centre. For example; Inspectors found that there were inadequate records maintained of residents' medical appointments. This prevented staff from ensuring that they could meet the medically assessed needs of the children in their care. For example; one child

was seen on the 21/1/15 by their G.P. and the G.P. requested another visit eight weeks later for a repeat blood test. However, the PIC and the staff member interviewed were unaware if the child had attended the G.P's. appointment and there were no entries on the resident's medical notes to indicate if the resident had attended such an appointment. This appointment did not take place until June 2015.

This resident also attended a consultant in the children's hospital in 2012 and despite the consultant recommending a review of the child six months later, the child was not reviewed for over three years until July 2015. At the appointment in July, the Consultant suggested using a combination of two medications to manage the resident's bowel problems. However, there is no evidence this medication was changed following the consultation with the consultant or the reason it was not prescribed.

A review of the resident's bowel charts and medication file showed the child continued to have 4-5 bowel loose bowel motions daily at the time of the inspection. There was also no evidence that care staff had been trained in the proper assessment or recording of residents' bowel movements, and this was having an negative outcome on the residents care. For example; the bowel movement recording scale, had a rating from a scale of 1 to 7. (one being constipated to seven being diarrhoea). The resident's bowel movement records showed ratings from 4-7 4-6 4-5 which was contradictory and it was unclear as to the child's actual need for laxatives, despite being prescribed twice daily. This showed that care staff did not have the clinical competency to be making decisions on administrating or withholding PRN medication based on the bowel records maintained for this resident. This is discussed further under outcome 12 and 17.

There were adequate Multi-disciplinary services available in the centre and residents were supported and had appropriate access to the Physiotherapists, Speech and Language Therapist's (SALT) and dietician and General Practitioner Services. However, there were no evidence that there were sufficient regular multi-disciplinary reviews taking place to discuss the service-users health needs, particularly in light of the quantity and combination of medications prescribed.

Judgment:
Non Compliant - Major

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

Findings:
The inspector issued two actions following the last inspection in relation to medication management. One action was partially addressed and the second remains active.

On this inspection, inspectors reviewed the actions taken to safeguard medication administration practices and found that actions from the previous inspection in medication management were not complete; there was no documentary evidence that medication prescribed for one resident was reviewed by the medical team. Further clarification was requested from the person in charge and documentation was requested and received which showed evidence that the child had been reviewed on the 9/7/15 by their consultant. However, this information was not recorded in the residents file. The General Practitioner had also reviewed the child's medication, including bloods and this information was not recorded in the resident's medical notes. The lack of documentation and communication between the centre staff and medical teams and family requires review.

Although one of the houses was identified as a nurse led house, two nurses that were on long term sick leave had not been replaced and there was inadequate supervision of the delivery of care in the centre. In addition; care staff were given the responsibility for making clinical decision on residents' health care in their absence. This included managing resident's personal care, medical conditions such as; epileptic seizures, and administering medications to the resident's. However, the inspector found the care staff were not medically trained to administer medication via percutaneous endoscopic gastrostomy (PEG). One staff member told the inspectors that they had been shown by the resident's primary carer how to administer the medications and they in turn showed other staff.

Care staff interviewed by the inspector on the procedures they followed when administering the medication, were unaware of the of the short-or long term side effects of the medication they were administering and possible interactions that they may have; particularly when alternative sedatives and medications are administered at the same time. Staff were also unaware of what signs and symptoms to look for if the resident looked unconscious following administration of medications, or the first response treatment they should initiate. This was of particular concern due to sedative medication being administered. Untrained care staff were responsible for making clinical decisions regarding the administration of medication in this centre. This included whether to administer or withhold PRN medication to the resident. One example was when a resident was prescribed four sachets of movicol a day, and the evening prescription stated one- two movical "as required". The resident's bowel chart showed they were having very soft stools 4-5 times a day and resident had still received the laxatives medication.

As a result of this lack of clinical knowledge of the care staff and the person in charge not adequately supervising the medication practices, an immediate action was issued to the provider at the feedback meeting. The immediate action required that all staff be appropriately trained in the administration of medications via PEG within 7 days and that no untrained staff were to administer medications to the resident from the date of inspection. A professionally qualified trainer was also required to train the staff and to assess their competency prior to administering medications to the resident via PEG.

Residents' medications were sent into the centre from home including which were kept in the medication press but there were no protocols or control measures in place to adequately monitor these medications in the centre. The medication fridge did not have a lock, which would allow unauthorised personnel access to medications.

Judgment:
Non Compliant - Major

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) describes the services that are provided in the centre. However, it does not clearly identify one of the houses as a nursing led house, to reflect the medically diverse needs of residents. It detailed the aims of the centre and described some of the facilities and services that were to be provided for residents.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
This centre is managed nationally by the Brothers of Charity Services Ireland and locally by the Brothers of Charity Services Roscommon. The governance is supervised by the Director of Services, and person in charge who works full-time managing the two designated centres (5 houses) as well as managing three day services; and in home support, family support, and outreach services in the Athlone area.

At the time of the last inspection dated 18/2/15, the centre was managed by two people in charge, in a joint role as the senior person in charge had reduced their work hours to part-time. Following this inspection; the inspector, found that more effective monitoring and management of this centre was required to ensure effective delivery of service and this was actioned on the last report. The provider assured the Authority that regular support and supervision of the staff working in the centre would be scheduled throughout 2015. On review the minutes of the team meetings showed that there was 16 weeks between the two support and supervision meetings held in the centre by the person in charge. They were dated 6/5/15 and the 25/8/15.

The Authority was notified that another new joint person in charge arrangement was in place since the 30/4/15. However, this joint person in charge arrangement only lasted for fourteen weeks until the 10/8/15. This arrangement ceased following another inspection of one of their centres by the Authority. The inspectors found that the role and responsibilities of the joint person in charge was not in compliance with Regulation 14 (4) of the Health Act 2007(Care and Support of Residents in a designated centre for Persons (Children and Adults with disabilities) Regulations 2013.

The inspectors interviewed the permanent person in charge of this centre. The inspectors found that many actions from the last inspection had been actioned; however, risks to the residents had not been identified by the person in charge. The person in charge stated that their lack of managing risk was due to staff shortages. However, the inspector found that many of the risks identified were governance, management and staff training issues.

The person in charge was not actively engaged in the day to day decisions about the management of the centre. Care staff managed the staff rota and covering staff leave. The person in charge allowed untrained care staff to administer liquid medication to a resident via PEG. In addition; the risks of allowing untrained staff to administer high risk medication were not identified on the centres risk register. The person in charge was unaware that the resident required the use of a PEG machine for the administration of medication when interviewed by the inspector.

There was a lack of support and supervision meetings with staff by the person in charge taking into account the risks identified in this centre. The person in charge was not familiar with centre documentation and was unable to tell inspectors if or where the staff had recorded the residents information and relied heavily on staff finding this information. It would be expected that the person in charge would have good oversight of this information and the care practices that the staff are providing to residents.

Judgment:
Non Compliant - Major

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 for more than 28 days. Arrangements were in place in the event of the person in charge being absent or on leave. For example; there were deputising arrangements in place where another senior manager would be nominated on call and all staff would be made aware of the person to contact should they need support.

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 adequately resourced to appropriately meet the current and future residential needs of the residents. Although there was inadequate nursing staff working in the centre, this was a recruitment issue and not a resource issue. This is discussed further under outcome 17.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The staff members on duty were pleasant and welcomed the inspector. The inspectors observed that the staff member knew residents well, were very caring and promoted the residents best wishes. There was a relaxed and homely environment in the home.

There was an action issued under this outcome from the last inspection. This action was in relation to night time staffing supervision of residents. This issue had been addressed. However, on this occasion the inspectors found considerable amount of staff changes were occurring on a daily basis due to staff long and short term leave. The inspectors were told that there were two permanent staff nurses out sick, one on a long term basis. Five locum care staff have replaced these hours. This created inconsistencies for the residents who had high medical needs and required a lot of staff support. One house was identified as a nurse led house, due to the medical needs of the residents, but inspectors found the centre was not consistently staffed by qualified nursing staff to ensure residents' healthcare needs were being met.

Inspectors reviewed the staffing rosters for this centre and found it difficult to determine from the current staff roster, what staff member had worked the shifts during the week and what staff were on leave, as the hours were not clearly identified on the roster. The person in charge showed the inspectors a second staffing roster that the staff were also maintaining. However, the use of two rosters is not in keeping with best practice and the organisations policy on staffing management as this created further confusion as to which roster was the most accurate and up to date.

Staff had attended training on protection and safety of vulnerable adults, epilepsy management, person centred planning. However, there was no training planned for medication management on administration of medication via a peg. This has been discussed in detail under outcome 12.

Judgment:
Non Compliant - Major

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:
Written operational policies and procedures were in place to inform practice and provide guidance to staff, and had been reviewed in the past three years. However, the inspector found that the risk management and staffing policy and procedures were not always adhered particularly in relation to managing risk and staffing in this centre and required review. This is addressed under outcome 7.

A directory of service users was maintained in the centre, and this contained all of the items required by the Regulations.
Resident's files were found not to be complete and kept accurately up to date.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004464
Date of Inspection:	03 September 2015
Date of response:	20 November 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 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 service level agreement did not include the organisations responsibility for managing healthcare provision or the medication management for resident's receiving a service in this centre.

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

1. 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 will be updated to include the support, care and welfare and to detail the change of fees for Service Users when they reach 18.

Proposed Timescale: 01/12/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One child's social care plan did not identify their social care needs/ development goals and their personal plan was not up to date to reflect recent changes in social activities.

2. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The Person in Charge is working with the keyworker to review the Personal Outcomes Plan – goals and priorities. Social care needs and developmental goals will be reviewed as part of the planning process with a wider circle of support also to include multidisciplinary staff and the family.

Proposed Timescale: Commencing 20/11/2015 – 18/12/2015

Proposed Timescale: 18/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The kitchen facilities are inaccessible to children.

The ceiling hoist has not been installed in the resident's bedrooms to meet the residents

mobility needs and storage issues.

3. Action Required:
Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

Please state the actions you have taken or are planning to take:
1.The Person in Charge had met with an architect prior to the inspection and had given a specific brief on what was required. These plans have now been reviewed and revised and meet to meet the exact brief required. They include two purpose built bedrooms with ceiling hoists that are directly connected to a purpose built bathroom. Provision for a work space suitable for wheelchair users will be part of the new design plan.
2.Capital funding has been applied for from our funding provider. Work will be carried out on receipt of this funding.

Proposed Timescale: 1. 04/12/15 2. On receipt of capital funding – 31/03/2016

Proposed Timescale: 31/03/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not adequate risk management assessments in place to identify the least restrictive measures in place for the children/ adults using the service.

Individual risks were not adequately identified.

4. 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:
Review of all risk assessments will be completed with the assistance of the relevant Multidisciplinary staff and the Manager who is au fait with the rating system to guide the support staff in the house.

Proposed Timescale: 03/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Clinical and staffing risks were not adequately assessed or included in the centres risk register.

5. 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:
Review of all Risk Assessments to be completed with the assistance of the relevant Multi D Person
Staff have been trained in the risks involved in Peg Feeding.

Proposed Timescale: 02/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management procedures did not includes the measures and actions in place to control the risks identified

6. Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
Protocols to be put in place in conjunction with risk assessments, relevant Multi D staff to support with this.

Proposed Timescale: 30/11/2015

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 evidence that multi -disciplinary team reviews were taking place to discuss the social, medical and healthcare needs of the residents.

7. Action Required:
Under Regulation 06 (2) (e) you are required to: Support residents to access appropriate health information both within the residential service and as available within

the wider community.

Please state the actions you have taken or are planning to take:
Relevant multi-disciplinary personnel will be invited to the next Individual Planning meeting and multi-disciplinary personnel are involved as required in planning on an ongoing basis. There is regular email and telephone contact at all times between staff, management and multi-disciplinary teams.

Proposed Timescale: 30/11/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence that the staff were aware of follow up actions required following medical appointments.

8. 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:
The Manager will ensure that keyworkers follow up on written records of outcomes of medical appointments and that follow up is received from families by keyworkers for our records. The manager will review this on a regular basis.

Proposed Timescale: 05/11/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication changes recommended by a child's Consultant in July 2015 were not implemented into practice. There was no explanation why the medication changes were not implemented.

9. Action Required:
Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

Please state the actions you have taken or are planning to take:
The Manager will ensure that keyworkers follow up on written records of outcomes of medical appointments and that follow up is received from families for our records.

Proposed Timescale: 05/11/2015

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 competency of care staff administering medication via PEG was not assessed prior to being assigned responsibility for the task.

Care staff were unaware of the possible side effects of the medications they were administering may have or what to look for if the resident appeared unwell following administering the medications.

There were not adequate safety control measures in place to supervise the use of medication

The fridge did not have an adequate lock to secure medications stored in the fridge.

There was no protocol around the administration of PRN medication and the clinical competencies around making such decisions.

There was inadequate nursing or medically trained support or supervision provided to the care staff administering medications to the child.

10. 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:
1. All staff have completed Peg training and this will be mandatory for all staff working in this service going forward.
2. All staff have completed Safe Administration of Medication Training.
3. Follow up audit of the safe management and storage of medication will be carried out by a CNM1 staff who is a trainer in the Safe Administration of Medication and she will be accompanied by the Manager/Person in Charge. These audits will be carried out on a bi-annual basis by a CNM1 going forward.
4. More secure lock to be sourced.
5. A protocol around the administration of PRN medication has been written up by the GP that clearly clarifies when and how often PRN medication should be given in this specific case.
6. A CNM1 post has been recruited to work 10 frontline hours in this service with person in charge responsibilities.

Proposed Timescale: 1. Completed 02/11/15; 2. Completed 02/11/15;

3. 04/12/15; 4. 25/11/15. 5. Completed 05/11/15; 6. 05/12/15

Proposed Timescale: 05/12/2015

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 failed to identify that staffing supports required to meet the medical needs of the residents.

11. 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:
All Statement of Purpose will be reviewed and amended as required

Proposed Timescale: 20/11/2015

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 person in charge did not assure the inspectors that she had displayed effective governance, operational management, or administration of the centre.

12. Action Required:
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

Please state the actions you have taken or are planning to take:
1.Extra Person In Charge hours have been allocated to this centre to assist with the governance and operational management.
2.The Person in Charge calls regularly to the houses when they are open and links with staff on all issues. Better links with staff via email have also been established.
3.The Registered Provider has set up scheduled meetings with the Person in Charge with governance and management as an ongoing agenda item.

Proposed Timescale: 1. 26/11/15; 2. Completed 03/09/2105; 3.

24/11/2015

Proposed Timescale: 26/11/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management systems in place did not adequately ensure that that the service provided was safe, or effectively monitored.

13. 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:
1.Extra Person In Charge hours have been allocated to this centre to assist with the governance and operational management.
2.The Person in Charge calls regularly to the houses when they are open and checks on operational and recording issues. Better links with staff via email have also been established.

Proposed Timescale: 1. 26/11/15; 2. Completed 03/09/2105

Proposed Timescale: 26/11/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a lack of accountability on behalf of the management of this centre to ensure that the lines of responsibility to ensure residents safety were assured.

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

Please state the actions you have taken or are planning to take:
1.Extra Person in Charge hours have been allocated to this centre to assist with the governance and operational management.
2.The Person in Charge calls regularly to the houses when they are open and checks on operational and recording issues. Better links with staff via email have also been established.

Proposed Timescale: 1. 26/11/15; 2. Completed 03/09/2105

Proposed Timescale: 26/11/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to adequately replace qualified staff nurses on leave.

15. Action Required:
Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

Please state the actions you have taken or are planning to take:
1.H.R. are establishing further alternative methods of recruitment. Agencies will be contacted with regard to nursing staff if shortages persist.
2.The two persons in charge have nursing qualifications – the CNM1 is based in the house in question on a part-time basis and both will be checking on operational issues on a regular basis.

Proposed Timescale: 1. 02/12/15; 2. Commencing 03/09/2015 and ongoing.

Proposed Timescale: 02/12/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to maintain an accurate staff rota of the staff working in the centre.

16. 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:
Planned and actual staff rota implemented

Proposed Timescale: 04/11/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff working in this centre who were administering medication to a child via PEG had not received training in this procedure.

Staff were not trained in using safe evacuation equipment.

17. 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:
1.All staff have now completed training in Peg feeding.
2.All staff will complete training for safe evacuation equipment.

Proposed Timescale: 1. Completed 02/11/15, 2. 25/11/15

Proposed Timescale: 25/11/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff members were not trained in assessing or recording the healthcare needs of the child/adults in the service and were not adequately supervised or supported to their role.

18. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
1. All staff training has been reviewed and brought up to date. A new CNM1 post will be based front-line in this house for ten hours per pay period. The CNM1 will take the lead in supervising the assessing and recording of healthcare needs. Multi-disciplinary input is also sought as required for assessments.
2.This service is 'nurse led' and there is a system for a nurse to be on call at all times. The nurse will take the lead in supervising the assessing and recording of healthcare needs in the absence of the CNM1.

Proposed Timescale: 1. 26/11/2015; 2. 20/11/2015

Proposed Timescale: 26/11/2015

Outcome 18: Records and documentation
Theme: Use of Information **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** Resident's files were found not to be complete and kept accurately up to date. **19. Action Required:** Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3. **Please state the actions you have taken or are planning to take:** 1.The Manager/Person in Charge calls regularly to the houses when they are open and checks on operational and recording issues. Better links with staff via email have also been established. The Person in Charge will ensure that complete and accurate records are kept on an ongoing basis by all staff. 2.The CNM1 and second Person in Charge will also supervise record keeping in this centre. Proposed Timescale: Completed 03/09/2015; 26/11/2015
Proposed Timescale: 26/11/2015