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**A designated centre for people with disabilities
operated by Brothers of Charity Services Roscommon**

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0003491
Centre county:	Roscommon
Email address:	poconnor@roscommon.brothersofcharity.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Roscommon
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	Day 1. Damien Woods Day 2. Marie Matthews;
Type of inspection	Announced
Number of residents on the date of inspection:	19
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 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 May 2014 09:00	28 May 2014 21:00
29 May 2014 09:00	29 May 2014 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority. This designated centre was part of the Brothers of Charity Services Roscommon.

During the inspection, the inspectors met with the provider representative, person in charge, residents and staff. Inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures.

The Brothers of Charity Services managed five social houses in this designated centre. The houses were all detached single-storey houses with a garden to the front and rear of the premises. All but one of the houses was situated in a residential area in proximity to the town of Castlerea. There were nineteen residents availing of these supports. All residents either attended work or accessed day services, suitable for their needs and abilities. The designated centre provided support and accommodation on a full-time basis to both males and females who have mild to moderate intellectual disability.

Four of the community houses were 7-day residential houses and were owned by Roscarra Housing Association. Residents had long term tenancy agreements and

were in residence from 4.30pm until 9.30am, Monday to Friday and all day Saturday and Sunday. Tenants were supported with transport to attend day activities in other locations in the Castlerea area.

The fifth house was a 24 hour 7-day residential house also owned by Roscarra Housing Association and rented to the residents. The two residents living in this house, were tenants with long term tenancy agreements and were supported to attend work, training or leisure activities from their home.

Inspectors requested the consent of the residents to enter their home and to review personal plan and care files. Some residents requested the inspectors to view their bedrooms; inspectors accepted their invitation and accompanied the residents to their bedrooms; inspectors found the bedrooms were individualised, and person centred. Inspectors sat with the residents in the sitting room while reviewing their person-centred plans.

Inspectors noted that the Brothers of Charity Services Roscommon have embraced the Council on Quality and Leadership's (CQL) Personal Outcome Measures (POMs) as the person-centred quality of life measurement. Personal outcome measures enhance the organisation to focus on quality from the perspective of the individual's receiving services. The residents living in these designated centre's were involved in the quality enhancement system, and inspectors viewed evidence of this in their personal outcome folders.

Staff interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences. Residents spoke with by the inspectors confirmed that they were happy living in the house and lived active lives. Overall the inspectors found that residents received a good quality service. However, they were concerned with the low level of staff support in two of the five houses, and the person in charge was informed of this at the end of the inspection during the feedback meeting.

Non-compliances were identified in relation to staffing, resident's rights, risk management, and organisation policies, which are discussed further in 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 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):

Findings:

Inspectors viewed resident's personal files and found that residents' were consulted about making choices regarding how they lived, in a way that reflected their individual preferences and diverse needs.

The Roscara Housing Association provided social housing to the residents' and tenancy agreements and rent books were provided to each tenant. The rental agreement indicated that payments were made either weekly or monthly to the Housing Association for rent and services provided, and receipts were kept in the individual's rent book. However; the rental agreements observed by inspectors did not individualise each charge incurred by tenants, for example; oil, lighting and food. All residents' living in social housing paid the same amount per week regardless of costs, or use of such services. In some cases, there were no clear and transparent recordings of rent or expenses paid.

There was no evidence that all staff had received financial management training on the organisation's procedures for managing residents or housekeeping finances. These issues will be actioned under staff training and development in outcome 17

The organisation had a complaints policy in place and inspectors viewed the complaints books in some of the houses, and found that most complaints were managed swiftly. However; in one house a number of tenants' had complained that another resident had regularly disturbed them, and their possessions in their bedrooms. A record of this was reported to have happened on nine occasions, and despite staff's attempts to distract this resident from engaging in such behaviour, it had continued to be an issue.

Inspectors noted that this behaviour had happened mostly in the evenings, when one staff member was attending to six residents alone.

Also during the inspection, a resident made a complaint to the inspectors that her rights to attend work had been restricted due to a medical condition (an allergy). This condition may have required emergency medical treatment, and the resident complained that this restriction had resulted in their work being suspended without due process or consultation. The staff working in the house with the individual, fully supported the resident making their complaint to the Rights Review Committee, and the restriction was not upheld. Inspectors found that no guidance was sought from the residents General Practitioner (G.P.), as to whether the restriction was necessary, and no alternative strategies were implemented prior to this person's rights being restricted. Inspectors were of the view that the organisation's policies and procedures on restrictive practices were not adhered, and the person in charge agreed to review this restriction, and consult with the residents General Practitioner, for further advice on the issue.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

Findings:

Inspectors observed evidence of residents being involved in decisions about their care, and residents were supported to promote independence and exercise choice in their daily lives. For example one resident had recorded in their personal outcome folder a desire to go away for a weekend with a family member and this personal goal had been achieved. Overall, the inspectors found that the residents were empowered to take control over their lives. Residents expressed satisfaction with the support received from staff and informed inspector's that they felt safe in the centre.

Each resident had maintained records and descriptions of their personal outcomes goals, for example; photographs, or brochures to illustrate social activities or events that they had participated in, and these were all recorded in their individualised folders. Residents proudly showed inspectors their personal plans which included valuable information about the residents' backgrounds and the goals they planned to accomplish and had already fulfilled. For example; some residents had previously gone on holidays abroad,

attended weddings, attended VEC courses and received certificates. Other residents worked in local businesses, and horticultural centres, and enjoyed bowling, knitting and other social activities. It was evident to the inspectors that the residents had very active lives during the day, and there was evidence of a multi-disciplinary approach and useful communication tools such as "social stories" and pictorial images to display these achievements.

Inspectors found that resident's personal outcome plans were individualised and person centred, for example; the resident's needs, choices and aspirations were clearly identified. Resident's and some family members were actively involved in the assessment and development of their personal plans. For example; one resident attended day services provided by an external service provider. This was the resident's choice, and the resident told the inspector that they enjoyed this arrangement, and it worked well for them and helped to increase their social contacts.

Inspectors noted that this designated centre was very involved in the local community, and many of the social activities that residents' participated were achieved; as a result, of the support the volunteers were giving in all of the houses visited. Inspectors were concerned, as to the organisations dependency on the volunteers, to achieve resident's personal outcome goals. For example; a volunteer visited a house weekly and supported a resident at home where they participated in social activities together, and afterwards the volunteer drove the resident to their work placement. Another volunteer brought a resident swimming, and it appeared from the allocation of staffing in this centre, that these activities would not be happening regularly without the support of the local volunteers.

Inspectors also noted that many of the residents' living in the five houses attended the same social activities together, for example; going to the pub, bowling, cinema or shopping. Inspectors interviewed staff regarding this practice, and they stated that residents usually liked to attend the social outings together, however; there were some residents that were risk assessed as requiring staff support and supervision, and therefore, they were always brought with the staff on outings.

Inspectors were concerned with the low staffing allocation, in two of the houses in this designated centre, as there was only one-staff member per house, allocated to support the six residents living in each of the houses. This staffing issue will be discussed further under outcome 17.

Inspectors were informed that the Brothers of Charity Services Roscommon had published a policy on the organisation's "Supporting People who are Ageing" outlining its underlying values of care to this group of individuals. In the files inspected of older residents, this policy was not reflected in their personal plans. For example; there was no transitional plans drawn up to support residents should their needs change, for example; one resident of nearly 70 years of age attended the active retirement group every day during the week, which they enjoyed very much, however; there were no staff allocated to work in their house during the week from 10.30am to 4pm, should the tenant wish to remain at home. There was also no plan, or funding in place to increase staffing in the long term, should the needs of the resident's change, that was evident to the inspectors.

Judgment:

Non Compliant - Minor

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):**Findings:**

This centre had five social houses; two houses were situated next door to each other, and the other three houses were located around the area of Castlereagh. Nineteen residents, fourteen female and five male, were living in the houses. The houses were all detached single-storey houses with a garden to the front and rear of the premises. Some of the houses could accommodate up to seven people, and although they looked very clean and welcoming, the daily maintenance was reported to be difficult with the limited staff resources. Most were within easy access of the day services that the residents attended daily.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

The Risk Management Policy requires review to comply with Regulation 26 of the Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with Disabilities) Regulations 2013 and was being addressed at the time of inspection.

There was a risk register in place, in each of the five houses; which identified different categories of risk, for example; physical, environmental or chemical hazards, and the register was risk rated.

Inspectors viewed a number of residents risk assessments and found evidence that risk assessments were completed, and staff took a proactive approach to mitigate risks to residents. The "Make it happen" risk assessment tool was used to assess individual clinical risks. These risk assessments were accessible in each of the resident's individual folders.

Accidents, incidents and near misses were recorded and reviewed by the Person in Charge, inspectors viewed evidence of this in the centre. The safety statement identified that there was an infection control policy in place, and that it was informative on hand and food hygiene. Inspectors observed that there were appropriate facilities in place for the prevention and control of infection, including hand washing facilities and hand sanitizers and personal protective equipment. However; details were omitted from the risk management policy as to the proper cleaning equipment to use in particular areas, for example, different floor mops for kitchen and bathrooms.

Inspectors reviewed staff training records and found that most of the staff had received training in safe moving and handling of residents, or staff members were in the process of having refresher training.

The fire evacuation plans were individualised and centre-specific. Inspectors spoke with staff and residents, 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 are carried out at least twice yearly; inspectors viewed records of completed drills. The fire procedures were displayed on the walls in each of the houses. Servicing of the fire alarm and emergency lighting was outsourced to an external fire safety company, and the fire alarm systems were checked on a six monthly basis, and fire extinguishers were serviced on an annual basis; inspectors viewed the certificates.

Inspectors reviewed a number of vehicles records to ensure that they were roadworthy, and vehicle's certificates checked were found to be compliant.

Judgment:

Non Compliant - Minor

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):

Findings:

Inspectors reviewed the policies and procedures for the prevention, detection and response to allegations of adult abuse in the organisation. The policy and governance documents outlined clear guidance for staff, as to their responsibility if they suspected any form of abuse, and procedures outlined clear guidelines for managing allegations or suspicions of abuse.

The policy also included the name and contact details of the designated contact person. Staff members interviewed confirmed that that they were aware of this policy, and where to locate it in the centre. Examination of the training matrix demonstrated that staff had received training in the protection of vulnerable adults and that refresher training was repeated every three years.

Residents informed inspectors that they felt safe and well cared for by staff. In one house, residents had made a complaint about a staff member, and a full investigation took place, and residents stated that they felt happy that their concerns were investigated and issues were addressed.

There were policy guidelines on “responding to challenging behaviour” supportive strategies in place. Staff had received training in managing behaviours that challenge, and this was regularly updated. There were a number of residents in this centre that displayed behaviour's that challenge. These issues were risk assessed, and behavioural support plans were in place. For example; a resident’s behavioural management plan identified risks of going up the town alone in the evenings, and a protocol was in place to ensure that the resident had the freedom to live an independent life; with supports in place. In another instant; two residents with a long history of behavioural management issues had shown a dramatic improvement in the quality of their lives since moving to a new community house.

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):

Findings:

Resident's health needs were appropriately assessed and met by the care provided in the centre. Staff and residents described good access to the local General Practitioner (G.P.) and out of hour's doctor's and there was evidence of this in residents files reviewed. In care files inspected, inspectors found that, the outcome of the resident's medical appointment medical diagnosis and treatment prescribed by the (G.P.'s) were recorded in the resident's medical file by care staff. Staff transcribed notes from the resident's communication books that were transported between day and residential services.

Inspectors were concerned that this did not provide a good overall clinical picture of the resident and could be prejudicial to their care and welfare.

Inspectors were of the opinion, that there was a need for a comprehensive medical history recorded for all residents in the designated centre; such as regular medical reviews, documented preferably by the General Practitioner to ensure good recording of medical consultations in their files.

Allied health services including; dentist, physiotherapy, and chiropody were available to residents as required. End of life care planning was not documented in the files reviewed. However, there were no residents in this centre near end of life at the time of inspection.

Inspectors spoke with all of the residents with regard to the food. Some residents told the inspectors that they enjoyed cooking, and residents were provided an opportunity to assist with cooking the evening meals. Residents said that they were involved in the weekly food planning and menus agreed. Some residents were involved in the purchase and choosing of the food. Special diets were catered for, and the advice of a dietician was sought where necessary. There were sufficient quantities of food that were nutritious and available to residents when they requested food.

Judgment:

Non Compliant - Minor

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):**Findings:**

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to residents. Inspectors reviewed a sample of medication charts that were clear and

legible. Photographic identification was available for each resident to ensure the correct identity of the resident receiving the medication, and reduce the risk of medication error in the sample examined.

The prescription sheets distinguished between PRN (as needed), regular and short term medication. The maximum amount for PRN medication within 24hrs was indicated on all prescription sheets observed by the inspector. There was space to record when medications were discontinued, and were signed in some of the medication charts reviewed. Residents were administered their medications through pre-prepared blister packs that were received from the pharmacy weekly.

The medication administration sheets were signed by the staff following administration of medication to the residents and recorded beside the name of the medication and time of administration. The medications were administered to the residents within the prescribed time frames, and there was space to record when a medication was refused on resident's administration sheet. The care staff were knowledgeable of the procedures to follow if a resident refused prescribed medications.

Inspectors observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff spoke with knew what process they had to follow if they made a medication error. Inspectors viewed evidence that there were regular reviews of medications in place, and medications were individually signed by the General Practitioner.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

Findings:

The person in charge was office based at the day centre and worked full-time Monday to Friday. He has been working in the service for over 30 years. The Person in Charge had the required skills and experience to manage the designated centre.

The Person in Charge was responsible for three designated centres in Co. Roscommon that includes nine-community houses and day service. The person in charge was knowledgeable regarding the requirements of the Regulations and Standards, and had knowledge of the support requirements and personal needs of each resident. He was in regular contact with staff, and staff confirmed that he visited the residential house regularly to see residents and staff. Residents confirmed that they knew the Person in Charge and seen him regularly. Staff confirmed that the Person in Charge was freely available by phone out of hours.

The Person in Charge outlined to the inspectors, the supervision arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss any issues or concerns regarding the welfare of residents. Staff members confirmed that the Person in Charge was supportive and approachable, and they would have no hesitation in discussing any aspects of concern with him.

Although, inspectors found that the person in charge was available to meet staff in the day centre, regular formal house meetings between the staff and the person in charge were not consistently formalised and recorded in each centre; to support staff development and supervision.

Inspectors also noted that there was no system in place to support the Person in charge to have time off from his on call duties. For example; the person in charge was working full-time and on call 24 hours a day seven days a week. There was no deputy manager in place that shared the on call duties with the person in charge.

There was a good communication process between the day and residential services. Staff reported each morning to the registered nurse in day services, if there was a medical issue requiring attention. An integrated day and residential communication book and medication kardex were in place where all information pertinent to the resident was available to the staff in both services. These books were brought to and from work by the resident's daily.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

The organisation was committed to providing ongoing training to staff. Staff had attended training on protection and safety of vulnerable adults, epilepsy management, first aid; person centred planning, report writing and dementia training. There was a training plan in place for the remainder of 2014.

The staff members on duty were pleasant and welcomed the inspectors. The inspectors observed that the staff member knew residents well, and there was a relaxed and homely environment in the home. However, inspectors found that In most of the houses, there was only one staff member allocated to attend to the physical and social needs of the residents; and in two of these houses, there were six residents residing in each house. It was evident from studying behaviour management plans, complaints folders, risk assessments and incident forms and taking into account the dependency levels of the residents, that more staff were required in this centre.

Inspectors reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspector reviewed six of the staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place.

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):

Findings:

Records of resident's medical conditions and diagnosis should preferably be written by the General Practitioner in the residents medical notes kept in the designated centre, as

discussed under outcome 11.

Judgment:

Non Compliant - Minor

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0003491
Date of Inspection:	28 May 2014
Date of response:	17 September 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

Ensure that each resident's civic and legal rights to attend work are not restricted without proper rationale and consultation with the residents.

Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

A review of the situation has taken place with the consultant immunologist and the restriction in question no longer applies.

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

Proposed Timescale: 02/09/2014

Theme: Individualised Supports and Care

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

Ensure that the rental agreements signed by residents are clear and transparent, and that individual charges are clearly documented on the rental agreements, for goods and services paid by the tenants.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

Review of Petty Cash, client's personal assets and Roscara Housing Accounting Procedures and systems in order to obtain clarity and standardisation across the Services. Standardised procedures will be available in each house.

Proposed Timescale: 27/11/2014

Theme: Individualised Supports and Care

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

Ensure the complaints policy is adhered to, and all complaints are actively investigated and resolved by the person in charge.

Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

Will continue to raise awareness of organisation policy on complaints with staff and service users. Complaints to be included as an agenda item for all house meetings and staff meetings. Director of Services and Complaints Officer to review complaints bi-annually to ensure full compliance.

Proposed Timescale: 08/09/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was no transition plan in place to support resident's should their needs change in the future, for example; poor mobility, deterioration in physical health, dementia or other common associated problems

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:

Transition planning would not be a standard component of all personal plans. It is specific to if and when the need arises. However, we will address this.

Working group established of multidisciplinary and frontline staff to develop a strategy plan to develop appropriate services and supports for our ageing population. Detailed planning in progress to assess housing and staffing supports required for elderly population. Working Group to report back to Service Directorate.

Proposed Timescale: 20/11/2014

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:

The management of a water boil notice for cryptosporidium in the water in Co. Roscommon was not documented in the Risk Management Policy or Safety Statement.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The Risk Management Policy has been amended signposting to the Health & Safety Statement where procedures for dealing with boil water notices are outlined.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

Details were omitted of the appropriate cleaning equipment to be used in specific areas, for example different floor mops for kitchen and bathrooms were not documented in the Risk Management Policy or Health and Safety Statement.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

1.) The Risk Management Policy has been amended signposting to the Health & Safety Statement where procedures for hygiene and the use of different mops is outlined.
2.) The Hygiene and Infection Control Policy is being reviewed to ensure compliance with the standards for the prevention and control of healthcare associated infections published by the Authority.

1.) Completed 31/07/2014
2.) 30/09/2014

Proposed Timescale: 30/09/2014

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:

No system was in place to support the person in charge to have time off from there on call duties. For example; the person in charge was working full-time and on call 24 hours a day 7 days a week. There was no deputy manager in place that shared the on call duties with the person in charge.

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:

Management team in consultation with Director of Services will set up an on-call roster to address the issue of on-call out of hours.

Proposed Timescale: 19/09/2014

Theme: Leadership, Governance and Management

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

Regular formal house meetings between the staff in each house and the person in charge were not consistently formalised and recorded in each centre to support staff development and supervision.

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:

Person in Charge currently addressing this issue by planning monthly meetings in each house with a set agenda.

Proposed Timescale: 08/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

In two houses where six residents resided there was only one staff allocated in each house, every evening and at weekends, to care and attend for all the residents' physical and social needs.

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. Proposal for extra funding required to support individual needs will be presented to HSE with the view of providing extra staff to meet the needs of service users.
2. Through Enabling Excellence a more appropriate lifestyle for residents is being explored.

Proposed Timescale:

- 1.) 30/09/2014
- 2.) 30/05/2014

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

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

the following respect:

Ensure that volunteers' are utilised as an additional resource to the individuals and not used as a replacement for staff.

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:

Additional staffing needs will be discussed at Health Service Executive Service Level Agreement in relation to the staffing and funding required

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

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

The organisation's policy and procedures did not ensure that a consistent approach was adopted in managing the organisation's finance's in all community houses.

Ensure that all staff including locum staff, are trained in the organisation's financial management guidelines, such as; managing the residents and house-keeping money.

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:

Review of petty cash, clients personal assets and Roscara Housing Accountancy procedures in order to obtain clarity and standardisation across the services. Standardised procedures will be available in each centre/house.

Proposed Timescale: 28/11/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

In files examined, the residential staff had not attended the medical appointments with the residents, but had documented the doctor's diagnosis and treatment prescribed by the General practitioner into the medical notes, from information received from the day staff; this is not in keeping with good record keeping and contemporary evidence based

practice.

Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

Where people are supported to attend their GP by the Clinical Nurse Manager or other day staff, the Clinical Nurse Manager or the relevant staff will record the diagnosis and treatment in the section on Best Possible Health in the Individual Planning Folder.

Proposed Timescale: 08/09/2014