**Health Information and Quality Authority Regulation Directorate**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011388</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Roscommon</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:gnelson@roscommon.brothersofcharity.ie">gnelson@roscommon.brothersofcharity.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Roscommon</td>
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<tr>
<td>Provider Nominee:</td>
<td>Margaret Glacken</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Gemma Nelson</td>
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<tr>
<td>Lead inspector:</td>
<td>Thelma O'Neill</td>
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<tr>
<td>Support inspector(s):</td>
<td>Marie Matthews</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>1</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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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 1 day(s).

The inspection took place over the following dates and times
From: 17 April 2014 13:00
To: 17 April 2014 21:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This was the first inspection of this Residential Respite Service carried out by the Authority. It was an announced one-day inspection.

This designated centre comprised of one house that provided residential respite accommodation and support services for adults with an intellectual disability. As part of the inspection, inspectors met with the resident, their family, staff members, person in charge, and the provider. Inspectors observed practices and reviewed documentation such as, personal plans, risk management documentation, medical records, policies and procedures.

This house was situated in a housing estate, in Boyle, Co. Roscommon. The house could accommodate a maximum of three residents, and there were two vacancies on the day of inspection. Inspectors found that the house was warm, homely, comfortable, clean, appropriately furnished and well maintained.

Overall, inspectors found evidence of a person-centred approach being promoted that aimed to meet the social care needs of the resident. Inspectors found evidence of good practice in a range of areas. 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 receiving services. The resident living in this designated centre was involved in the quality enhancement system, and inspectors viewed evidence of this
in her personal outcome folder.

Staff interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences. Inspectors found evidence of family being involved in decisions about their loved ones care and resident being supported to promote independence and exercise choice in their daily lives.

Non-compliances were identified in relation to staffing, risk and medication management, and organisation policies, and support and supervision of staff, which are discussed further in the report and included in the Action Plan at the end of this report.
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

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:

Findings:
The resident had a residential respite placement for two days a week, and this was in the process of being increased to three days a week, as well as every second weekend. The resident received her day and residential service from her home, which involved a staff member assisting the resident with her socialisation, food and nutrition, and personal care needs during the day, and staff slept in the house with the resident at night. The resident's independence and choice was supported by a staff member, and a consultative process with the resident's family was in place. Safeguarding measures were in place for the resident during the transitional periods, between her family home and residential home.

The resident had her own personalised folder, which included descriptions of her personal outcomes goals and personal photographs that were individualised and person-centred, for example; the resident's needs, choices and aspirations were clearly identified. The resident's family was actively involved in her health-care needs, personal development and personal plans, inspectors viewed evidence of this. There was evidence of effective communication tool; such as a picture album, which showed the individual's favourite foods and places she liked to go and visit. The resident had recently been assessed by the Central Remedial Clinic for an electronic communication aid to enable her to communicate, and she was currently awaiting delivery on a trial basis.

Inspectors found that there were opportunities for residents to participate in meaningful activities appropriate to her interests and capabilities. For example, the resident worked
in the local charity shop one day each week and met with customers and local people living in the area. The resident was involved in their care planning process, on a day-to-day basis, for example; preparing meals, and personal shopping.

Although there was a range of activities that the resident had chosen to participate in, some social activities were limited by available staffing levels. For example, one individual enjoyed swimming, but required two staff for safe moving and handling purposes, and this limited her opportunity to achieve this outcome. Staffing will be discussed later under Outcome 17.

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The provider organisation has a national policy and governance statement on risk management, which identifies its corporate governance procedures on risk, however; the policy did not cover all of the risk management procedures identified in Regulation 26 of the Health Act 2007(Care and Support of residents in designated centre's for persons (children and adults) with disabilities) Regulations 2013

The safety statement detailed the fire safety plan, and the evacuation plans were centre-specific. Training for staff in fire safety was in date, Inspectors spoke with staff, and they were knowledgeable about what to do in the event of a fire. Fire drills were completed every six months the last recently completed drill was 3/4/14 and inspectors viewed records of same. An external fire safety company was contracted to service the fire alarm and emergency lighting. The inspector viewed the certificates for the fire alarm and the fire extinguishers, and they were serviced on an annual basis.

Staff training records were reviewed and found that staff had received training in safe moving and handling of residents. However; Inspectors observed that the resident’s risk assessments did not identify actions to control risks in relation to the use of moving and handling the resident. Moving and handling equipment had not been maintained since 2012 and training in the use of moving and handling equipment was not up to date. The risk register was not rated as per risk policy.

A Health and Safety Statement was in place, however; it was not robust enough and required review, for example, the system around the securing of wheelchairs in the organisation's bus. Inspectors checked the vehicle maintenance records to ensure that
the vehicle was roadworthy, and were satisfied that it was in compliance with the
regulations.

There were no reported accidents or incidents in the centre since opening the respite
house.

### 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

**Judgement:**
Compliant

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

**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 described clear guidance for staff as to their responsibility if they suspected
any form of abuse; and 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. There were good procedural guidelines on the provision
of personal care to residents including respecting resident's privacy and dignity.

### Outcome 11. Healthcare Needs

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

### Outstanding requirement(s) from previous inspection:
**Findings:**
Inspectors found that there were appropriate arrangements in place to assess the resident’s health care issues and were satisfied that the resident had appropriate access and to the General Practitioner (GP) and psychiatric team as required. Inspectors found that the resident also had access to a range of other allied health services such as; Speech and Language Therapist (SALT), Dietitian, Physiotherapist.

The resident’s health plan was reviewed and guided contemporary evidence-based practice. On the day of inspection, new staff member was being inducted to work in the house with the individual and the staff member was being trained how to assist the resident with her meals. The resident was involved in the planning of the weekly menu and had a good choice of meals with alternative options if she so wished.

Inspectors observed the resident’s wheelchair had a specialised seating insert to support her sitting position. The resident had been assessed by an occupational therapist, as requiring a new wheelchair, however; only the insert of the wheelchair was due to be fitted in May 2014. The resident’s support plan had identified this individual’s medical needs and inspectors raised this issue and other personal care matters with the provider and person in charge during the feedback meeting.

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Minor

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

**Findings:**
There was a centre specific medication policy in place. Staff spoken with were knowledgeable regarding medication management policies and practices. Inspectors reviewed the prescriptions/administration chart and medical instructions for staff to administer medications. However; (as required) PRN medication did not comply with the organisation’s medication management policy, for example; the max dose of medication to be administered within 24 hours was not specified on the administration chart. All medications were prescribed individually; dispensed using a blister pack. Staff had received training on medication management and this was regularly updated.

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**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

**Judgement:**  
Non Compliant - Minor

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

**Findings:**  
Inspectors found that there was an effective management system in place, clearly defined management structures and the person in charge had the required skills, qualifications and experience to manage the designated centre. Inspectors spoke with staff and residents and found that staff were clear in relation to lines of authority and residents were able to identify the person in charge.

The person in charge was responsible for three designated centres. This included a total of 10 houses and 20 residents' in the three designated centres. The person in charge outlined the types of arrangements in place that ensured staff were facilitated to discuss issues relating to safety and quality of care in their home.

Meetings between social care workers and the person in charge were reported to have taken place regularly but no minutes of meetings could be provided to the inspectors. Staff reported that most of the contact with the person in charge was over the telephone.

The person in charge was working full-time and was on call 24hrs, seven days a week. Inspectors interviewed staff as to the management support at night and the weekends. Staff reported that they could contact the person in charge, but they would usually phone another community house or the day centre if they needed help first.

Regular management meetings took place between the provider and the person in charge. Staff had appraisals on an annual basis and records of staff appraisal were maintained in the staff files. The head office was in Roscommon town, and recruited all staff for the centre and staff files were held there. Inspectors visited the head office and viewed staff files and found that they were compliant with the Health Act 2007.

**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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The inspectors observed staff interacting with the resident in a positive manner encouraging the resident to communicate with them about decisions in areas such as personal hygiene, clothes and choosing her meal. Residents family member spoken with, stated that staff were very helpful to them and their family member and assisted them to do whatever was required to meet the needs of their relative.

The inspectors reviewed the recruitment practices and found there were robust systems in place to ensure all the required documentation for staff employed in the centre was in place. A family member was involved in part of the staff recruitment process for the centre. The inspectors studied two 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.

The management team was actively committed to providing ongoing training to staff. Staff's annual performance reviews were completed and further areas for training and development were identified. Training records were held centrally which described the planned and actual training for all staff. Training provided in 2014; included areas such as, protection and safety of vulnerable adults, emergency evacuation procedures, personal outcome training, moving and handling and medication management.

While there were appropriate supervision arrangements in places, such as regular meetings between the provider and persons in charge and meetings between persons in charge and staff; this was not consistently formalised and recorded in the centre to support consistent staff development and supervision.

There was one staff member rostered to work with the resident in this designated centre on a daily basis. Staff spoken with, stated that they could not facilitate all of the residents individual outcomes goal due to the residents dependency within the current staffing levels.

The staff rota did not clearly identify the hour's staff were rostered to work over a 24 hour period, for example, the hour staff finished working at night and commenced sleepover duty and re-commenced duty the next day.
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**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:**
Drivers had not received training, regarding their responsibilities when driving an organisation’s vehicle, and there were no guidelines on the safety procedures to follow when transporting the resident in her wheelchair in the bus.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Protocols are now in place for the clamping of wheelchairs and staff training is planned for 8 July.

Proposed Timescale: 08/07/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Ensure appropriate risk assessment are carried out for all moving and handling tasks and that guidelines are put in place for the safe moving and handling of the resident by staff members.

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:
The risk management policy now addresses this and signposts to other specific policies dealing with hazard identification. Specific risk assessments have been carried out on using the hoist and protocols are in place.

Proposed Timescale: 20/06/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Ensure procedures are in place to regularly service moving and handling equipment.

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

Please state the actions you have taken or are planning to take:
The risk management policy now addresses this. The hoist was serviced on 5th June 2014 and staff were trained in its use.

Proposed Timescale: 10/06/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in
The provider shall ensure that hazard identification and assessment of risks, is included in the risk management policy.

**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:**
The risk management policy now addresses this and signposts to other specific policies dealing with hazard identification also.

**Proposed Timescale:** 10/06/2014

### 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:**
Ensure that the resident receive the appropriate equipment to meet their health needs.

**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 Person in Charge engaged with the allied health professionals on behalf of the service user on the following occasions: 12/03/2014, 13/03/2014, 17/04/2014. A member of the multi-disciplinary team engaged with allied health professional on 02/04/2014 and 20/04/2014. An order form has been submitted for new brakes and handles for the wheelchair.

**Proposed Timescale:** 30/06/2014

### 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 MAX dose of (as required) PRN medication was not documented on the prescription chart as per organisational policy.

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

Please state the actions you have taken or are planning to take:
All PRN medication charts have been referred back to the GP for correction.

Proposed Timescale: 13/06/2014

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:
The person in charge will ensure that regular team meetings take place, to provide an opportunity to discuss concerns and offer professional development support to staff.

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

Please state the actions you have taken or are planning to take:
Meetings are scheduled for every 6-8 weeks; the first meeting having taken place on 13th May and the second meeting on 20th June. Informal contact will continue in between meetings and will be documented. There is also a structure in place for a nurse to liaise with and support staff with health care needs for the service user and this is ongoing.

Proposed Timescale: 23/06/2014

Outcome 17: Workforce
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Ensure appropriate staff are available to meet the needs of the resident in relation to moving and handling, shopping, and swimming.

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:
Currently there are appropriate staffing levels in place for moving and handling per risk assessments. There are also appropriate staffing levels in place for shopping per normalisation theory – it would not be appropriate to have additional staff for this activity. A volunteer is being sought to assist staff with swimming and the H.S.E. is being made aware of the need for additional staffing for this activity.

Proposed Timescale: 30/06/2014
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure the staff rota outlines clearly the hours staff work over a 24 hour period

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:
A new and clearer template for staff rotas is being introduced by 27th June 2014

Proposed Timescale: 27/06/2014