<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002201</td>
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<tr>
<td>Centre county:</td>
<td>Roscommon</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mglacken@roscommon.brothersofcharity.ie">mglacken@roscommon.brothersofcharity.ie</a></td>
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<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Margaret Glacken</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Thelma O'Neill</td>
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<tr>
<td>Support inspector(s):</td>
<td>Damien Woods</td>
</tr>
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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 2 day(s).

The inspection took place over the following dates and times
From: 09 June 2014 11:00
To: 09 June 2014 19:30
From: 10 June 2014 09:30
To: 10 June 2014 15:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
<th>Outcome 05: Social Care Needs</th>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority. The designated centre was part of the Brothers of Charity Services Roscommon. The designated centre provided residential and day support on a full and part-time basis, to male and female residents, that had severe to moderate intellectual disabilities.

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 houses in this designated centre were situated in the town of Roscommon, the first house was divided into two units, and the two other houses were detached and were situated approximately 4km away. The houses were detached single storey house with a garden to the front and rear of the premises. They were within easy access of social amenities, and each house had access to transport.

Ten residents, two females and eight males were living in the houses. During the visit to the houses, inspectors requested and received the consent of the residents to
enter their home and reviewed personal care plan and care files. Inspectors found that the Brothers of Charity Services Roscommon embraced the Council on Quality and Leadership’s (CQL) Personal Outcome Measures (POMs) as the person-centred quality of life measurement. The residents’ living in these designated centres’ were involved in the quality enhancement system, and inspectors viewed evidence of this in their personal outcome folders.

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

The inspectors found that residents received a good quality service. Staff supported residents to in making decisions and choices about their lives. Residents were supported to engage in meaningful activities of their choice, and all received a day services. However; in one of the houses inspectors raised concerns regarding some restrictive practices being in place, and these were reviewed immediately by the provider following the feedback meeting.

As part of this monitoring inspection, inspectors assessed the suitability of the four community houses been registered together as a single designated centre as per regulations of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

Inspectors confirmed that three of the houses were operational, and one house was vacant. Inspectors formed the view that all three services should not be registered as one designated centre, due to variation in the care provided. For example; residents care needs varied considerably, for example, some residents required constant supervision due to behaviour's that challenge and were very active individuals, whereas the other residents required full nursing/ physical care.

During the inspection, non-compliances were identified in relation to the management of behaviour's that challenge, risk management, organisation policies, all of which are discussed further in the body of the report and included in the Action Plan at the end of this report.
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 found evidence of resident’s privacy and dignity being respected. All residents had their own bedrooms, most of which were decorated to resident's tastes, and residents had space for their personal possessions and belongings. One of the houses visited was purpose built, and was beautifully decorated and homely; however, inspectors noted that some resident's bedrooms were impersonal, for example; there were no curtains, or pictures on the walls, or photographs of family or social activities. One bedroom had no bedside lockers and limited storage facilities, and another resident had no clothes in their wardrobes. Staff interviewed stated that they did not manage the resident’s money and therefore, could not purchase personal clothes or items for resident's bedrooms.

One of the residential houses that provided a 24 hr (day and residential service) also provided a day service for a resident from another house. This individual received a day service five days a fortnight. Inspectors were concerned that the day activity routines, and practices were impacting on the other residents residing in the house, for example; with regard to their autonomy, independence, choice, and that their privacy and dignity was being compromised. Also, inspectors did not view any consent given by the tenants living in the house, with regard other individuals visiting their homes, for their social activities.

Inspectors reviewed resident finances and noted some of the resident's finances were managed by the provider; others were managed by the resident’s families. Most residents had a bank account and were supported by staff in the management of their finances. Inspectors reviewed daily recording of resident's money and were satisfied that they were appropriately maintained. However; the organisation's policies and procedure on managing household and resident’s finances required review, and this had been
discussed with the provider during other inspections.
The inspector reviewed the organisational Complaints Policy (2014) and noted accessible complaints information were readily available to residents. The policy detailed the nominated complaints person, and an external person who could be contacted if complainant is not satisfied. However in this centre, the provider was referred to as a point of contact for both roles, and this requires a review. The complaint's policy included user-friendly versions for residents to use.
Inspectors spoke with staff members and reviewed the complaints book and found that some families had made a number of complaints, regarding the care practices and house routines. Inspectors found that a resolution was required to address the family’s ongoing complaints, and staff required additional management support in promoting the individuals in having choice and control in their daily lives.

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 found evidence of a person-centred approach in place, to ensure that the health and social care needs of residents were being met. Inspectors found that each resident had a personal file, including daily notes detailing how residents spent their day.
Each resident’s personal plan contained a comprehensive assessment of their health, personal, and social care needs. The inspectors found that residents’ and their relatives were involved in the development and review of their personal files. Residents had individualised folders with photographs of activities undertaken, and person-centred plans were user-friendly and accessible to the resident, for example; the use of picture timetables to display the routine for the day. Personal outcome plans had a complete review annually or more often if required.

Inspectors noted that some residents participated in social activities in a group, or on an individualised basis as they wished. The support of individual staff members helped
residents attend the social activities of their choice, and staff had a structured plan of
daily activities. Other residents that had "behaviours that challenge" received staff
support 24 hours a day seven days a week from their home, and were supported to
choose/or refuse what activities they wished to participate on any particular day.

Judgment:
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):

Findings:
The location, design and layout of most houses were suitable for their stated purpose
and met residents’ individual and collective needs in a comfortable and homely way.
However, some resident's bedrooms were not personalised with no curtains, lockers, or
pictures on the wall. Other bedrooms had limited storage facilities.
Inspectors also noted in one house, that there was a new Jacuzzi bath in place,
however; residents seldom used the Jacuzzi bath, as staff members had concerns for
the safety of the residents, due to the lack of physical support in the bath, as it did not
meet the needs of the residents.

All residents had separate bedrooms, and some bedrooms had en-suite's. In one of
houses inspectors noted, that there was no private toilet for staff or visitors to use,
Staff advised inspectors that they/visitor's used a resident’s en-suite bedroom, or used
the bathroom facilities of the adjoining house. The lack of toilet facilities for this house
was not in keeping with the regulations on premises or privacy and dignity.

Inspectors found that allied health services, such as physiotherapists were readily
available; For example; inspectors found that one resident was assessed by a
physiotherapist for a new wheelchair, and although a suitable chair had been sourced by
the physiotherapist and trialled by the resident, there were difficulties encountered with
funding the purchase of the chair. Inspectors also observed this resident sitting in a
reclining chair and their positioning in the chair did not appear to promote good posture,
and safety straps appeared very restrictive. The resident required referral to a
physiotherapist for assessment as to the suitability of using this chair.
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):

Findings:
There were policies and procedures relating to health and safety in place, as well as up-to-date risk assessments and a Health and Safety Statement. There was a risk register in each of the three houses, which identified different categories of risk, for example; physical, environmental and chemical hazards and the register was risk rated appropriately.

Inspectors viewed a number of resident's risk assessments and found evidence that staff took a proactive approach to mitigate risk to residents. For example, the “Make it happen” risk assessment tool was used to assess individual clinical and environmental risks. These risk assessments were maintained in each resident’s individual folders. However; in some of the risk assessments completed for residents that displayed self-injurious behaviour's, inspectors found that the risk assessments did not provide appropriate measures and actions, to control risks for the resident's. For example; travelling in the organisation's vehicles, or the use of locked doors around the residents' home.

Accidents, incidents and near misses were recorded and reviewed by Person in Charge, and inspectors viewed evidence of this. The infection control policy was informative on hand and food hygiene. Inspectors observed that there were adequate facilities in place for the prevention and management of infection control, including hand washing facilities, hand sanitizers and personal protective equipment. However; the appropriate procedures to follow when disposing of soiled materials and the laundering of clothes were not documented in the safety statement.

Inspectors reviewed staff training records and found that most staff had received training in safe moving and handling of residents. 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 and fire drills are carried out at least twice yearly. Inspectors viewed records of completed drills. The procedure to follow in the event of a fire was openly displayed in the centre. Servicing of the fire alarm and emergency lighting was outsourced to an external fire safety company. The fire alarm systems were checked on a six monthly basis, and the
fire extinguishers were serviced on an annual basis; inspectors viewed certificates.

There were four notifications forwarded to the Authority regarding two residents setting off the fire alarms unintentionally. Inspectors were concerned that the individuals both living and working in the houses would become complacent if the alarms were being set off regularly by residents, and resident's access to the fire alarms boxes required review.

It was also evident from the accident/incident forms that radiators and fire extinguishers had been used as instruments for self-injury, and no protective covers were in place to reduce the risk of injury to residents. In one residents file, it showed on one day, that they had displayed 57 incidents of self-harm and 37 occasions when staff had been hit by the resident while trying to prevent them injuring themselves. Inspectors reviewed the resident's behaviour support plans and found intervention and de-escalation; techniques were in place as part of the behaviour support plans. Inspectors also viewed evidence of this resident displaying a number of behavioural events while travelling in the car, although there were behaviour management strategies in place; they were proving not sufficient to ensure the safety of the residents or the staff. At the feedback meeting inspectors requested that the behaviour support team review recent incidents and the support plan strategies for this resident while travelling in the organisation's vehicle.

Inspectors reviewed a number of vehicles records to ensure that vehicles were roadworthy, and vehicles checked were found to be compliant. However, staff had not received the appropriate training on clamping down the individual's wheelchairs for transit in the vehicle.

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):

Findings:
Measures to protect residents being harmed or suffering abuse were in place, and appropriate actions in response to allegations, disclosures or suspected abuse were
documented in the organisation's policy. The policy aimed to develop the staff's knowledge, self-awareness, and understanding to identify appropriate procedures for the protection and welfare of the residents.

The Person in Charge and staff members were aware of the name and contact details of the designated contact person, to be contacted in the event of an allegation of abuse being witnessed or reported. Examination of staff files demonstrated that staff had received training in the protection of vulnerable adults, and refresher training was regularly available. Staff members spoke with were aware of the policy, and of their responsibility to report any allegations or suspicions of abuse. There were no allegations of abuse reported to the Authority from this service.

Inspectors reviewed the organisation policy and guidelines on restrictive practices, and observed that in two of the houses in this centre, restrictive procedures in place, which included internal and external locked doors. Inspectors viewed behavioural support plans in place for some residents regarding these restrictions, and a rights review committee had been established to help ensure the rights of people were protected. Decisions in terms of restrictive practices for some of the residents living in this centre, were considered by rights review committee and the provider.

However; in some incidents, it was not apparent that all of these restrictions had been precisely monitored, or that alternatives had been sought prior to the restriction being put in place. For example; some of the restrictions in place were in response to staff shortages in the evening/night time, where one staff member was responsible for caring for residents at night in the two adjoining houses. The provider reviewed the staff rota following this inspection, and these restrictions were removed and extra staff support was put in place.

**Judgment:**
Non Compliant - Moderate

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**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:**
There were appropriate arrangements in place to assess and implement the resident's health care needs. Access to the general practitioner (GP) and Psychiatric team was available as required. The out-of-hours GP service was also available. In medical files viewed, the medical diagnosis and treatment was recorded in the resident's medical file.
by care staff, in the designated centre. It was the opinion of inspectors that medical histories and treatment recommended for all residents would ideally, be documented in their medical notes by their GP to eliminate the risk of medical misinterpretation being recorded in the residents file by the care staff. This is actioned under outcome 18 under maintaining resident's records.

There was evidence of referral and regular access to dental, chiropody, ophthalmic services, and hearing specialists by the residents 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), Dietician, Physiotherapist.

There was a number of individual’s receiving treatment for epilepsy, and some of the care plans reflected the care provided was in line with evidence-based practice. For example; some residents attended the Neurology Clinics, led by consultants specialising in epilepsy care. However, inspectors noted that one resident’s care plan indicated that chair straps were used post seizures for safety reasons. No evidence was found, that discussion had taken place with members of the multi-disciplinary team, or alternative measures had been tried prior to the restriction being put in place. For example; there was no evidence that the resident had been assessed, for the safest recovery position post seizures, prior to using chair straps.

Inspectors spoke with all of the staff on behalf of the residents about the food provided in the centre, and staff told inspectors that all residents enjoyed the food, and that some residents were involved in the weekly food planning and menus. In addition, some residents were involved in choosing and purchasing food at the local shops. Inspectors observed the food stocks, and there were sufficient quantities of food that were nutritious and available to residents whenever they requested food. There were picture menus of dinners available for residents to understand what was for dinner every day.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
Inspectors found that the centre was substantially compliant with current legislation in this area. Residents were protected by the centre’s policies and procedures for medication management and practices were good. Staff spoke with were knowledgeable
regarding medication management policies and practices. All medications were individually prescribed and administered from a blister pack that was prepared by a pharmacist. Inspectors reviewed a sample of prescriptions/administration charts and medical instructions for staff to administer medications; inspectors found that instructions suitably guided practice and met the requirements of the Regulations. 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. Non-nursing staff had completed medication training and the pharmacist delivered ongoing medication management support in the centre.

Judgment: Compliant

**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):**

**Findings:**
The statement of purpose identified four houses in this centre, three of the houses were operational, and the fourth house was vacant. Two of the houses catered for individuals with high care needs specifically for behaviour's that challenge and the services provided in the third house catered mostly for individuals that had high dependency needs, for example, full "nursing care" and mobility needs. The care and support needs of the residents were very different in the two of the three houses. Therefore, the inspectors recommended that the designated centre divide into two, where the description of services provided would be clearer on revised statements of purpose.

Judgment: Non Compliant - Minor

**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Prior to this inspection, the provider had also acquired the responsibility of a person in charge of this designated centre. She had the required skills, qualifications and experience to manage the designated centre. However; the provider has a responsibility as Acting Director of Services for the whole organisation, as well as the role of a person in charge for four designated centres. These four centres included thirteen houses and provided day and residential services for thirty-five service-users. The work load of the dual management roles was found to be unsustainable by the inspectors. The provider has since informed the inspectors that she is currently looking to recruit a new person in charge for the four designated centres to relieve her of the day to day responsibilities of these centres.

This centre comprised of four houses, (one vacant) accommodating ten residents. Inspectors spoke with staff and residents, and noted that staff were aware that the provider was the person to whom they should report directly. Meetings between staff and the provider were reported to have taken place in an informal way. Improvements were required in relation to carrying out reviews of the service and holding regular face to face meetings with staff.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Responsive Workforce

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

**Findings:**
Inspectors reviewed the recruitment practices and found there were robust systems in place to ensure all the required documentation for staff employed in the centres’ was in place. Inspectors reviewed five 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 compliance.

There was a training plan in place for 2014 which included health and safety and risk management, protection and safety of vulnerable adults, epilepsy awareness, and medication management. Training records were held centrally that identified the planned and actual training for all staff. Training already provided in 2014; included areas such as, emergency evacuation procedures, person-centred planning, medication management, and safe moving and handling.

There was an actual staff rota in all of the houses; inspectors noted that more staff support was required in two of the houses in the evening to support the night staff assisting the residents to bed as they were supervising both houses at night. After the feedback meeting, the provider reviewed the rota, and adjusted the staffing levels to ensure appropriate supervision of residents in both houses was maintained. Inspectors viewed the staffing allocation for the centre as stated in the statement of purpose, and found that there was sufficient staff to meet the assessed needs of residents.

The Person in Charge also dropped into the residential house on an ad hoc basis to see staff and residents. Staff confirmed that the Person in Charge was freely available by phone out of hours.

**Judgment:**
Compliant

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**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

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

**Findings:**
In the care files inspected the medical appointments and treatment prescribed by the General Practitioner (G.P.) was recorded in the resident’s file by care staff. Inspectors were concerned that this did not provide a good overall clinical picture of the resident’s and could be prejudicial to their care and welfare, as this recording was dependent in the interpretation of the information from the G.P. received by the care staff.

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
Provider’s response to inspection report

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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:
Some residents were not given the opportunity to exercise choice and control over their financial affairs, personal possessions, or social activities.

Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
Social Workers have been engaging with families and will continue to do so.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 30/10/2014  
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Agreements were not in place to protect tenant's rights to privacy, prior to a day service for others being provided from their home.

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:  
Discussion did take place at time of relocation.  
Will conduct a review to ensure all privacy rights are honoured. A review of an alternative day service for one person to better suit all people’s needs will be conducted.

Proposed Timescale: 19/12/2014  
Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Some residents had no access or control of their own clothes and belongings in their bedroom.

Action Required:  
Under Regulation 12 (3) (a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

Please state the actions you have taken or are planning to take:  
Have respected the preference of the person’s parent to collect and leave clothes for her family member on a daily basis. Social Worker to engage in discussions on this practice with parents.

Proposed Timescale: 30/10/2014  
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The complaints procedure had identified the nominated person and the nominated appeals person as the provider for this designated centre.

Action Required:  
Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.
Please state the actions you have taken or are planning to take:
Recruiting a Manager for this designated centre.

Proposed Timescale: 13/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident was assessed by the physiotherapist as requiring a new wheelchair; however, the recommended wheelchair or an alternative had not been purchased to meet the residents assessed needs. Inspectors also observed this resident sitting in a reclining chair and their positioning in the chair did not appear to promote good posture, and safety straps appeared very restrictive.

Action Required:
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
The physiotherapist has since reviewed this chair again and has endeavoured to make the person's posture better. A full assessment will be carried out and funding will be sought for a new chair if required.

Proposed Timescale: 10/10/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some resident’s bedrooms were not personalised, for example; no curtains, or lockers in the bedrooms, or pictures on the bedroom walls. Other bedrooms had limited storage facilities.

Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
Respected the views and wishes of individuals and their family members on what constituted suitably decorated. Further assess the preference of the individuals in consultation with families and make any necessary changes based on the individual’s preference.
**Proposed Timescale:** 30/11/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was no toilet for staff or visitors to use in one of the houses other than using a resident’s en suite bedroom.

**Action Required:**  
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**  
1.) Staff using toilet in adjoining house. Completed 11/06/2014  
2.) Seek minor capital to provide extra toilet facilities. 31/03/2015  
3.) Seek funding for alternative accommodation. 31/12/2015

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**Proposed Timescale:** 31/12/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The bath was unsuitable to meet the needs of the residents.

**Action Required:**  
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**  
The Occupational Therapist recommended that a sling be used with people while sitting in the bath. The Occupational Therapy/Physiotherapy department are conducting a further review and staff will implement recommendations.

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

**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:**  
Centre equipment, such as radiators and fire extinguishers had been used by the residents for self injury and protective equipment, such as; radiator covers were not in place to prevent injury to residents.
**Action Required:**  
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**  
1.) Protective mats were available/included in Behaviour Support Plan. Completed 30/05/2014  
2.) Risk Management Policy amended to signpost to responding to Challenging Behaviour Policy that includes the measures and actions in place to control self harm. Completed 11/06/2014

**Proposed Timescale:** 11/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Staff had not received the appropriate training on clamping down the individuals wheelchairs for transit in the vehicle's.  
Staff also required training on the safety procedures to follow when driving the organisation vehicle's, for example; when resident's displayed self-injurious or aggressive behaviour's while travelling in the organisation's vehicle's.

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

**Please state the actions you have taken or are planning to take:**  
2.) Behaviour Support plan being reviewed and protocols devised. 30/09/2014

**Proposed Timescale:** 07/11/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
A number of individual risk assessments did not provide appropriate measures and actions to control risks for the resident's. For example; in areas such as; self-injurious behaviour's, travelling in the organisation's car or restrictive practices such as, the use of locked doors around the residents' home.

**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:
Risk assessments will be reviewed by the staff team in consultation with the behaviour support department and this system will be ongoing. A system for responding to emergencies is also being researched and developed.

Proposed Timescale: 24/10/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Appropriate procedures to follow when cleaning up bodily fluids, including the disposal of soiled materials, were not documented in the 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:
Health & Safety Statement has been amended.

Proposed Timescale: 30/09/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire alarms were being set off regularly by residents and access to the fire alarms buttons required review.

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

Please state the actions you have taken or are planning to take:
1.) Consulted with Fire Officer and implemented recommendation. Completed 20/06/2014
2.) Door stop in place to prevent door hitting off the fire alarm panel. Completed 13/06/2014
3.) Weekly checks of fire equipment to continue. Completed 11/06/2014

Proposed Timescale: 20/06/2014
Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not apparent that all of the restrictions in place had been clearly monitored, or alternatives had sought, been prior to the restriction being put in place.

Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
1. Staff rotas have been redesigned.
2. Further alternatives have been implemented to enable a less restrictive environment while ensuring safety and welfare of all people who avail of services.

Proposed Timescale: 30/09/2014

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:
One resident’s, care plan indicated that chair straps were used post seizures for safety reasons. No evidence was shown to inspectors that discussion had taken place with members of the multi-disciplinary team, or alternative measures had been tried prior to
the restriction being put in place

**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:**
This chair and straps were discussed with the neurologist and he was in agreement with this measure being taken post seizures. We are currently following up on a review with the neurologist and awaiting a date.

**Proposed Timescale:** 19/09/2014

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### 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 proposed houses included as part of this designated centre did not provide a similar type of service in one of the three houses and should divided into two designated centres, and the statement of purpose requires review to reflect this.

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
While all residents have high physical needs and a similar type service is provided, we have reconfigured this designated centre and split it into two separate designated centres. Two new statements of purpose will be written.

**Proposed Timescale:** 30/09/2014

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### 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 dual role of the person in charge and provider does not provide effective governance and operational management of the designated centre.

**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:
Recruitment of Manager.

**Proposed Timescale:** 13/10/2014

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<th><strong>Outcome 18: Records and documentation</strong></th>
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<td><strong>Theme:</strong> Use of Information</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The accuracy of the medical notes recorded in the resident's file by the care staff could put the resident's at risk, For example; medical recordings were based on the care staff's interpretation of the resident's diagnosis and treatment from discussions heard during a doctors consultation, or from feedback from another staff member. This practice placed the resident's at risk of inaccurate recording of the resident's medical conditions, or treatments prescribed or recommended by the General Practitioners.

**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:**
Appropriate health care is provided for each person supported. All medical notes are recorded by staff and filed in Individual Planning Folders under ‘Best Possible Health’ section. Record Keeping training is provided for all staff. A review of record keeping with regard to medical notes and the system for recording will be conducted.

**Proposed Timescale:** 31/12/2014