<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>OSV-0004472</td>
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<tr>
<td>Centre county:</td>
<td>Roscommon</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
</tr>
<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>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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.
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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>24 September 2014 10:00</td>
<td>24 September 2014 18:00</td>
</tr>
<tr>
<td>25 September 2014 10:00</td>
<td>25 September 2014 13:00</td>
</tr>
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</table>

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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</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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</tbody>
</table>

Summary of findings from this inspection

This monitoring inspection was the first inspection of this Residential Service by the Brothers of Charity Services Roscommon carried out by the Authority. It was an announced two-day inspection.

The designated centre provided residential accommodation and support services for adults with an intellectual disability. As part of the inspection, inspectors met with residents, staff members, and members of the management team. Inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures.

The provider was responsible for the governance and management of the whole organisation, as well as the additional responsibility of the person in charge for four of the eighteen designated centres in the organisation. These four centres included thirteen houses and thirty-five residents. The provider had recently appointed two new managers as persons in charge of these four designated centres and they were due to commence their new role the week following this inspection.

The designated centre inspected on this occasion comprised of three houses and accommodated seven residents on a full or part-time basis. In one house two residents received respite on alternative weeks. There was a maximum of two
residents living in each of the three houses at any one time.

The centre's three houses were situated on detached private sites. The houses accommodated a maximum of six residents at any one time, and there were no vacancies on the day of inspection. The grounds were attractive and had secure well-maintained gardens for use by residents. Inspectors found that houses were warm, homely, comfortable, clean, appropriately furnished and well maintained.

Overall, inspectors found evidence of a person-centred approach being promoted to meet the health and social care needs of residents. Inspectors found evidence of good practice in a range of areas.

Brothers of Charity Services Roscommon use 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, inspectors viewed evidence of this in their personal outcome folders. All of the residents' had achieved their goals for the previous year and were actively working on the current personal outcome goals.

Staff interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual resident's needs, wishes and preferences. Inspectors found evidence of resident's/families had been involved in decisions about their care. However; non-compliances were identified in risk management, and these issues 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**Outcome 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):**

This was the centre’s first inspection by the Authority.

**Findings:**

Each resident's well-being and welfare were documented in their personalised folder which included information about their backgrounds and their personal goals for the current year. There was evidence of a multi-disciplinary approach in the individual files. The inspector viewed a sample of resident’s personal plans and found that they were individualised and person centred, for example; the resident's needs, choices and aspirations were clearly identified.

The inspector found that there were opportunities for residents' to participate in meaningful activities appropriate to their interests and capabilities. For example, some resident's received recreational activities and residential accommodation from their home, and staff were available to assist/supervise the resident's with their needs on a 24-hour basis.

Residents were actively involved in the assessments and developments of individual outcome goals, which were reviewed at a minimum annually. There was evidence in some of resident’s files that the family had attended personal outcome meetings or had been invited to personal planning meetings.

**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):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
The risk management policy was in place and compiled 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. There was a risk register in place, in each of the three houses; which identified different categories of risk, for example; physical, environmental or chemical hazards and the register was risk rated appropriately. Separate to this, some residents utilised the “Make it happen” risk assessment tool to assess individual clinical risks. The risk assessments were kept in each of the resident’s individual folders.

The inspector observed that there were facilities in place for the prevention and management of infection control, including hand washing facilities and hand sanitizers and personal protective equipment. For example, the inspector viewed evidence of colour coded mops being used for cleaning specific areas in the house. The infection control policy was in place and staff were aware of guidelines on infection control and best practice on hand hygiene and food hygiene.

The centres fire protection policy was identified in the safety statement. The evacuation plans were centre-specific, and each resident had an individual personal egress and evacuation plan in place. The inspector 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 completed records. In two of the houses, 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 and the inspector viewed certificates. However, in one house there was not appropriate fire alarm in place to ensure that residents would be adequately alerted to the risk of fire. In addition, this house had no emergency lighting or directional signage to assist residents and staff to evacuate in the event of a fire.

The inspector checked a number of vehicles maintenance records to ensure that vehicles were roadworthy and found them to be compliant. Inspectors reviewed staff training records and found that most staff had received training in safe moving and handling of residents, or were in the process of having refresher training.

The inspector reviewed accident and incident reports and found that accidents and incidents were being recorded with audits carried out in one of the houses, where one resident displayed regular incidents of self-injurious behaviour.
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):
This was the centre’s first inspection by the Authority.

Findings:
The Inspector reviewed the policies for the welfare and protection of vulnerable adults and the 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 of their responsibility, in the event that they suspected any form of abuse. Staff members interviewed confirmed that that they were aware of this policy, and where to locate it in the centre.

The organisation's policy also included the name and contact details of the designated contact person. Staff training in the protection of vulnerable adults was completed every three years, and inspectors viewed certificates.

Some of the residents in this centre displayed severe behaviours that challenge. Residents had appropriate medical assessments such as; physical examinations, ECG's, CT scans, eye tests, and dental checks to ensure that there was no physical causes for the behaviours displayed. In addition, assessments had taken place by the behavioural support team and individualised support plans were in place, to help reduce the incidents of behaviours that challenge. Incidents of self-injurious behaviours were reported and reviewed by the behaviour support worker, and findings were discussed with the behavioural psychologist and the consultant psychiatrist at the mental health clinics.

The inspector was shown evidence of significant improvements in the quality of the resident's lives, for example; one resident had their anti-psychotic medication reviewed by their psychiatrist, and behavioural support plans were also reviewed and new strategies were implemented. Through the use of positive reinforcement techniques, and, pre- and post reactive strategies, the incidents of severe SIB have dramatically reduced from 340 incidents in 2013 to only a handful of incidents up to September 2014.
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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that there were appropriate arrangements in place to support residents’ health care issues. Residents had appropriate access to General Practitioner’s (GP), Speech and Language Therapist (SALT), Physiotherapist, and Psychiatrist.

Health support plans in resident’s files were regularly reviewed and updated, and guided contemporary evidence-based practice. For example, residents had attended their General Practitioner for medical reviews and residents were treated by dentists, and follow-up appointments were in place. The resident’s health plans were appropriately kept under review. The inspector found that residents had access to medical treatments when recommended, including ongoing monitoring of anti-psychotic medications and the availability of mental health reviews by the psychiatric services as required.

The inspector found that residents had access to a range of allied health services such as, opticians, audiologists, dentists, and behavioural support staff. The residents' healthcare plans had records of assessments and recommendations suggested by the allied health professionals, and this information was communicated to the residents families.

The inspector met with one of the resident's parents who said they were very satisfied with the service their son was receiving. It was evident from speaking to the parent that they were very involved in their sons life and there was a good rapport between the family and the staff member. The parent stated that their sons medical needs were well attended to by his General Practitioner and any medical diagnoses was communicated to the staff and medication prescribed was sent with the resident from home to their residential service.

Residents' received their day and residential service from their home and residents received their lunch at home during the week or out in the community depending on their day activity; for example, all residents’ had a good choice of meals and were fully involved in the planning of the weekly menu with alternative options if they so wished. The inspector found that there was an ample supply of fresh and frozen food, and residents could have snacks at any time. The inspector found that the mealtime
experience was an unhurried and social occasion.

Judgment:
Compliant

### Outcome 12. Medication Management

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a comprehensive medication management policy in place, and staff spoken with were knowledgeable regarding medication management policy and practices. All medications had been individually prescribed by the General Practitioner (GP)

The inspector reviewed a sample of prescriptions/ administration charts and medical instructions for staff to administer medications. Inspectors found that instructions suitably guided staff practice and met the requirements of the Regulations. Non-nursing staff had completed medication training, and the pharmacist delivered on-going medication management support in the centre.

The inspector noted that protocols were in place as per the organisation's medication management policy, to guide staff in the management of epileptic seizures. The inspector found that the centre was compliant with current legislation in this area. Residents were protected by the centre’s policies and procedures for medication management and practices were found to be good on the day of inspection.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The provider had responsibility for the Brothers of Charity Services Roscommon, as well as the role of the person in charge for four designated centres. This included thirteen houses, as well as managing the day to day services for thirty-five residents. An action issued from a previous inspection had identified the need for a new person in charge to be appointed for these four designated centres. As a result of the previous actions identified, the provider had appointed two new managers, to work in the shared role of persons in charge of this designated centre. The inspector met with the two new persons in charge and found that they had the required experience; skills and knowledge to work as the persons in charge of this centre.

The centre inspected on this occasion, comprised of three houses accommodating six residents. The inspector spoke with staff and residents, and noted that staff were aware that the provider was the person to whom they should report directly, and they were also aware that two new managers had been recently assigned to the role as PIC, and they were commencing their new role in early October. Meetings between staff and the provider had taken place and minutes of recent meetings recorded.

The inspector found that more time was required to support staff working in the individual houses, to ensure good governance and management; however, the inspector was assured that this action would be achieved shortly with the appointment of the new persons in charge.

**Judgment:**
Compliant

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
**Findings:**
The Inspector 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. 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.

The management team were committed to providing on-going training to staff. There was a training plan in place for 2014 which included health and safety, risk management, protection and safety of vulnerable adults, epilepsy awareness and medication management. Training records were held centrally which outlined 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 moving and handling.

There was an actual and planned staff rota in all of the houses. This was confirmed on inspection in the houses where the staffing allocation for the centre was found to be adequate to meet the needs of the residents.

**Judgment:**
Compliant

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**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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<tr>
<td>Date of Inspection:</td>
<td>24 September 2014</td>
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<tr>
<td>Date of response:</td>
<td>17 December 2014</td>
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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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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:

In one of the houses, there was not an appropriate fire alarm in place to ensure that residents would be adequately alerted in the event of a fire. In addition, this house had no emergency lighting or directional signage to assist residents and staff to evacuate in the event of a fire.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

**Please state the actions you have taken or are planning to take:**
Appropriate fire alarm and emergency lighting have been installed.

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