

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
<b>Centre ID:</b>	OSV-0004472
<b>Centre county:</b>	Roscommon
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Margaret Glacken
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 04 December 2014 10:00 To: 04 December 2014 19:00

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

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

**Summary of findings from this inspection**

This was the second inspection of this centre and formed part of the assessment for registration. This service is one of eighteen residential services in the area operated by the Brothers of Charity Services, Ireland. The centre comprises of three houses located in rural settings between Roscommon and Lanesboro. Accommodation and support services are provided over the seven day week in all houses. Six residents, (two in each house) with moderate to profound intellectual disability and/ or autism, with associated physical, sensory, medical and behavioural needs can be accommodated.

The inspector met with the person in charge, residents and staff during the

inspection. Documentation such as personal care plans, policies and procedures and the records required by legislation were reviewed. There was evidence that residents received a good quality service. Evidence of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 was found and this was reflected in a number of positive outcomes for residents.

The inspector found that the service provided was safe and person centred and was delivered by a committed and experienced person in charge and staff team. Staff supported residents to maximize their independence and encouraged them to make decisions and choices about their lives. Residents were supported to pursue their hobbies and interests. They had been made aware of the inspection and had made decisions about being present or attending their usual activity. The inspector was able to elicit from personal plans that residents enjoyed living in their homes, that they had choices about how they spent their days and that they were satisfied with the assistance they received from staff. The inspector found that staffing levels were suitable to meet their needs. Social care needs and health care needs were met and there was good access to local doctors and to allied health professionals. Staff adhered to safe medication management practices.

The premises in each location were fit for purpose and attractively furnished. Each resident had their own bedroom and furnishings, fixtures and ornaments reflected their individual tastes and interests. All three houses were bungalow style, were accessible and had adequate safe space for parking and to enable residents to get in and out of vehicles safely. Appropriate storage areas were provided throughout and the standard of decoration was satisfactory.

There were changes made to the governance and management of the centre since the last inspection. The person in charge arrangements had been reviewed and new appointments made to this role. Two senior staff now share the role of person in charge for a number of houses. The inspector found that the new arrangements had only been in place for a short time. The post holders were suitably qualified and experienced and engaged in day to day management. However, the inspector found that the scale of duties allocated to the persons in charge needed review to ensure that they could effectively undertake their legislative responsibilities. This is discussed further in outcome 14-Governance. Further improvements were required in the following areas: the oversight of quality and safety, the information available in some policies and procedures including the complaints procedure, contracts and staff records. These areas 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 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents were consulted about their daily routines and could exercise freedom of choice about how they spent their time. The activities and routines reflected residents' dependencies and lifestyles. Residents who had significant needs and required high levels of staff support were able to remain at home. Individual care pathways that reflected their support needs were in place and actively followed.

There was good emphasis on promoting privacy and dignity. Each resident had their own room and the inspector saw that rooms were personalised with photographs, ornaments and other items that reflected residents' personal taste, hobbies and interests. There was good emphasis on ensuring that residents contributed to decisions about arrangements in the house and examples of this were reflected in the way the households were arranged. If residents had a home/community based programme this was organised to maximise participation in community activity and took in to account seasonal changes. Residents' preferences for foods, trips or social events were facilitated. There was access to cars to ensure that residents could go out which was essential as all three houses were in rural locations. Personal records conveyed that consultation with residents was part of day to day life. An advocacy service was available to residents.

There was a complaints policy and procedure available to residents. This was available in an easy read version. It described the organisation's arrangements for managing complaints and outlined how and to whom a complaint should be made. The inspector found the document was not user friendly as the information at the beginning of the document described the types of complaints that would not be investigated. These

included where a resident was unhappy with a clinical decision made by a professional acting on behalf of the provider or on behalf of the Health Service Executive. There was no information to guide residents or their advocates on what to do if they had such complaints. There were also other restrictions that could cause obstacles as complaints were restricted to residents that had received, or were currently receiving a service or an advocate acting on behalf on a resident. It was not clear if residents who had previously received a service or other persons acting on behalf of the residents could make a complaint. The information supplied to the inspector indicated that all complaints were addressed by staff and that a priority was made of ensuring the issues raised were addressed and feedback given to the complainant. Staff said that where possible they resolved complaints locally and the records maintained reflected this as a range of matters were noted to have been raised and resolved. These included concerns from family members about weight management and mobility. The actions taken to address complaints, the outcomes and if the complainant was satisfied was recorded as required by regulation 34-Complaints procedures. It was evident from the records that residents and family members were encouraged to complain and felt confident that they could approach staff to inform them of concerns. The inspector noted that the records were maintained in a narrative format which made it difficult to determine the process followed to resolve the issue or what could be learned from complaints to prevent a recurrence.

The inspector examined the arrangements in place to manage residents' money. There was a procedure in place to guide staff when managing residents' personal property and possessions. Staff could describe the process they followed and showed the inspector how this operated. There were receipts for all income and expenditure and the money in hand reflected the balance in the record. There was a periodic check made by staff of the money held in each house and the organisation carried out an annual audit of a random sample of residents' accounts. The latter was presented to the Board of Governors. The inspector found that staff did not do regular checks of money in hand except when transactions were being completed and there was no system for a regular or random audit of residents financial records carried out by a member of the senior management team in any houses in this centre. This finding indicated that the procedures needed to be strengthened to provide adequate safe guards for residents and staff.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The communication needs of residents were assessed and residents were assisted to communicate to the best of their ability. Residents' records contained information that described individual communication needs and abilities. If required, there was an individual care/support plan developed on communication. Residents had access to television and radio.

The staff team promoted the use of communication aids and signs, symbols, photographs, objects of reference with additional sound and electronic aids were in use and encouraged to support effective communication. There was evidence that signage featured in day to day communication with residents including an established sign system. Examples of good communication practice and an effective communication strategy noted were:

- the use of a communications board
- photographs of different foods to help residents make meaningful choices at meal times
- essential signage such as hand washing in a pictorial format and
- individual communication needs being addressed creatively through music and sign

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the criteria related to this outcome and legislative requirements were met. There were good links maintained with family members and this was confirmed in records viewed and reports from staff. All residents had key family members who they visited or who visited them in the centre. Staff supported them with maintaining these relationships and described to the inspector the varied ways contacts were encouraged and sustained. This included inviting family members to events such as birthday celebrations during the year and seasonal events around Christmas.

Residents were offered the opportunity to visit and view the centre and its facilities prior to moving in and some were offered short respite breaks before admission so that they were familiar with the staff and layout of their new home. Staff said there was no

restrictions on visitors and were always welcomed. Staff recorded contacts with family members in residents' notes. There was evidence that relatives participated in reviews and contributed to personal plans and that key workers and relatives signed the care/support plans.

Residents were encouraged to use community facilities. The houses were all located in the countryside and transport was provided by the centre. Residents went on shopping trips and used community facilities in a nearby large town such as the swimming pool, art gallery and they also visited places of interest in the locality.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

There was an established admission procedure which was referred to in the statement of purpose however the information provided did not adequately describe the process which involved a number of steps. At the time of the inspection the admission arrangements were being reviewed and when complete the statement of purpose requires revision to outline the procedures in a meaningful way.

There were contracts and tenancy agreements that described the residential services provided. The charges were outlined and items that incurred additional charges such as leisure activities, prescription charges, clothing, bedding and bed linen were described. However, the contracts did not describe the arrangements for the support, care and welfare provided to residents who predominately used the service during the day and who used a very limited overnight residential service.

Residents eligible for admission came from a wide geographical area and had a diagnosis of moderate to profound intellectual disability and some had additional disabilities. Referrals to the service were usually made by family or members of the multidisciplinary team in the community. There were meetings of varied professional groups to assess the eligibility of prospective residents' and where the service could offer the most appropriate placement.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the care and support currently provided to residents reflected their assessed needs and wishes and supported good quality of life outcomes for residents. There were six residents accommodated at the time of inspection. The majority were at their day activities during the inspection. The inspector reviewed residents' personal care plans in each house and found that there were good systems in place to ensure that identified needs were addressed and appropriate support plans were in place to achieve goals. The inspector saw a number of examples where staff had provided very high levels of support to help residents achieve specific targets. This included graduated programmes, intensive one to one input and in one instance remaining at home with the resident to support the family until they were comfortable with the arrangement. This has had very positive outcomes as the resident is now able to go home independently. There were annual reviews that involved key workers, family members and professionals involved in particular aspects of the personal plan.

Residents were engaged in a wide range of activities both in the centre and in the local community. These included work based activity such as recycling and gardening. Transport was available specifically for the centre and staff supported service users to become involved in local activities. Staff were aware of the weekly community events and supported residents to attend activities of their choice. Staff confirmed that this changed depending on the wishes of the service user and the weather. In addition, residents went out shopping, out for meals, to the cinema and to the local art gallery. Residents were also involved in the preparation of meals and made choices about the menu.

There were fortnightly reviews of support plans. The inspector saw that staff had recorded changes in behaviour, mood and responses to interventions. There were protocols for specific interventions and where for example interventions had to be put in

place to ensure safety the inspector saw that these were gradually reduced in response to progress. In one instance the resident had developed sufficient awareness of his behaviour that he could put in place the safety measure himself. Support plans were in place for issues such as personal care, hygiene and diet and nutrition where required. There was emphasis on developing skills and promoting independence and the inspector saw several examples where interventions had led to positive behaviour changes, improved community contacts and better quality of life.

There were good links with members of the multidisciplinary team and with specialist staff employed by the organisation such as behaviour therapists and psychologists. They were involved in assessments, programme plans for specific care needs and in reviewing the prescribed interventions. The records viewed contained copies of assessments from these professionals and documentation and feedback from staff confirmed positive outcomes for residents.

The residents' files also contained risk assessments, consent forms and emergency contact information. Communication notes documented the staff's interaction with residents and their monitoring of residents' health, general well being and their activities during their time in the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre comprised of three bungalows one of which was of dormer design. They were appropriate for purpose, maintained in good condition and decorated in a home like comfortable style. All residents had a single room and there was a staff sleep over room/office in each house. There was adequate kitchen, dining and sitting space in each house. Good lighting and ventilation was noted and there were no obvious hazards that could cause injury to residents. Suitable arrangements were in place for the disposal of waste.

The location of each house suited the residents living there and had been chosen with their needs in mind the inspector was told. One resident with mobility problems had

been assessed by the physiotherapist and had mobility equipment to help him remain mobile. There was ramped access at his house which he could negotiate safely.

One house was owned by the Brothers of Charity organisation and the other two were rented on a long term basis.

**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):**

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

**Findings:**

The inspector found that for the most part the health and safety of residents, visitors and staff was promoted. An up to date health and safety statement was in place and was dated December 2013. Individual risk assessments were outlined for each service user where required. The houses were noted to be clean and clutter free and provided a safe environment for service users.

Satisfactory precautions were in place to guard against the risk of fire. A fire safety policy was available to guide staff and this was noted to be informative with advice for staff on keeping fire doors closed and to take care with door handles which may become hot to touch.

Suitable fire fighting equipment was available and this was noted to have been serviced in November 2014. Fire exits were unobstructed. A fire alarm was in place in one house. The other two houses had smoke alarms. Where the fire alarm was in place it was serviced quarterly, the latest services for 2014 noted to be completed in September and December. There were weekly activations of the alarm to ensure it was operating effectively and to remind residents of the sound. Emergency lighting was in place but in one house there was one centrally located emergency light on the main hallway and the inspector was unsure that this could effectively illuminate the front and rear doors should staff and residents have to leave the building. The emergency lighting in this house was subject to an action plan in the last report and changes were made however the provider is again requested to review the lighting in place and confirm that the system is adequate for purpose. Planned fire drills were carried out including fire drills during the evening and night. Residents were included in these exercises and the response times to the fire alert and any remedial action required were recorded to improve practice in the future. All staff had received training in fire safety in April 2014 and staff interviewed were knowledgeable regarding the steps to be taken in the event

of a fire.

There was sufficient guidance for staff to follow in the event of possible emergencies. Alternative safe accommodation in a venue that they are familiar with was available for residents should evacuation be required. A range of emergency situations were described and included loss of heating and flooding. All staff who required training in moving and handling to meet residents' needs had received training on this topic.

Suitable procedures were in place for the prevention and control of infection. There were sufficient facilities and products available for hand washing. Staff conveyed good awareness of hand hygiene and the areas inspected were visibly clean. Staff were attending infection control training on a rota basis to ensure that all staff had appropriate knowledge.

The risk management policy was reviewed and the inspector found that staff had good knowledge on how the risk management policy was implemented in the centre. There was a local risk register and a corporate risk register maintained. There was a policy and procedure to guide staff on incident/accident reporting. All incidents were recorded and where required were analysed to inform behaviour plans. There was evidence that staff reviewed events to prevent recurrences and changes in practice took place as a result particularly if the incidents were consequent to behaviour episodes.

The vehicles used for transporting residents were serviced regularly, had valid NCT documentation and insurance.

**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):**

No actions were required from the previous inspection.

**Findings:**

The designated centre has a policy in place that outlines how vulnerable adults are protected by the organisation. The policy described the roles of particular staff and informed staff that the designated person identified by the organisation or their deputy

and their immediate line manager were to be informed of any allegations of abuse. Staff were aware of their duty to report to the designated person and knew how to do this. The contact numbers were readily available.

The responsibility of the person in charge to report allegations or incidents of abuse within three days was included in the policy. Staff were knowledgeable about the types and indicators of abuse. They were aware of situations that may have to be reported to the Gardai and that any allegations had to be recorded. The policy would benefit from revision as it did not include information for staff on how to protect the resident, how to protect evidence and did not inform them about actions that may have to be taken by the Gardai if a serious incident took place for example how to protect a scene or evidence. There was also no information on the requirement to report to the senior case worker in the Health Service Executive. Procedures and guidelines on the provision of personal care to residents including respecting service users privacy and dignity was available. There have been no allegations of abuse reported to date at this service.

The organisation had a policy that described how people who exhibit behaviours that challenge were supported. At the time of this inspection there were some residents that presented behaviours of concern that required a support plan. Staff informed the inspector that there was good access to mental health services and to the organisation's specialist behaviour support services. The inspectors saw that service users had positive behaviour support plans in place that were reviewed regularly and revised to reflect residents' changing needs. There was information in personal plans that outlined the range of behaviours that presented and there were records that indicated that these had been analysed and used to inform the support plan. Staff confirmed they had received training on how to implement aspects of these plans from specialist staff. The inspector saw examples of how plans had resulted in behaviour changes that had impacted positively on aspects of residents' quality of life such as increasing their level of independence and the activities they could attend.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

Accident and incident forms were completed for all incidents.

Staff were aware of the notifications that were required by the Authority and these had

been supplied.

**Judgment:**  
Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**  
Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Residents did have opportunity to take part in social activities, to attend education and training and day care services. There was evidence that residents went out to local events such as concerts and discos. There were daily/weekly activity schedules that outlined the activities that residents attended regularly. The inspector saw photographs and records of day to day life and events that were kept in residents' personal files and in their rooms. The events recorded included birthday parties, visits to restaurants, trips out, swimming, exercise sessions and day to day activities such as cooking at home.

Staff were dedicated to ensuring that residents could avail of a variety of opportunities and the staff deployment model in each house supported this effectively. There was one to one support where this was required. Volunteers were also available and they had an active role in the social programme ensuring that residents could follow individual interests and hobbies such as going to the races or restoring furniture.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that service users' health care needs were met with appropriate input from medical services and allied health professionals both employed by the organisation and in the community. Staff reported that all service users were in good health at the time of inspection. Staff described good working relationships with the local general practitioners and an out of hour's service was available. Services such as physiotherapy, speech and language therapy, occupational therapy, dental, chiropody, neurology and psychiatry and dietetics are available through referral to the HSE. An in-house behaviour therapist and psychologist were available.

Staff supported residents to access community health services as/when required. Families were also involved and engaged in this process in line with individuals/family's wishes. Health promotion initiatives were also in place.

The service users' nutritional needs were met. Regular weights were recorded and were reviewed to ensure weight loss or gain was noted and appropriately addressed. Residents cooked meals with the assistance of staff. Snacks and drinks were freely available and there were good stocks of these available. The inspector was told that social activity involved going out for meals such as lunch on Sundays and when out shopping.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a policy on the management of medication that included the prescribing, storage and administration of medication. Secure storage arrangements were in place. Staff that the inspector talked to conveyed good understanding of appropriate medication management, adherence to safety/professional guidelines and regulatory requirements. They were familiar with the medication prescribed for residents and said that no medication was administered for restraint or sedative purposes for the present resident group.

There was a good system in place for medication reviews. Staff reported that general practitioners and specialists such as psychiatrists reviewed medication during regular

appointments and followed up on progress when changes in medication were made. The inspector noted that where medication had to be given periodically that a system was in place to highlight the day of administration to prevent errors.

**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):**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined and all the required information described in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013 was available.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure that identified the lines of authority and accountability. The post of person in charge(PIC) was shared by two senior staff. One had responsibility for six houses and the post holder for this centre had responsibility for eight houses. This arrangement had been established since the last inspection in response to an action plan as the dual role of the provider nominee as person in charge of some houses had been considered unsustainable. The post holders had recently taken on their new duties. They had responsibility to cover each other's absences and both persons in charge reported to the provider nominee, who in turn reported to the Board of Management. Staff were aware of the new arrangements and a system for regular meetings between the person in charge and the staff team in each house had been established.

The person in charge was a suitably qualified nurse who was appropriately experienced in the area of intellectual disability. She was involved in the governance and management on a day to day basis. Staff confirmed that the person in charge was available when they needed advice, was approachable and supported them in their role. The inspector found that the PIC was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs of the residents accommodated.

As the revised management arrangements had only recently commenced, their effectiveness to provide robust governance across the service was challenged by the spread of the geographical area for the persons in charge particularly when covering each others' absences and their continued responsibility to work one day a week on front line duty. The provider is requested to clarify that the arrangement meets the requirements to have a full time role for person in charge as outlined by regulation 14- Person in charge. There were arrangements in place to provide guidance to senior staff from the area head office during the day. The availability of senior staff outside of regular working hours in the event of an emergency needed to be formalised for all staff including staff who worked part time or on a locum basis. This had been identified for attention in the action plan from the last inspection however no formal on call system was available according to staff who said they would contact the person in charge at all times. This action is repeated in this report.

A system for unannounced visits and formal reviews to assess the quality of care, outcomes for residents and compliance with legislative requirements was not yet in place. The provider also had not undertaken unannounced visits to this centre or produced a written report as to the safety and quality of care and support provided as required by regulation 23 (2) Governance and Management.

There was some evidence that the quality of care and experience of the residents was monitored on an ongoing basis and staff said that they responded to views expressed by residents and made changes to the service in accordance with their wishes where possible.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

To date there had been no instances where the person in charge had been absent for 28 days or more notified to the Health Information and Quality Authority.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that this service was adequately resourced to meet the needs of residents on a day to day basis. The governance issues /resources described earlier need to be clarified in respect of the role of the person in charge , the systems for on call and monitoring the service.

**Judgment:**

Compliant

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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):**

No actions were required from the previous inspection.

**Findings:**

There was a sufficient number of staff to meet the needs of residents and continuity of care was provided by a small, consistent group of staff who were experienced and adequately trained. The new person in charge was setting up supervision arrangements and staff meeting schedules.

Apart from the person in charge, the staff team comprised of 21 nurses and support staff.

The staff rota was planned in advance. A review of the staff rota showed that the staffing levels took account of the needs of residents accommodated for example, some residents required one to one staffing levels and the staffing rota reflected this.

The inspector examined a random sample of staff records and found that while the majority of schedule 2 documents were available a full employment history was difficult to determine in some cases and contracts of employment were not always available including for the newly created post of person in charge.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

## Use of Information

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

No actions were required from the previous inspection.

### **Findings:**

The inspector found that the procedure for checking the financial arrangements and records required improvement to safeguard residents. More frequent checks of money held on behalf of residents was required as the current arrangements did not adequately protect residents or staff handling money on their behalf. The annual check was inadequate to ensure adherence to the organisation's financial procedures.

### **Judgment:**

Non Compliant - Moderate

## 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:***

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
<b>Centre ID:</b>	OSV-0004472
<b>Date of Inspection:</b>	04 December 2014
<b>Date of response:</b>	26 February 2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

### Outcome 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:**

The complaints procedure was not user friendly as the information at the beginning of the document described the types of complaints that would not be investigated. There were restrictions outlined that could cause obstacles for residents or anyone making a complaint on their behalf.

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

**Action Required:**

Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

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

The Complaints Policy has been reviewed and amended

**Proposed Timescale:** 09/02/2015

**Theme:** Individualised Supports and Care

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

The complaints records were maintained in a narrative format which made it difficult to determine the process followed to resolve the issue or what could be learned from complaints to prevent a recurrence.

**Action Required:**

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

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

The system for recording complaints is being amended and a new complaints record book is being developed

**Proposed Timescale:** 31/03/2015

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The contracts of care did not describe the care and support services offered during the day for residents who had shared care arrangements and predominantly resided at home.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Individual Service Agreements will be amended for specific individuals

**Proposed Timescale:** 31/03/2015

### **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:**

One house had a centrally located emergency light which could not illuminate both front and rear exits. The provider is required to review the emergency lighting and confirm that it is appropriate for the layout of the building.

**Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The emergency lighting has been re-assessed and further appropriate lighting is being installed.

**Proposed Timescale:** 13/03/2015

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The policy on protection did not include information for staff on how to protect the resident, how to protect evidence and did not inform them about actions that may have to be taken by the Gardai if a serious incident took place for example how to protect a scene or evidence.

There was also no information on the requirement to report to the senior case worker in the Health Service Executive.

**Action Required:**

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

The policy has been amended.

**Proposed Timescale:** 09/02/2015

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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:**

A system for unannounced visits and formal reviews to assess the quality of care, outcomes for residents and compliance with legislative requirements was not yet in place. The provider also had not undertaken unannounced visits to this centre or produced a written report as to the safety and quality of care and support provided as required by regulation 23 (2) Governance and Management.

**Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Unannounced visits and annual review are planned for 2015

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**Proposed Timescale:** 30/09/2015

**Theme:** Leadership, Governance and Management

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

A system for unannounced visits and formal reviews to assess the quality of care, outcomes for residents and compliance with legislative requirements was not yet in place.

**Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Unannounced visits and annual review are planned for 2015

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**Proposed Timescale:** 30/09/2015

**Theme:** Leadership, Governance and Management

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

The availability of senior staff outside of regular working hours in the event of an emergency needed to be formalised for all staff including staff who worked part time or

on a locum basis.

**Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

An out of hours on-call rota has been put in place

**Proposed Timescale:** 06/02/2015

**Theme:** Leadership, Governance and Management

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

The provider is requested to clarify that the arrangement meets the requirements to have a full time role for person in charge as outlined by regulation 14-Person in charge as the roles cover and extensive geographical area and services.

**Action Required:**

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

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

The person in charge role is a full-time post = 1 w.t.e., that is currently shared between two people

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

A full employment history was difficult to determine in some cases . Contracts of employment were not always available including for the newly created post of person in charge.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

1.The HR files will be reviewed to re-order the files and create new files where necessary.

2. Any outstanding contracts of employment will also be reviewed.

**Proposed Timescale:** 1. 31/12/2015; 2. 30/09/2015

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The procedure for monitoring and managing residents finances required review as the periodic checks made when transactions were completed were not adequate to protect residents and staff.

The annual monitoring of residents finances was also not adequate to provide safeguards for residents.

**Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

1. The money management system was approved of during the inspection and the inspector said a good system was in place.
2. Regular checks are carried out by the Person in Charge
3. Further staff training in financial management is planned
4. Policies are regularly reviewed and at least every 3 years.

**Proposed Timescale:** 1. Completed 06/11/2014; 2. Completed 06/11/2014;  
3. 30/08/2015; 4. Completed 01/11/2013