<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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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004694</td>
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<td>Centre county:</td>
<td>Roscommon</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Margaret Glacken</td>
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<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
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<tr>
<td>Support inspector(s):</td>
<td>Paul Pearson; Thelma O’Neill</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
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<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 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: 27 November 2014 10:30  
To: 27 November 2014 19:30

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

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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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**Summary of findings from this inspection**

This was an announced inspection and was the second inspection of this residential service carried out by the Authority. This service is one of eighteen residential services in the area operated by the Brothers of Charity Services, Ireland. Accommodation and support services are provided over the seven day week for six adults with mild to severe Intellectual Disability. The centre comprises of two community residences one of which is situated in a modern estate in the town of Roscommon and the other in a rural setting a few miles from the town. One house is rented from Roscarra Housing Association, which provides accommodation to people with a learning disability living in the Roscommon area and the other is owned by the Brothers of Charity. The houses were in good decorative condition and offered a
comfortable homely environment for the residents but there was a significant problem with dampness noted in one house which needed to be addressed. This is discussed further in outcome 6 Safe and suitable premises.

During the inspection, the inspectors met with residents and members of staff. The arrangements for the delivery of care including arrangements for social and day activity were reviewed together with documentation such as personal plans, risk management documentation, care records and policies and procedures. Staff were well informed and conveyed a comprehensive understanding of individual residents’ needs, wishes and preferences. They described how individual life style choices were accommodated and how residents participated in the local community activities. Residents and relatives who returned questionnaires to the Authority indicated a high level of satisfaction with the service particularly the dedication and commitment of staff to residents’ care and well being. The efforts they made to facilitate communication and understanding in particular situations received many positive comments. There was however some concerns that the number of staff available could offer appropriate opportunities for social activity. The inspectors noted that there was good access to local medical services and that residents had good support from allied health professionals, behaviour therapists and mental health services.

When last inspected these two houses were inspected as part of a larger group and the arrangements have since been revised for the purposes of registration as all the houses in the original group did not provide similar services. The last inspection report outlined 20 actions to address non compliances with regulations. Where these applied to this centre they were reviewed. There were continued non compliances in relation to complaints management, governance and staff training. These and other findings are discussed in more detail in the report and the action plan describes where improvements are required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) regulations 2013.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The Inspectors 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 however the staff deployment model did not always facilitate choices for residents as one member of staff on duty did not enable residents to go out and some to remain at home in a situation where all residents required supervision. Residents in one house who had significant needs and required staff support were enabled to remain at home and had individual care pathways.

There was good emphasis on promoting privacy and dignity. Each resident had their own room and the inspectors 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 residents meetings and in the way the household was arranged. Residents’ requests for particular foods, trips or social events were facilitated as much as possible. The minutes of meetings and personal records conveyed that consultation with residents was part of day to day life.

There was a complaints policy available to residents. This was also 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 inspectors found the document was not user friendly particularly 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. In addition, the inspectors found that specific guidance on the steps to follow when making a complaint should be made clearer. 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 complaints about washing clothing and domestic arrangements. The actions taken to address complaints, the outcomes and if the resident was satisfied was recorded as required by regulation 34-Complaints procedures. There was one complaint where a resident needed support to manage an activity outside and that required staff resources/volunteers to resolve which was not concluded.

The inspectors reviewed the arrangements in place to ensure residents’ finances were safeguarded. 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 inspectors 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 inspectors found that there was no regular or random audit of the residents financial records carried out by a member of the senior management team in any of the houses in this centre. 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 and also concluded that an annual check was inadequate to ensure adherence to the organisation’s financial procedures. An action plan is outlined in outcome 18 in respect of financial records.

Judgment:
Non Compliant - Major

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 inspectors found that residents were supported to communicate and staff were aware of the different communication needs of residents and had included these in personal plans. Residents were provided with information about the service in easy read formats and had access to radios, televisions and music systems. They were supported to communicate and to take responsibility for some arrangements in their house. One resident organised the information board that outlined the activities for the week and the staff on duty. He choose to write this information and not use photographs and this arrangement was accepted by all. Staff had explored varied technology options with residents and where these proved suitable and residents liked the intervention these were put in place.

Effective and supportive interventions were provided to residents to ensure their communication needs were met. For example, each resident’s communication needs were assessed and documented in their individual care plans. The arrangements within houses reflected residents’ communication pathways and took in to account ability to cope with change as well as particular skills. Staff told inspectors that they were careful to ensure residents were informed about any alterations to the routine including when persons unknown to them were due to visit.

**Judgment:**
Compliant

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**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:**
Residents were supported to develop and maintain positive personal relationships with their family members and to develop links with the wider community. Residents had families who were actively involved in their care and there was active support from staff so that visits took place according to residents’ wishes. Families were encouraged to participate in the lives of the residents, and the inspector saw that they were regularly consulted and kept up to date. Some residents had telephones to keep in regular contact. Personal plans reflected the relationships residents maintained and the supports in place to facilitate and enhance this process. Photographs of family members and varied family events and social occasions were displayed in bedrooms.

Residents were supported to attend and to have active roles in local community events that included summer parties. They used a range of community facilities and services such as opticians, pharmacists and hairdressers. They regularly went out for meals to
local restaurants, went to concerts, churches, the golf club, discos and bowling. Promoting positive links with the local community for residents was a priority for staff that they had achieved successfully.

**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):

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

**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. The admissions and transfers of residents were organised by the admissions and discharge team in the Brothers of Charity services which was comprised of several members of the senior management and multi-disciplinary team. Meetings were held every three months where proposed admissions / applications for admission were discussed. The process included several stages - the receipt of a completed application, an assessment of the resident’s dependency, case review and a multi-disciplinary group meeting. The inspectors concluded that the information on admissions, transfers and discharges provided in the statement of purpose required revision to provide an accurate description of the stages involved and the process itself needed revision to reduce the complexity for prospective residents and their families. At the time of the inspection the inspectors were told that the admission arrangements were being reviewed.

There were contracts and tenancy agreements that described the services provided. The charges were outlined and items that incurred additional charges such as leisure activities, prescription charges and clothing were described. The inspectors noted that there were different accommodation charges depending on whether the resident was residing in a house owned by the Brothers of Charity or a house owned by the Roscarra Housing Association and what was provided by the extra fee to the housing association was not clear. It was unclear if the variation had been explained or that prospective residents or their representatives had a choice about which accommodation they applied to occupy.
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 inspectors reviewed a sample of personal plans which are based on the Personal Outcome Measures Model used by the organisation and confirmed that each resident had personal plan that described their specific support needs and personal goals. An assessment that described social, emotional and health needs was available for each resident. The assessments outlined residents’ abilities in relation to activities of daily living, such as dressing, cooking and showering. From these assessments there were plans developed which outlined support needs and the actions/interventions to be put in place to maximise independence and help residents achieve their goals and maximum participation in the activities of daily living. There were specific plans in place to address aspects of behaviour management and the ways problematic behaviour patterns were minimised and addressed to ensure good outcomes for residents.

The inspectors found that staff used their knowledge and expertise to good effect in how they assessed residents and encouraged and supported their independence. For example, residents were assessed for capacity to remain alone in the house and could do this when others went out if that was their choice. They could decide when they wished to spend time alone and the times they went to bed and got up. Goals were noted to be realistic and addressed the development of skills, wishes to remain in employment and more personal wishes that related to relationships and family. A system was in place to review personal plans every six months. Families and significant others were invited to review meetings and their contributions were included where relevant.

Work/training and recreational activities were available for residents during the day five days a week and there were some opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. It was also evident that residents had developed good connections with the local area and there were examples of their involvement in activities described in personal plans.
Inspectors saw that most of the residents goals identified for the previous year had been reviewed and most had been realised. For example, residents had attended social activities regularly and they all had been on a short holiday. The inspectors found that there were times when residents could not exercise meaningful choices and participated in or attended social activities they had not chosen as they could not remain alone at home for safety reasons and there was just one member of staff on duty. This also meant that there were difficulties in ensuring that residents could reach their full potential. This is discussed further in outcome 17- Workforce.

Judgment:
Non Compliant - Minor

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The two houses that form the designated centre were detached bungalows with garden areas to the rear and parking space to the front. The inspectors found that both houses were attractively decorated and had many homelike features. Bedrooms were personalised and reflected the choices and interests of residents and communal areas were furnished to meet residents’ needs. All rooms had adequate provision for storing resident’s clothes. Standards of cleanliness were good.

The house owned by the Brothers of Charity had some significant issues particularly an ongoing problem with dampness which was highlighted for attention during the last inspection. This house has four bedrooms and an office/sleepover rooms as well as kitchen/dining and sitting space. There was a noticeable unpleasant smell of damp in the kitchen and utility area. There had been some work done to identify the cause of the damp including a recent architects’ assessment of the building. Work on improving the insulation and ventilation had been completed however other remedial work recommended was required to ensure a safe comfortable environment for residents and staff. The kitchen/dining space was also was somewhat confined particularly in the context of residents and staff preparing meals which is a day to day activity in the house.
Other areas that required attention included:
• the availability of one bathroom/shower for four residents which restricted choice particularly when preparing to go out in the morning
• there was good garden space however this needed cultivation to provide an attractive and usable space for residents
• paving slabs leading to the clothes line were uneven, covered in moss and a trip hazard
• a poly tunnel that was used by a resident also needed cultivation to that he could pursue his interest in a meaningful way
• the fire panel was located in a residents bedroom which is not a suitable location as it is not accessible to staff at all times
• the smoking area was not adequate for purpose despite having ventilation as it was located in the utility area which was small and confined and had a multi-purpose function
• there was no signage to alert staff or residents to the presence of a step at the back door.

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

**Findings:**
The previous inspection report identified that the risk management policy required review to comply with Regulation 26 of the Health Act 2007(care and support of residents in designated centres for persons (children’s and adults) with Disabilities) Regulations 2013. There were further reviews required as responsibility for health and safety and the annual review of the safety statement was allocated to the person in charge.

There was an organisational risk register in place which identified different categories of risk pertinent to each house. These risks were noted to have controls in place and were risk rated according to severity. The inspectors viewed a number of personal risk assessments. These included risks related to social activities, traffic awareness, fear of insects, smoking and conditions such as epilepsy. Inspectors found evidence that staff took a proactive approach to controlling risk to residents whilst ensuring that they could continue to participate in their chosen activity. For example residents going out alone at night had high visibility jackets and carried a torch. However, there were areas where
risk assessment was inadequate or had not been completed. This included for example, judgements made in relation to residents’ capacity to go out independently or the risk created by the location and lack of visibility of the fire panel in one house where it was located in a resident's bedroom. Other risks identified during the inspection included:

- paving slabs leading to the clothes line were uneven, covered in moss and a trip hazard
- the seals between the wall and worktops in the kitchen were damaged and created an infection control risk as they did not provide an effective seal and could not be effectively cleaned.

The infection control policy was included in the safety statement and was informative on hand hygiene and food hygiene. There were appropriate facilities in place for the prevention and management of infection control, including hand washing facilities, hand sanitizers and personal protective equipment. Staff were noted to wash hands or use hand gel when moving from one area to another. There were first aid kits available in each house. Vehicles used by residents were appropriately maintained and were checked regularly on Saturdays for safety issues according to staff.

Staff were provided with training on moving and handling where residents had mobility needs. However, a number of staff required training on topics such as risk management, first aid and basic food hygiene procedures as considerable time had elapsed since training had been completed in some areas and no staff had completed basic first aid training. The action plan in relation to training is outlined in outcome 17-Workforce. The inspectors found that while incidents were examined there was no information to confirm that changes to practice to prevent a recurrence were put in place. For example, there had been three medication errors recorded and these were reviewed by the new person in charge. They related to inaccurate recording of a medication that was administered weekly. The inspectors found that while the incidents were reviewed to identify the cause of the error that any learning or changes put in place to prevent a recurrence were not described.

There were fire safety arrangements in place and these could be described by staff. There was fire fighting equipment, emergency lighting and a fire alarm in each house. This was noted to have been serviced in May and November 2014 and there was a service contract in place. Weekly and monthly checks were recorded however one house did not have a recognised fire register to ensure systematic recording of the required checks. All fire exits were unobstructed, and staff took part in regular fire evacuation drills which were documented. The inspectors noted that conducting fire drills during the hours of darkness was part of the fire drill routine and residents were included to ensure that they were aware of the proceedings and able to evacuate the buildings safety and expeditiously. Fire safety training for all staff had taken place and included evacuation procedures. The procedure, to be followed in the event of fire, was displayed in the centre. A personal evacuation plan (Peep's) was available in each resident’s personal plan and this provided information on ability/capacity to evacuate the building in an emergency.

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

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. There was no information on the requirement to report to the senior case worker responsible for adult protection in the Health Service Executive.

The staff were aware of what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including how they should report incidents. They knew the designated person identified in the centre’s policy, and were aware of her role. All staff had completed training in protection of vulnerable adults. There were no incidents or allegations of abuse being investigated at the time of this inspection.

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 supported by behaviour management plans. Staff have support from a behaviour therapist and the inspectors saw that behaviour plans had been reviewed and updated during the past year. There was good information on the problems that presented and how to manage them safely while protecting privacy and minimising restrictions. One resident exhibited behaviours that impacted on others including night time waking and
the inspectors noted that the intervention that had been put in place had worked effectively with a good outcome for the resident. All staff in the house had worked together and had followed the plan put in place to effect this outcome. There was one incident where medication had been used to help alleviate a resident’s distress. This had been appropriately reviewed and a mental health assessment had also been arranged to check that the current plan was the most appropriate option. Residents were assisted and supported to develop self-awareness, understanding and skills needed for self-care and protection.

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:
Inspectors reviewed the documentation of the accidents/ incidents occurring in the designated centre. 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 and some were involved in the Tidy Towns activities. The daily/weekly activity schedules described the activities that residents attended. The inspectors saw photographs and records of day to day life and events that were kept in residents’ personal files and in their rooms.

As described throughout this report there were difficulties in ensuring that residents could exercise real choices about activities they would like to attend due to the staff structure where one staff was on duty and may not be able to facilitate residents if they made varied choices about what they wished to do during the evenings or at weekends. This is referred to throughout this report and an action plan is included in outcome 17-Workforce. Questionnaires returned to the Authority indicated that some relatives were concerned that social activity was limited due to inadequate staff numbers on duty.

The statement of purpose describes day services available to residents depending on their assessed needs. These services provide practical skills for daily living as well as a range of social activities. Other activities were available through the day service and residents participated in a range of projects that were varied according to their interests and skills.

Judgment:
Substantially 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:**
Staff and residents described good access to the local general practitioners and to specialist doctors such as psychiatrists and there was information available to confirm this in the files reviewed. An out of hours GP service was also available. The inspectors found that health checks were undertaken and specialist referrals were made as required and followed up if needed. Allied health services including dental, physiotherapy, speech and language therapy and chiropody were available when needed. Residents had been offered the influenza vaccine and there was a record of when this had been administered. Inspectors reviewed a ‘hospital passport’ document that was available in resident’s files. This provided essential information for hospital staff should residents require transfer to hospital and included medical conditions, communication problems and other significant factors that would help personnel not known to the resident provide care more effectively.
Food and nutritional requirements were assessed and monitored and residents were able to provide their views on the menus and indicate their particular preferences. Some residents accompanied staff when they were going food shopping. Staff described how they organised the menu and ensured variety for evening meals and the lunches they prepared for residents attending day care. The inspectors noted that fridges were well stocked and there were sufficient quantities of fresh and dried food available in each house to prepare a variety of dishes to meet residents’ needs. There was regular monitoring of weight to detect fluctuations and staff were aware of the indicators that required referral to allied health.

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

Findings:
A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administrating medicines to residents. There were no medications that required strict control measures (MDA’s) at the time of the inspection. There was minimal use of medication to address behaviour problems or distress at the time of inspection. There were protocols in place for the safe administration of medication for epilepsy.

Medication stocks were checked regularly and this was recorded. The inspectors found that when residents visited their doctors that their medication was regularly reviewed. There was a system in place for the reporting and management of medication errors. There had been three medication errors recorded and these were reviewed by the new person in charge. They related to inaccurate recording of a medication that was administered weekly. The inspectors found that the errors were examined in detail however while incidents were reviewed to identify the cause of the error there was no information to indicate that any learning from the event or changes put in place to prevent a recurrence was relayed to staff.

Judgment: 
Non Compliant - Minor
### 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The statement of purpose (SOP) was submitted prior to inspection and was reviewed by inspectors. It described the information described in schedule 1. The aims of the service and the facilities to be provided for service users were outlined. The admission procedures required clarification as the process described was not transparent or easy to understand.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The post of person in charge 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.

As the revised management arrangements had only recently commenced. There was an identified person to take charge when the persons in charge were absent. 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 in accordance with their wishes where possible. Two relatives and four residents’ questionnaires were returned to the Authority. There was positive commentary on many aspects of the service including the food provided, the activities and support from staff. Relatives described staff as dedicated and committed and outlined various examples where staff had taken considerable time getting to know how residents communicate resulting in very positive outcomes for the residents. There were concerns expressed about the reliance on locum staff that did not know residents so well and caused interruption to effective care practice. There was also concern expressed that resources restricted social opportunities.

**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

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**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 inspectors found that there were indicators that aspects of the service were inadequately resourced to effectively meet the social and health care needs of all residents. This has been described in outcome 5, 6 and 14. The specific resource issues include availability of one staff which does not ensure residents have meaningful choices about what they do, the premises issues described in one house compromise the safety and environment and the governance issues need to be clarified in respect of the person in charge, systems for on call and monitoring the service.

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

**Findings:**
The inspectors reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. Seven staff files were reviewed and inspectors found that the 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 present.

As described throughout this report there were indicators that there were insufficient staff available to meet the needs of the residents accommodated each day. The inspectors found that residents could not exercise choices about going out or remaining in their homes at times as there was on staff scheduled to be on duty.

There was confirmation that staff received ongoing training to meet the needs of residents and records of training were available in staff files. Inspectors saw that training on medication management, personal care planning, the protection and safety of vulnerable adults, epilepsy awareness and manual handling had been provided to staff. However, from the findings of this inspection, refresher training continued to be required in medication management due to the errors that had occurred and training was also need in areas such as risk assessment, first aid and food safety to ensure that all staff including staff employed on a locum basis have appropriate skills to meet residents’ needs.

At the time of the last inspection the management system in place to support staff out of hour’s relied on the person in charge being available. The provider had stated in the response to the last report that an on call rota would be set up to address the issue. However; the inspectors found that the arrangements were not fully clear as all staff said they relied on the person in charge for advice and guidance out of hours and at the weekends.

**Judgment:**
Non Compliant - Major

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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

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspectors found that there were systems in place to maintain records as outlined in Schedule 3 and 4 of the Regulations. Resident’s files were found to be complete and were kept up to date by staff. Records were maintained of all referrals/appointments and resident's notes were updated following appointments with the outcome and any changes to be made. There were good systems in place to ensure the privacy and confidentiality of records and personal information.

However, some records required improvement as documents were not filed in a secure manner and information was difficult to locate. An example was staff records where the required schedule 2 documents were difficult to find to assess compliance.

A directory of residents was maintained but full details for next of kin were not always recorded as required by schedule 3 records. In some instances, a telephone number only was available.

Written operational policies and procedures were in place to inform practice and provide guidance to staff, and had been reviewed in the past three years. However, the inspectors found that some of these policies and procedures required review to provide effective guidance for staff and to appropriately safeguard residents. The procedures that required alteration to meet legislative requirements as described in this report included the admission and discharge arrangements, complaints procedure, risk management, the adult protection procedure and the maintenance of financial records.

**Judgment:**
Non Compliant - Major

**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
### Provider’s response to inspection report

<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-0004694</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>27 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08 May 2015</td>
</tr>
</tbody>
</table>

### 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:**
Residents in some houses were unable to exercise choices about the activities they took part in or exercise choice about remaining at home if they wished due to the staff deployment model.

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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 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:**
1. Staff continue to actively look for a volunteer to enhance choice.
2. Costings have been completed for a second staff in the house in question and these have been submitted to our funders, the H.S.E. The provider will continue to escalate this need for additional resources on a regular and ongoing basis.
   2. 14.04.2015

**Proposed Timescale:** 14/04/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints procedure document was not user friendly particularly as the information at the beginning of the document described the types of complaints that would not be investigated. Specific guidance on the steps to follow when making a complaint needed to be made clear.

**Action Required:**
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
Complaints Policy has been amended as required and a general information leaflet is also now available.

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

**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 information on admissions, transfers and discharges provided in the statement of purpose required revision to provide an accurate description of the stages involved and the process itself needed revision to reduce the complexity for prospective residents and their families.

**Action Required:**
Under Regulation 24 (1) (a) you are required to: Ensure each application for admission
to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The Statement of Purpose has been revised. Also, a clear admissions procedure document has now been added to the policy document.

Proposed Timescale: 22/12/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were different accommodation charges depending on whether the resident was residing in a house owned by the Brothers of Charity or a house owned by the housing association. What was provided by the extra fee to the housing association was not clear. It was also unclear if the variation had been explained or that prospective residents or their representatives had a choice about which accommodation they applied to occupy.

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:
Individual Service Agreements have been amended to include all details of services provided and fees charged.

Proposed Timescale: 22/12/2014

Outcome 05: Social Care Needs
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The assessed needs of each resident could not be met due to the resources available at times.

Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
1. Staff continue to actively look for a volunteer to enhance choice.
1. Completed 26.11.2014 and ongoing
2. Costings have been completed for a second staff in the house in question and these have been submitted to our funders, the H.S.E. The provider will continue to escalate this need for additional resources on a regular and ongoing basis
2. 14/04/2015 and ongoing

**Proposed Timescale: 14/04/2015**

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a noticeable unpleasant smell of damp in the kitchen and utility area in one house that formed part of the designated centre..

**Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
This is factually incorrect with regard to the kitchen

1. Assessment and quotes will be sought for any further insulating and ventilating that may be required in the kitchen and utility area.  
13.03.2015
2. Funding will then have to be sought by the provider from the H.S.E. to carry out any work deemed necessary.  
14.04.2015

**Proposed Timescale: 30/03/2015**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Areas that required attention included:
• the availability of one bathroom/shower for four residents which restricted choice particularly when preparing to go out in the morning
• garden space needed cultivation to provide an attractive and usable space for residents
• paving slabs leading to the clothes line were uneven, covered in moss and a trip hazard
• a poly tunnel that was used by a resident also needed cultivation to that he could pursue his interest in a meaningful way
• the smoking area was not adequate for purpose despite having ventilation as it was
located in the utility area which was small and confined and had a multi-purpose function

**Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
1. Quotes have been sought to have the garden cultivated; to have the paving removed and to have the Poly tunnel cultivated.
   1. Completed 16.02.2015;
2. An alternative smoking area is currently being sought.
   2. 06.06.2015;
3. A re-structuring of the service is being looked at. Circle of Support meeting is being planned to discuss one person moving to another house. This would allow quotes to be sought for the conversion of a bedroom into a wetroom and utility room
   3. 06.06.2015;
4. Work has begun on the cultivation of the garden and polytunnel and further ventilation has been installed in the house from within our current budget allocation. Any further works will require additional capital funding and All quotes will have to be submitted to our funders, the H.S.E. – this will be escalated on a regular and ongoing basis.
   4. 14.04.2015

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

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management arrangements and responsibilities for health and safety required review as these responsibilities were allocated to the person in charge.

**Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
The Health & Safety Policy has been amended to reflect that the registered provider has responsibility for health and safety.

**Proposed Timescale:** 03/12/2014

**Theme:** Effective Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were areas where risk assessment was inadequate or had not been completed. This included judgements made in relation to residents’ capacity to go out independently, the trip hazards in the garden created by the uneven and slippery paving slabs and the damage to the kitchen worktop seals.

Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
1. Risk assessments have all been completed on all of the areas mentioned.
   Completed 27.11.2014;
2. Worktop seals have been repaired.
   Completed 09.02.2015

Proposed Timescale: 30/03/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no information available to confirm that where medication incidents had been reviewed that any learning from these incidents had been identified or that changes had been put in place to prevent a recurrence.

Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
A system has been put in place to ensure that the particular recurring recording drug error cannot re-occur.

Proposed Timescale: 27/11/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire panel in one house was located in a resident’s bedroom which was not accessible for staff to see at all times.

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:**
The fire panel is being moved to the hallway.

**Proposed Timescale:** 27/03/2015

<table>
<thead>
<tr>
<th><strong>Outcome 08: Safeguarding and Safety</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe Services</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The adult protection policy 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.

**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 to include the above mentioned. The adult protection training covers these areas also.

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

<table>
<thead>
<tr>
<th><strong>Outcome 13: Statement of Purpose</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The criteria and process for admission was not transparent and did not outline all the steps involved in a clear understandable manner.

**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:**
The Statement of Purpose has been amended.
**Proposed Timescale:** 09/02/2015

### 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 post of person in charge was shared by two senior staff however both had frontline responsibility for care for some periods each week. The provider is requested to confirm that the post is full time as required by regulation 14(2)

**Action Required:**
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

**Please state the actions you have taken or are planning to take:**
The post of the person in charge is a full-time post = 1 w.t.e. – it is currently shared by two people When in post, the staff do not have any front-line duties to carry out.

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

**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. No formal on call system was available according to staff who said they would contact the person in charge at all times.

**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 on-call out of hours Person in Charge rota has been put in place

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

**Theme:** Leadership, Governance and Management
### Outcome 16: Use of Resources

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Resources were deficient in the following areas-aspects of the premises in one house which did not provide a satisfactory environment, staff numbers and the poorly defined governance structures all required attention based on the findings of this inspection.

**Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
1. The environmental and staffing issues have been costed for submission to our funders, the H.S.E. The provider will continue to escalate this resourcing issue on a regular basis.
2. The person in charge is a full-time post and an on-call out of hours rota system has been put in place

**Proposed Timescale:** 30/03/2015
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staff allocation did not meet the assessed needs of residents or facilitate choices they may wish to make.

Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Costings have been completed for a second staff in the house in question and these have been submitted to our funders, the H.S.E. The provider will continue to escalate this resource issue on a regular basis.
Competed 14.04.2015 and ongoing

Proposed Timescale: 14/04/2015
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff required training in medication management, risk assessment, first aid and food safety according to the findings of this inspection to ensure they have the appropriate skills to meet residents’ needs.

Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
Staff training and refresher training is planned for all of the above

Commenced 11/02/2015 and ongoing

Proposed Timescale: 11/02/2015

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 procedures for admissions and discharges, adult protection, risk management and complaints management required review to ensure appropriate guidance was available
for staff an that legislative requirements were met.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**
1. Admissions and discharges policy, adult protection policy and complaints policy have all been reviewed and amended.
2. Risk management policy is under further review.
1. Completed 09/02/2015;
2. 30/04/2015

**Proposed Timescale:** 30/04/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The procedures in place for the management of residents’ finances did not provide adequate safeguards for residents and required review. There were no regular checks of finances between transactions and there were no unannounced checks /audits of money held for safe keeping by management.

**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 system has been reviewed and improved. Regular checks are carried out by the person in charge.
2. Further staff training in financial management is planned
1. Completed 17/02/2015
2. 30/08/2015

**Proposed Timescale:** 30/08/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The directory of residents did not include all the required details such as address for next of kin.
**Action Required:**
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:**
The directory of residents have been amended.

**Proposed Timescale:** 27/01/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The records required in respect of staff were not securely maintained and the required documents were difficult to access to assess compliance.

**Action Required:**
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified 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.

**Please state the actions you have taken or are planning to take:**
Documents are stored confidentially and securely but the H.R. filing system will be reviewed to re-order the files and create new files where necessary.

**Proposed Timescale:** 30/06/2015