

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004463
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 February 2015 10:00 To: 18 February 2015 13:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the second inspection of this centre by the Health Information and Quality Authority. It was a follow-up inspection from the first inspection carried out on the 19th of August 2014.

This designated centre is managed by the Brothers of Charity Services Roscommon. There are three houses in this designated centre and five residents availing of residential and day supports service. All residents attended work in the community or accessed day services, suitable for their needs and abilities. The designated centre provided support and accommodation on a mostly full-time basis, to both males and females, who have mild to moderate intellectual disability. Three tenants were in residence from 4.30pm until 9.30am, Monday to Friday and all day Saturday and Sunday. The other two residents lived in separate houses and received similar services, although they went home to their families one night at the weekend.

The Brothers of Charity Services rented all of these houses. Residents were tenants with long-stay tenancy agreements and were supported to attend day activities in the Athlone area. The houses varied from detached single-storey houses with a garden too, a two storey mid terrace house in a housing estate.

Since the last inspection, the provider had assigned a second person in charge of this centre into a joint role as the previous person in charge had reduced their work hours. At this follow-up inspection, the inspector met with the two person's in charge and discussed the actions taken since the last inspection. The persons' in charge provided documentation to confirm completion of these actions. The inspector found that considerable improvements had been made since the last inspection and areas where serious risk had been identified. Particularly in areas such as; risk management, staffing shortages, and governance and management. However, one resident was currently in the process of transitioning to a more suitable premise to meet their needs.

The inspector reviewed actions taken to resolve the twenty-three actions since the last monitoring inspection. The majority of the actions were adequately addressed. However, the inspector found that two of the three premises previously found to be unsuitable continued to be in operation including one two-storey premises which was not suitable due to resident mobility issues and the other premises was not suitable for privacy and dignity reasons. At the last inspection, the person in charge told inspectors that she was actively looking for more suitable premises. Although the residents remained living in the same premises, the person's in charge had taken steps to ensure the resident's safety. In addition; they had located a suitable apartment in the same housing estate as the resident currently resides. The inspector viewed this apartment and found it very suitable for the residents needs as it was a ground floor apartment. Previously; staffing shortages were raised as a serious risk to the resident, as the resident's staffing supports had been cut by sixteen hours per week. This created a significant risk for the resident when left alone and unsupervised. The staffing roster had been reviewed shortly after the last inspection and the resident now was receiving a full time staff support while at home.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Previously the inspector found that the residents' finances were not maintained accordance to organisational guidelines. One of the person's in charge evidenced that she had audited the residents and household accounts regularly since the last inspection. Also, the auditor for the accounts department had completed a review of the residents and household accounts; however no recommendations have been received to-date.

In addition; this accounts person has been invited to the area management meeting to inform managers of the proper recording procedures in managing residents and household finances.

Judgment:

Compliant

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):

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

Findings:

Previously, some resident's personal outcome goals were not individualised and person-centred and there was no evidence that there was a meeting with the residents and their family to discuss personal goals for the coming year. On this inspection, the inspector was shown evidence that personal outcome goals had been reviewed and that more family members were invited to the person centred planning meetings since the last inspection. In addition; person centred plans that had been archived were returned to the centre and were available for the inspector to view.

At the last inspection, there was evidence to show that the residents were not accessing the local community as often as they wished due to staffing shortages. The person in charge informed the inspector that two volunteers had commenced in the house since the last inspection and they were continuing to try and increase volunteers in this area.

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):

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

Findings:

At the last inspection privacy issues were identified in relation to the one of the houses, as the sitting/dining room, and kitchen was an open plan design. There was no other sitting room available for residents' to meet family/visitors to have privacy or to have a quiet space in the house if presenting with behaviours that challenge. The new person in charge informed the inspector that she had contacted local auctioneers and it was difficult to find suitable premises but they were regularly looking for a house suitable to meet all of the residents needs as well as remaining close to residents' family members.

Safety equipment had been installed in the bathroom to aid access and egress and there was now full-time staff support available to supervise the resident while receiving personal care.

<p>Judgment: Non Compliant - Moderate</p>

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:
At the last inspection, one resident was not adequately assessed for mobility risks or evaluated for safe moving and handling risks. On this occasion, a specific mobility risk assessment TILE had been completed which adequately assessed the resident's mobility needs. In addition other residents, risk assessments had been reviewed, and risks and actions required to manage and control risks were now identified. There were review dates set on the risk assessments viewed.

Previously; one resident's accommodation was found to be unsuitable due to the risk of the resident using the stairs. Safety equipment had been installed in the bathroom, to aid access and egress, and there was now staff support available at all times to supervise the resident while receiving personal care.

The resident's personal evacuation plan (PEEPS) was reviewed which now identified the procedures for evacuating the resident from the building in the event of a fire. Alternative accommodation was available, and the inspector visited the proposed new apartment and found it was suitable to meet the needs of the resident. The proposed apartment was on the ground floor and had two en suite bedrooms kitchen and sitting room.

Judgment:
Substantially Compliant

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:

There were arrangements in place to safeguard residents and protect them from the risk of abuse. Staff were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. Staff had been provided with training on the protection of vulnerable adults from abuse.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were arrangements in place to support residents' health care issues. Residents were supported, and had appropriate access to General Practitioner's (G.P.'s), Speech and Language Therapist's (SALT), Physiotherapist's and Psychiatrist's. There were preventative health screening check in place in the resident's files that were well completed. There was a hospital passport completed for the residents, should they need to go to the hospital, and it identified personal contact details, medical history and personal likes/dislikes such as foods and drinks.

At the last inspection one resident that was diagnosed with PICA. (Pica is the persistent craving and compulsive eating of non-food substances) had no written protocol in place. This was required to ensure that risks to the resident were adequately identified and staff were aware of all risks to the resident. This resident has since been assessed by the Speech and language Therapist and a protocol had been put in place to ensure all staff were aware of the procedures to follow to protect this resident from eating inedible items. In addition, at the last inspection the inspector found that a resident that had epilepsy had no seizure records maintained on their file, despite the resident having regular seizures. There is now a documented seizure activity record maintained on the residents file.

Also at the last inspection residents moving and handling risk assessments were incomplete but on this inspection the person in charge evidenced that the residents were reviewed by the physiotherapist and a Task, Individual, Load and Environment (TILE) risk assessment was completed.

<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There was a medication management policy in place, and staff spoke with were knowledgeable regarding medication management policies and practices. There were appropriate arrangements for ordering, prescribing, and administering medicines to residents. At the last inspection, there were a number of medications stored in the medication press that had no labels identifying the name of the resident, or the instructions for administering the medication as prescribed. In addition, medication that had been discontinued had not been returned to the pharmacy.</p> <p>These medications had since been returned to pharmacy and there were labels on the medication boxes stating the residents name and the instructions for administering medication as prescribed.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings:</p>

A staff member was appointed to the position of joint person in charge (PIC) to this centre in October 2014. The person in charge has a social care background and the previous PIC is an experienced nurse. The new person in charge was also manager of the step in service and she shares the responsibilities for two designated centres, one adult residential service and one children's/ adults respite service.

The management team for the three houses in this centre consists of the Director of Services and the Person's in Charge sharing a full-time position. At the last inspection, there were three social care workers identified on the statement of purpose, as being persons participating in the management of this centre. However, the persons in charge confirmed to the inspector that there is no other staff member working in the centre appointed as person participating in the management.

Judgment:

Non Compliant - Moderate

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Previously the inspector found that this centre was not resourced in accordance with the statement of purpose. However, on this inspection the person in charge re affirmed that there was always a staff member on duty with the resident and she was no longer left unattended due to the risks identified.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The organisation provided on-going training to staff on a range of issues. Staff had attended training on management of actual and potential aggression and safe transporting of residents in the organisations vehicles.

In addition; the inspector was told that the staffing shortages had been resolved and there was a staff member on duty at all times supporting the resident that had previously been left unsupervised at times.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004463
Date of Inspection:	18 February 2015
Date of response:	27 April 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 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 no other sitting room available for residents' to meet family/visitors to have privacy or to have a quiet space in the house if presenting with behaviours that challenge.

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

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

To date we have been unable to locate any suitable premises for rent or purchase. Work is ongoing in trying to resource a suitable house in the required area. Weekly checks with auctioneers and websites are done. We are engaging with Roscara Housing Association to source funding for a site and a purpose built house.

Proposed Timescale: 20/08/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The accommodation provided to the resident did not meet the current needs of the resident as they could no longer safely manage the stairs in the house.

Action Required:

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

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

A new ground floor apartment has been sourced and approved and the person will be ready to move within the next three weeks.

Proposed Timescale: 15/05/2015

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:

There are no appropriate arrangements in place for a deputy in the case of the absence of the person in charge.

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:

There is an on-call rota in place now.

Proposed Timescale: 06/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Residents' social goals were not been achieved due to inadequate staff/ volunteer support.

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:

1. There is currently one volunteer active and further volunteers are being sourced for the people in question.
2. We have escalated the funding issue for additional staff to the service level arrangement meeting with the HSE and we will do so, on a regular and continuous basis.

Proposed Timescale: 1. 27/04/2015 and ongoing 2. 14/04/2015 and ongoing.