<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-0004461</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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<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>Thelma O'Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Paul Pearson;</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>7</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.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 08 December 2014 10:00  To: 08 December 2014 19:00

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

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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 13: Statement of Purpose</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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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was the second inspection of this residential service carried out by the Health Information and Quality Authority. It was an announced one day registration inspection. This designated centre provided residential and respite support on a full and part-time basis, to male and female residents that had moderate to severe intellectual disabilities.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). This was reviewed as part of the registration assessment and the inspectors met with residents, staff members, the new Persons in Charge (PIC) and the Quality Enhancement Manager. Inspectors observed care practices and reviewed...
documentation such as personal plans, risk management documentation, medical records, as well as policies and procedures.

This service is one of the seventeen residential services run by the Brothers of Charity Services, in County Roscommon. It is funded by the HSE with whom the service has a service level agreement. The organisation had a board of management and the Director of services for Roscommon was the provider nominee for the service.

The house in this designated centre was situated in the town of Roscommon. The house consisted of one detached single storey premise divided into two units internally with gardens to the front and rear of the premises. They were within easy access of social amenities, and had access to a number of vehicles.

Seven resident’s (one female and six males) were living in the house. During the visit to the house, inspectors requested and received the consent of the residents to enter their home and reviewed personal care plans and care files. The residents were unable to verbally communicate; however, inspectors met with the residents and staff communicated residents like and dislikes to the inspector.

The residents' living in these designated centres’ participated in the “personal outcome” quality enhancement system, and inspectors viewed evidence of this in their personal outcome folders. Staff members were noted to interact with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences. Inspectors found evidence of residents and their families being involved in decisions about their care, and were supported to promote independence and exercise choice in their daily lives. The inspectors also found that staff supported residents in making decisions and choices about their lives. Residents were supported to engage in meaningful activities of their choice, and all received day services from their residential home.

At the previous inspection; these two houses were amalgamated with another two houses in the Roscommon area to form one designated centre. However; inspectors formed the view that these services should not be registered as one designated centre, due to variation in the care provided. For example; residents care needs varied considerably, in that some residents required constant supervision due to behaviour's that challenge and were very active individuals, whereas the other residents required full nursing/ physical care. The provider agreed to divide these two houses into a separate designated centre as per regulations of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

The previous inspection of this centre dated the 9/10th June 2014 had recorded 18 non-compliances, 11 of which related to this designated centre. The inspectors reviewed the actions taken since the last inspection and found that six had been completely achieved and four were partially achieved and one was not achieved.

The residents living in this centre were all assessed as having various degrees of behaviours that challenge. There was positive and negative practices observed in this centre in relation to managing residents’ behaviour. For example there was evidence
of positive supportive strategies implemented for residents during the day and most resident received a one to one service from their home. However, inspectors found that at night there was inadequate staffing, where only one waking night nurse was rostered to supervise residents in both houses. As a result residents were physically restrained and had their environment restricted. For example; one resident that required supervision was regularly restrained for periods of time at night in their sitting room in a chair while the staff attended to residents in the other unit. Staff stated this was as a safety precaution as they had epilepsy and could have a seizure and was a high risk of falls. This restraint was not adequately monitored or reviewed. This is discussed in more detail under Outcome 7

In addition residents in the other unit were locked into communal areas in their house for long periods of time alone when the staff member was assisting the other four residents to bed in the other unit. This issue had been raised with the provider nominee following the last inspection and she advised the inspector that this practice was being reviewed and additional staffing would be put in place. However, the inspectors found that the steps taken were not adequate and the practices continued to occur every day once the day staff finishes duty at 10.30 pm. This is discussed further under outcome eight.

During the inspection, non-compliances were identified in relation to risk management, restrictive practices, management of complaints, contracts of care, premises issues and medication management practices, all of which are discussed further in the body of the report and included in the Action Plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents were consulted about the operation of the centre. Weekly residents’ meetings were held and inspectors read a sample of the minutes which demonstrated that residents were consulted about their daily routines, food choices and activities they wished to participate in during the week. Residents’ religious, civil and political rights were respected. Residents that wished to attend religious ceremonies were supported by the staff. Staff members interacted with residents in a respectful manner and staff told an inspector that resident’s privacy was respected. All residents had their own bedroom. Inspectors found that some resident’s rights and dignity were promoted, however; three residents had their rights restricted at different times during the day/night and this is discussed further under outcome eight.

Residents were supported and encouraged to have control over their finances, and there were policy and procedure in place to protect residents who required assistance in this area. All residents had their own bank accounts and staff provided support to residents in managing their finances. The inspector reviewed the residents financial records with the staff and records showed that residents could buy what they choose.

The Brothers of Charity Services Roscommon had revised their complaints policy in November 2014. It identified the organisations ethos and outlined the various types and stages to follow when making a complaint, including; when, how and to whom a complaint should be made. The person in charge was identified as the complaints officer in this centre, and the provider nominee was identified as the designated complaints review officer. However; the inspector found there were different procedures for recording and following up on complaints in each house. The inspector also found that some complaints logged prior to the previous inspection remained unresolved. The
inspector saw that considerable time had elapsed in some instances since the time the complaint was made, and remedial action taken. For example; In one instance a complaint from a parent regarding a resident not receiving full-time placement had been outstanding since before the last inspection and the records did not show what actions had been taken to resolve the complaint. There was no time-scale set out for managing some complaints.

**Judgment:**  
Non Compliant - Moderate

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**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:**  
Residents were supported through verbal and non-verbal means of communication to express their needs and preferences in activities of daily living. Residents’ communication needs were identified in their personal plans. The residents were all non-verbal; however, they could make their views and wishes known through, through the use of communication boards, picture albums, and a “talking tile” which is a small devise that will say “yes” or “NO” when the resident presses the button when asked a question. In addition, some residents had access to a “time timer” which helped them understand when certain activities were going to happen. This devise had helped to decrease self-injurious behaviour for one resident, as it assisted him in understanding the concept of waiting for particular activities to commence, for example; meal times or social activities.

Some easy to read documentation was available for the residents, and there was some user-friendly signage in the house for residents to understand. Communication and hospital passports were available for each resident. These provided a valuable tool if residents had to attend the local hospital. There was also a staff rota showing the pictures of staff that were on duty for that day and the following day so residents could understand who would be caring for them for the next few days.

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

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

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community. All residents had families that were actively involved in their care. Staff stated that the resident’s families were welcome in the centre and were free to visit. However, there was no suitable private area for families to visit.

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. Care plans were in place to support and enhance this process. Residents participated in their community by visiting the local shops and restaurants.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The admissions process was not appropriately managed and there were no contracts of care in place. There were policies and procedures in place to guide the admissions process. However, these policies were not followed as there were no arrangements made regarding the costs of services provided at their initial admission meeting. As a result, none of the residents in this centre had a contract of care signed by them or their relatives.
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:
Inspectors found evidence of a person-centred approach in place, ensured that the health and social care needs of individual residents were being met. Inspectors found that each resident had a personal file and that the daily notes for residents detailed how they spent their day.

Each resident’s personal plan contained a comprehensive assessment of their health, personal and social care needs. The inspectors found that residents’ and their relatives were actively involved in the development and review of their personal files. For example; there were individualised folders with photographs of some activities undertaken by residents. Consideration had taken place in some of the files to make the person centred plans more user-friendly and accessible to the resident, for example; the use of picture timetables of regular social activities. Personal outcome plans were regularly reviewed and had a complete review annually or more often if required.

Inspectors noted that social activities were participated on an individualised basis during the week, and some residents had high support needs and received a wrap around service, which included staff support 24 hours a day seven days a week from their home. The support of individual staff members helped residents attend the social activities of their choice and staff had a structured plan of daily activities that residents liked to participate. Some residents had behaviour's that challenge and staff allowed the residents choose what activities they wished to participate on a particular day.

Judgment:
Compliant
**Outcome 06: Safe and suitable premises**

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

**Theme:**
Effective Services

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

**Findings:**
The house was situated in on a main road on the outskirts of the town of Roscommon. This centre had one house divided into two units. This house was owned by The Brothers of Charity Services Roscommon. The house was a detached single storey house with limited parking to the front of the premises as some staff and visitors had to park on the main road or at the entrance to a neighbouring housing estate. There was a large garden to the rear of the premises shared between both units.

Residents attend their day services as well as their residential and respite services from this house. Seven resident’s one female and six males were living in the house. Inspectors found that colours were tastefully co-ordinated; rooms were personalised, and attractive paintings hung on the walls. All rooms had adequate provision for storing resident’s clothes. The premises were clean, comfortable and had a homely atmosphere. There was a secure fencing and a trampoline and garden swing to the rear of the house, shared with all residents.

Unit one; this house had an kitchen, sitting room, utility room, main bathroom, three bedrooms, and a second relaxation room for some of the residents. It accommodated three residents. The three individuals living in this house required staff support for many activities of daily living, however, many of the residents were mobile and very active and at times displayed behaviours that challenge.

Unit two; There was an open plan kitchen/dining/sitting room, however in this unit there was no second sitting room/visitors room or bathroom for staff/visitors. There were outstanding building and planning issues that were being resolved. Unit two; consisted of four bedrooms with shared en suites between each of the two bedrooms. However, there was no private toilet for staff or visitors to use other than to use a resident’s en-suites, or to go next door to the other unit and request to use their facilities. This was not in keeping with the regulations on premises or privacy and dignity. This was an action from the last inspection.

The inspector found that the centre was homely. The premises had suitable heating, lighting and ventilation; however the windows in the resident's bedrooms had no restrictors on them and extended freely which presented a risk. There were adequate furnishings, fixtures and fittings; however some decorative repair work was required.
such as fixing dado rails and repainting on some of the walls in the hallways. There was rust on the radiators in the main bathroom and the couches in the living room in unit two were torn and worn and caused a risk of infection as they could not be cleaned properly. There was water stain marks on the ceilings.

The inspectors found that some of the resident’s chairs had not been appropriately assessed to ensure that it met resident’s specific needs.

**Judgment:**
Non Compliant - Moderate

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**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:**
Since the last inspection fire systems and procedures had improved to promote the health and safety of residents, staff and visitors. Staff were knowledgeable about what to do in the event of a fire. Training for staff in fire safety was in date. Fire drills were completed quarterly; inspectors viewed records of completed drills. The centre openly displayed the procedures to follow in the event of a fire. An external fire safety company serviced the fire alarm and emergency lighting yearly. The company also checked the fire alarm systems on a six monthly basis, and the fire extinguishers were serviced on an annual basis and inspectors viewed certificates.

There have been improvements in a number of areas since the last inspection. The fire officer had visited the centre and had made a number of recommendations. As a result, a number of door stoppers were installed to prevent the internal doors hitting and setting off the fire alarms. All staff had completed training in fire prevention and the lock on the door between the two units was open. The centre had completed day and night fire drills. However, the night fire drill recorded 22 minutes to evacuate six residents and inspectors advised the person in charge that evacuation procedures required review to improve evacuation times.

Inspectors viewed a number of resident's risk assessments and found evidence that risk assessments were being utilised, and staff took a proactive approach to mitigate risk to residents. Records of individual risk assessments are in each resident’s individual folders. Accidents, incidents and near misses were recorded and reviewed by the person in charge and inspectors viewed evidence of this. However; a number of individual risk assessments did not provide appropriate measures and actions to control risks for the...
residents.' For example; self-injurious behaviour, travelling in the car and the use of locked doors around the residents' home.

The designated centre had a safety statement and a policy on risk management was dated May 2014 and outlined the roles and responsibility of management and employees in relation to health and safety. The inspector found that additional work was required to achieve compliance with Regulation 26 - Risk Management Procedures as the risk management policy did not adequately describe the range of risks relevant to the centre.

There was a system in place for recording, reporting and investigating of incidents. Inspectors reviewed accident and incident forms and found evidence of learning from adverse incidents to enhance the safety of the service and ensure positive outcomes for residents was available. Since the last inspection epilepsy detector mats were purchased for two of the resident's beds, to alert staff that the resident was having a seizure during the night.

There were appropriate arrangements in place for the prevention and control of infection. The centre was clean and well maintained. Staff had attended training in infection control and hand hygiene. An infection control folder was available detailing the guidance and information available regarding public health services and infection control. Staff training records reviewed supported that staff had received training in safe moving and handling.

Inspectors reviewed the resident's behaviour support plans and found proactive and reactive strategies were used such as; de-escalation and intervention techniques as part of the behaviour support plans. However, due to inadequate staffing at night, residents were physically and environmentally restrained. This issue is discussed in detail under outcome 8.

At the last inspection, inspectors found that: radiators and fire extinguishers were used as instruments for self-injury. Since then fire extinguishers have been removed on the advice of the fire office and stored safely in the staff office, and there are notices informing staff of their location. However, the radiators remain uncovered and remain a risk of being used as a tool for self-injury. Inspectors viewed evidence of behavioural incidents while travelling in the car, and the behaviour management strategies in place were not sufficient to ensure the safety of the residents or the staff.

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

**Judgment:**
Non Compliant - Moderate
Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The Person in Charge and staff were aware of the name and contact details of the designated contact person. Examination of staff files demonstrated that staff had received training in the protection of vulnerable adults. Refresher training was regularly available.

There were seven residents accommodated between the two units in this centre. Previously, the inspector identified a range of restrictive practices including environmental, mechanical and physical restraint. The provider nominee agreed to review the staffing rotas and care practices in the centre as a matter of urgency. Following the provider nominee's review, she sent confirmation of the actions taken to the inspector of the changes in the staff rota and that a review of these practices were taking place.

On this inspection, the inspector reviewed the steps taken since the last inspection and reviewed the restrictive practices currently in place. Since the last inspection; one resident's medication had been reviewed and reduced by the psychiatrist. Also, the psychiatrist was carefully monitoring the use of chemical restraint. There was a half door in-situ which allowed two residents access to the communal areas in the house, without impeding the rights of the other resident. The locks on the doors restricting access to the bathroom had been removed and push button locks had been ordered to allow residents access their rooms independently. In addition since the last inspection, there were daily records of the restriction in place for each resident, stating the time and length and frequency and the rationale for such restrictions.

The behaviour support specialist had also reviewed the resident’s behavioural support plans on the 17/9/14 and reviewed the restriction in place and developed guidance for different levels of restrictive practices. Although residents were not restricted to the small dining/ relaxing rooms as often as at the previous inspection, inspectors found that several restrictions remained in place that impeded the rights of residents. For example; on the 28/10/14 and the 15/11/14 a resident was locked in these rooms alone for periods between 50 minutes to two hours without a break recorded in their notes. This practice involved locking the door of the communal rooms from the outside, with
the resident not having the ability to leave the rooms should they wish to so, and this could be perceived as seclusion. Staff stated that this practice was necessary for the safety of the resident as they would be at risk if left alone without supervision while the night staff was in the other unit.

The inspector also reviewed another action from the previous inspection of restraint in the other unit; where a resident was restrained in their chair using a lap belt following epileptic seizures. Inspectors found that staff had reviewed this practice since the previous inspection and reduced the incidents of using the lap belt. In addition, the resident had been reviewed by the consultant neurologist and the issue had been discussed with the family regarding the rationale for using the lap belt. Staff were now recording all of the incidences, time and frequency and rationale for using the belt following a seizure.

There was only one staff member on duty between these two units at night. The inspector reviewed the night routine and found that at night when this resident was awake, there was a practice of leaving them alone and restrained in their chair using the lap belt. The restriction occurred when the night staff was attending to other residents in the other unit next door. Records showed that this resident whom only avails of a part-time service were restrained in their comfy chair on 13 nights in November and 15 times at night in September 2014 for various periods of time without staff supervision. There was no evidence of multidisciplinary assessments or reviews taking place following these events. When the inspector brought this to the attention of the new person in charge, she was unaware this of this practice taking place. Staff confirmed to the person in charge and the inspector that this information was accurate.

Following the last inspection the inspector advised the provider nominee that the restrictive practices in operation were serious non-compliances and was allowed time to rectify the situation. The provider allocated additional staffing until 10.30pm at night. However, the inspector found that these rota changes were not adequate to address these issues to ensure the rights of the residents were adequately protected. There was no evidence that the provider nominee had visited the centre to review whether the restrictions were effective or required further review. At the feedback meeting, the inspector informed the management team of the seriousness of denying personal freedom to residents in their home, and they assured inspectors that they would address the issue as a matter of urgency.

Judgment:
Non Compliant - Major
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:
A record of all incidents/ accidents occurring in the designated centre was being maintained, however; restrictive practices were not appropriately, notified to the Chief Inspector.

Judgment:
Non Compliant - Moderate

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 an opportunity to partake in individual activities; for example; in one house, four of the residents had one to one staffing during the day. However, all of the resident’s activities were directed from their home and there was only one large living/sitting room available to all residents and staff. There was no second sitting room to divide activities and resident’s personal plans identified an urgent need for low arousal activities, due to the severity of some of the individual's self-injurious behaviour. Since the last inspection, an alternative premise was accessible during the day to ensure that individual needs were met. The staff member on duty displayed a positive and supportive attitude to try and provide individual activities outside the centre; they informed inspectors that this was sometimes difficult to achieve.

This service provided practical skills for daily living as well as a range of social activities. Residents had opportunities to engage in art and crafts, gardening, sports and fitness activities. Other activities were available for the residents participated in a range of varied interests such as horse riding, visiting the local cafes and some residents have
the assistance volunteers to support the staff to bring them swimming.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
At the last inspection, the inspector found in some of the resident's files viewed that there was not medical records maintained in the centre; however, inspectors were informed by staff that this practice had been reviewed since the last inspection and a new recording system was implemented and found to be in keeping with contemporary evidence based practice.

Residents were supported on an individual basis to achieve and enjoy the best possible health. Each resident’s health needs were appropriately assessed, and care plans were in place to ensure they received the appropriate care. For example, residents had timely access to their General Practitioner (G.P.) Residents had access to allied health care services that reflect their diverse care needs, including nurses, physiotherapists, and dieticians. Records of all referrals and follow-up appointments were maintained in the residents medical files.

Food was nutritious, appetising, varied and available in sufficient quantities and of a suitable consistency to meet the needs of the residents. It is available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner. The advice of dieticians and other specialists was implemented in accordance with each resident’s personal plan.

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

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There was a policy in place regarding the medication management practices in the designated centre, and this was dated November 2014. The policy aimed to direct practice and to provide guidance to staff and managers. However, the medication policy did not distinguish between a serious medication error and a clerical error and requires further review.

Residents who had conditions such as epilepsy had supplies of emergency medication that they took with them at all times and there were protocols in place to advise staff on their use in the event of the resident going into Status epilepticus.

The inspectors reviewed the systems in place for storing medication and found that keys for medication were kept in a secure place. The inspectors concluded that the person in charge had adequate supervision systems in place to ensure safe medication practices in accordance with guidelines of Bord Altranais agus Cnaimhseachais Na hEireann.

**Judgment:**  
Substantially Compliant

**Outcome 13: Statement of Purpose**  
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
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 detailed the aims of the centre and described some of the facilities and services that were to be provided for residents. However, the SOP did not accurately identify that actual staffing supports being provided in the centre during the day and at
### 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):
The action(s) required from the previous inspection were satisfactorily implemented.

### Findings:
The post of person in charge had changed since the last inspection, previously the provider nominee also had responsibility as person in charge and inspector found that this dual role was unsustainable. The role of persons in charge was appointed as a shared role to two senior nursing staff. The inspectors found that the person’s in charge were appropriately qualified and had the necessary experience to fulfil this role. They were nurses and had many years’ experiences in several areas of disability care including day services and managing behaviours’ that challenge. They had joint responsibility for ten houses. However, one person in charge were continuing to work in another designated centre as a staff nurse. This could take time out from managing their own units and this role may impact on the time they have allocated to residents care.

Both persons in charge had responsibility to cover each other’s absences and report to the provider nominee, who in turn reported to the Board of Management. Staff members were aware of the new governance arrangements and a system for regular meetings between the person in charge and the staff team in each house had been established. The inspectors found that many actions from the previous inspection had been addressed. However, risks in relation to restraint had not been adequately addressed. Also, there were no systems in place to monitor or review improvements or changes being made to meet legislative requirements.

There was an identified person to take charge when the persons in charge were absent. There were arrangements in place that staff could receive guidance from senior staff members working in the head office during the day. In addition; the inspector was informed that there was now a senior staff member on call outside of regular working hours that was available in the event of an emergency and a rota system for senior
managers had been formalised since the last inspection. This had been identified for attention in the action plan from the last inspection and was now completed.

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

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 had not undertaken unannounced visits to this centre every six months 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.

**Judgment:**
Non Compliant - Moderate

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**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:**
The Health Information and Quality Authority had been notified of the changes to the person in charge as required by the regulations.

**Judgment:**
Compliant
### Outcome 16: Use of Resources

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

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre was adequately resourced to meet the current and future residential needs of the residents during the day. However, the staffing allocation at night was inadequate to meet the rights and safety needs of the residents, particularly in relation to evacuation in the event of fire and reducing restrictive practices.

**Judgment:**
Non Compliant - Moderate

### 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 inspector 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. Staff files were reviewed and inspectors found that all 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.

There was a record of staff training documented in staff files. Inspectors saw that training on medication management, protection, and safety of vulnerable adults, epilepsy awareness was complete. However, from the findings of this inspection, refresher training should be provided for some staff in relation to, management of restrictive practices, risks, first aid, and food and hygiene safety. The person in charge
confirmed to the inspector a training schedule for 2015 which included some of these training courses.

There were six staff rostered most days to provide a day and residential service (wrap around) for seven high dependency residents. However, there was only one staff was on duty at night between both units. Due to the dependency levels of residents additional staff support was required at night-time to eliminate the need for restrictive practices in this centre

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were systems in place to maintain records as outlined in Schedule 3 and 4 of the Regulations. Written operational policies and procedures were in place to inform practice and provide guidance to staff.

A directory of residents was maintained in the centre, however there was no next of kin phone numbers on the directory viewed and the directory was in a loose file and was at risk of being lost or mislaid. Resident's files were found to be complete and were kept accurately and up to date. For example, a record was maintained of all referrals/appointments and resident's notes were updated accordingly with the outcome of the appointment.

However, the inspector found that some of the policies and procedures were not always adhered particularly in relation to behaviours that challenge, restrictive practices, managing risk and staffing. In addition; the persons in charge recently appointed had not received contacts of employment for their current role.
Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Centre name: A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon

Centre ID: OSV-0004461

Date of Inspection: 08 December 2014

Date of response: 30 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 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:
Inspectors found that complaints logged prior to the previous inspection remained unresolved.
Inspectors saw that considerable time had elapsed in some instances from the time a complaint was made, and the time remedial action was taken.
There was no time-scale set out for managing some complaints.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

**Please state the actions you have taken or are planning to take:**
The complaints procedure has been further reviewed and a new complaints log has now been introduced into all designated centres.

**Proposed Timescale:** 02/04/2015

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<table>
<thead>
<tr>
<th><strong>Outcome 04: Admissions and Contract for the Provision of Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There were no contracts of care in place. There were no arrangements made regarding the costs of services provided at their initial admission meeting.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>There is a partial factual inaccuracy here, as 3 people had Individual Service Agreements in place. Individual Service Agreements have been drawn up for the other 4 people living in these houses and the Person in Charge is in the process of getting these signed by family members, as the people supported are not able to sign themselves.</td>
</tr>
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<td><strong>Proposed Timescale:</strong> 22/05/2015</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Outcome 06: Safe and suitable premises</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There was no second sitting room/visitors room or bathroom for staff/visitors.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
Please state the actions you have taken or are planning to take:
A re-structuring plan is being worked on for the people living in one of these houses with a view to two people moving to alternative accommodation. This planning process is ongoing with people supported and families. This would enable renovations to be done for a second sitting room and a separate bathroom.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/09/2015</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The windows in the resident's bedrooms had no restrictors on them and extended freely which could pose a risk.

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

Please state the actions you have taken or are planning to take:
Restrictors are being installed on the windows

<table>
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<tr>
<th>Proposed Timescale: 08/05/2015</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some decorative repair work was required such as fixing dado rails and repainting on some of the walls in the hallways. There was rust on the radiators in the main bathroom and the couches in the living room in unit two required replacement. There was water stain marks on the ceilings.

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

Please state the actions you have taken or are planning to take:
All decorative repair work is being carried out as part of the re-structuring and renovation process.
**Proposed Timescale:** 30/09/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Resident’s had not been appropriately assessed for comfort chairs to ensure that they met resident's specific needs

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

**Please state the actions you have taken or are planning to take:**  
New chairs are being ordered as part of the re-structuring and renovation process.

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**Proposed Timescale:** 30/09/2015  
**Theme:** Effective Services

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

**Proposed Timescale:** 22/02/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The control measures put in place following individual risk assessments did not provide the least restrictive options, such as increasing the staffing levels at night to improve supervision and reduce the use of restrictive practices.

**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:**  
An additional night staff is being risk/crisis funded while we await the outcome of our application for additional funding from the HSE – people’s rights have been restored and restrictions have been removed. All behaviour support plans have been reviewed and the senior behaviour support specialist is working on an ongoing basis with the staff team.
The radiators remain uncovered and remain a risk of being used as a tool for self-injury.

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
Protective padding was introduced but this proved to be an additional hazard for the person in question. Staff continue to support and supervise in order to prevent any self-harm risks.

**Proposed Timescale:** 10/12/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The night fire drill recorded 22 minutes to evacuate six residents at night between the two units.

**Action Required:**
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

**Please state the actions you have taken or are planning to take:**
Weekly night fire drills are being conducted to ensure that a more timely evacuation can be achieved.

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

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a practice of leaving a resident unsupervised and restrained in his chair when the night staff was attending to other residents in the house next door.

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

**Please state the actions you have taken or are planning to take:**
1. An additional night staff is being risk/crisis funded while we await the outcome of our application for additional funding from the HSE – people’s rights have been restored
and restrictions have been removed.
2. A re-structuring plan is being worked on to reduce the number of people in this centre.

Proposed Timescale:  1. Completed 22/02/2015 and ongoing;  2. 30/09/2015

Proposed Timescale: 30/09/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Previous staff rota changes were not adequate to eliminate the daily restrictions of residents at night in communal rooms when attending to other residents needs.

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

Please state the actions you have taken or are planning to take:
1. An additional night staff is being risk/crisis funded while we await the outcome of our application for additional funding from the HSE – people's rights have been restored and restrictions have been removed.
2. A re-structuring plan is being worked on to reduce the number of people in this centre.

Proposed Timescale:  1. Completed 22/02/2015 and ongoing;  2. 30/09/2015

Proposed Timescale: 30/09/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The authority was not notified in the quarterly returns of all restrictive practices in place in this centre.

Action Required:
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.
Please state the actions you have taken or are planning to take:
The person in charge has introduced a more stringent recording system for recording all restrictions, dated and timed and signed by the staff on duty and has made all staff aware of the need for this to feed into the quarterly return system.

**Proposed Timescale:** 09/12/2014

### Outcome 12. Medication Management

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The medication policy did not distinguish between a serious medication error and a clerical error and actions to be taken.

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
The medication policy has been amended.

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

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The SOP did not accurately identify that actual staffing supports being provided in the centre during the day and at night.

**Action Required:**
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
The statement of purpose will be amended.

**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 were no systems in place to monitor or review improvements or changes being made to meet legislative requirements.

**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:**
Systems have been put in place to monitor and review improvements and changes. A new online information system is also being rolled out to further improve these systems.

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

---

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A system for unannounced visits and formal reviews to assess the quality of care, outcomes for residents and compliance with legislative requirements was not yet in place.

**Action Required:**
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

**Please state the actions you have taken or are planning to take:**
Unannounced visits have commenced and will be ongoing.

**Proposed Timescale:** 14/04/2015
### Outcome 16: Use of Resources

**Theme:** Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staffing allocation at night was inadequate to meet the rights and safety needs of the residents, particularly in relation to evacuation in the event of fire and reducing restrictive practices.

**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. An additional night staff is being risk/crisis funded while we await the outcome of our application for additional funding from the HSE – people’s rights have been restored and restrictions have been removed.
2. A re-structuring plan is being worked on to reduce the number of people in this centre.

**Proposed Timescale:** 22/02/2015

### Outcome 17: Workforce

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Additional staff support was required at night to eliminate the need for restrictive practices in this centre.

**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. An additional night staff is being risk/crisis funded while we await the outcome of our application for additional funding from the HSE – people’s rights have been restored and restrictions have been removed.
2. A re-structuring plan is being worked on to reduce the number of people in this centre.

**Proposed Timescale:** 22/02/2015

**Theme:** Responsive Workforce
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Refresher training should be provided for some staff in relation to, management of restrictive practices, risks, first aid, and food and hygiene safety.

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:
All of the above mentioned training is part of our suite of staff training and refresher training is provided on an ongoing basis. Further refresher training will be provided.

Proposed Timescale: 26/01/2015

Outcome 18: Records and documentation
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Policies and procedures were not always adhered particularly in relation to behaviours that challenge, restrictive practices, managing risk and staffing. In addition; the persons in charge recently appointed had not received contacts of employment.

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. All behaviour support plans have been reviewed and the senior behaviour support specialist, in conjunction with the person in charge, is working on an ongoing basis with the staff team to ensure best practice is adhered to at all times.
2. Contracts have been issued to the persons in charge.

Proposed Timescale: 1. Commenced 15/12/2015 and ongoing; 2. Completed 13/04/2015

Proposed Timescale: 13/04/2015
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
There was no next of kin phone numbers on the directory viewed and the directory was in a loose file and was at risk of being lost or mislaid.

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:
Directory has been amended and bound in folder and is stored securely in filing cabinet.

Proposed Timescale: 12/12/2014