**Centres name:** A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon  
**Centre ID:** OSV-0004467  
**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:** Geraldine Jolley  
**Support inspector(s):** Thelma O'Neill  
**Type of inspection** Announced  
**Number of residents on the date of inspection:** 12  
**Number of vacancies on the date of inspection:** 2
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: 28 November 2014 10:30  To: 28 November 2014 18:30

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

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Summary of findings from this inspection
This was an announced inspection and forms part of the assessment of the application for registration made by the provider. It was the second inspection of the service. The inspection took place over one day and during the inspection care practice was observed and discussed with staff, documents such as personal plans, medical records, accident reports, policies and procedures and staff files were reviewed. The views of residents and staff members were also sought.

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. The centre comprised of two modern houses that accommodated up to twelve residents who
have mild to moderate intellectual disability. Both houses were conveniently located for access to shops and services. One was located in a town setting and the other was close to a nearby village. Both houses were very spacious, attractively furnished and provided good personal and communal space for residents.

The person in charge was present during the inspection and provided an overview of the way accommodation was provided through the housing association arrangements. He was aware of the Health Act 2007 (Care and Support of Residents in Designated Centre’s for Persons (Children and Adults with Disabilities) Regulations 2013. The inspectors found that there were a wide range of responsibilities attached to his role. This included responsibility for nine residential houses and six day care facilities. The findings of this inspection indicate that the role of the person in charge required review to ensure that the post holder could carry out their responsibilities in accordance with regulatory requirements. There were deficits identified in the arrangements for staff supervision, particularly for locum staff, inadequate resources available on a daily basis to ensure that resident choices and personal goals could be achieved, medication practices were not adequately rigorous to ensure safe administration and the allocation of staff was the responsibility of the support staff even when only one member of staff was on duty.

A number of residents described their experiences of living in the centre and said they were happy with their lifestyles and the support provided by staff. Residents liked the personal and communal space available to them and said that they had choices about how they spent their time. The inspectors found that while residents did have some scope to exercise choice the staff arrangements particularly at weekends compromised this. One support worker was on duty at any time including throughout the weekend which limited the options for social activity if some residents wished to go out and others wanted to remain at home.

Residents had access to primary healthcare services and to specialist assessment services however there were delays in referrals for some assessments the inspectors found and there appeared to be no monitoring system in place to ensure that excessive delay did not occur between the problem being identified and the assessment taking place. There was good support from local doctors and from specialist mental health services and interventions and outcomes were described in care records.

Staff conveyed good knowledge of residents support needs and could describe the ways that independence was promoted. They had systems in place to include residents in decisions about day to day activities such as the preparation of food and menus. Residents had opportunity to take part in day activity and there was evidence of good community integration. Residents were familiar with local shops and cafés and participated in community events. Some were employed in local businesses.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards. Few of the actions outlined in the report of the inspection conducted on 28 and 29 May 2014 had been fully addressed particularly areas such as complaints.
management and staff deployment and these actions are repeated for attention in this report. Other areas that were noted to require attention included improvements to risk management particularly missing person procedures, staff training in subjects such as food hygiene and infection control and out of hours on call support to staff. Policies such as the adult protection policy required review to include the reporting responsibility of the person in charge for the associated notification in accordance with regulation 31- Notification of Incidents.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspectors found that residents were treated with respect, had good meaningful relationships with the staff who provided support to them and were consulted and enabled to participate in decisions about their care and about the organisation of the centre. Regular meetings took place and records and staff reports reflected the discussions and decisions made about activities, meal planning and personal choices. Daily routines respected individual choice and preferences such as times for getting up, spending time alone and retiring to bed. However, capacity to lead full lives and make choices about what they wanted to do was compromised at times by the staff deployment model. There was generally only one support staff available in each to provide care to residents. This meant that if residents wished to go out that all residents had to go and none could be left unsupervised. This matter was particularly evident at weekends when one staff was available from 16.30 on Friday evening to 10.30 on Monday morning.

It was found that resident’s privacy and dignity was respected. Staff respected personal communications and could give examples of matters that were discussed regularly with residents such as visits by family. Residents’ bedrooms were closed when they were away from the centre. There was no CCTV or other monitoring devices in use at this time. Residents had been made aware of advocacy services according to the person in charge and had some recently attended a national advocacy conference.

There was a complaints procedure and a record of complaints available as required by regulation 34-Complaints procedure. The inspectors saw that a range of matters had been addressed but it was noted that some considerable time had elapsed in some
instances between the time the complaint was made and remedial action taken. In one instance, a complaint had been resolved through a review of health needs. However, it was difficult to determine from the record what remedial actions had been taken to support the resident while the issue was being resolved and there were no time-scales set out for managing different stages of the complaint. The records were recorded in narrative format and the process of investigation and resolution was difficult to determine. An action plan in the last report required that improvements that were identified following complaints be put in place however it was not clear from the complaint record what actions had been taken to prevent a recurrence or if any learning had taken place as a result of the issues raised to prevent a similar issue arising again. There was no information available to indicate that the provider had a system in place to ensure complaints were appropriately managed. The organisation had a Rights Committee that reviewed this complaint yet it was not evident if any interventions to address the issue had resulted from this review. This action is repeated in the action plan of this report.

The arrangements to safeguard residents’ finances were reviewed. Staff were familiar with the way money was managed. The inspectors found that there were receipts for all income and expenditure and the balances held reflected the balance in the record. There was a weekly check of the money held in each house and an annual audit of a random sample of residents’ accounts. The latter was presented to the Board of Governors. The inspectors found that a weekly in house check did not adequately protect residents or staff handling money on their behalf or that the extent of the annual audit was adequate to ensure adherence to the organisation’s financial procedures.

All residents had their own bank cards and used these for large purchases. An action plan in the last report required that support was provided to residents to manage their financial affairs with specific reference to rental agreements. This action was partially addressed. While there were rental agreements in place there were charges that applied that were not clearly outlined in contracts. This included charges for some medical services which were noted to be substantial in some cases. The provider is required to have in place an agreement that outlines the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and where appropriate, the fees to be charged in accordance with regulation 24(4) Admissions and contract for the provision of services.

Judgment:
Non Compliant - Moderate
Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspectors found that residents were supported to communicate and to understand information relevant to their day to day lives. Staff were aware of the different communication needs of residents and had included these in personal plans. Residents were provided with information about the service and had access to radios, televisions and newspapers. They were supported to communicate through weekly residents meetings where topics such as menus for the week, activities and community events were discussed. There was access to the internet and some residents used Skype to keep in touch with family abroad. This facility was also used to communicate during the annual reviews of personal plans to ensure family members could remain involved. Communication was supported by pictorial boards that conveyed information about social events such as discos and news. Staff photographs were also displayed. Documents such as tenancy agreements were produced in easy read versions.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The staff had established arrangements to ensure that residents maintained contact with family and friends and neighbours in the vicinity of the houses. The inspectors were provided with examples of how family visits were organised and the adaptations that were made when circumstances changed. For example, at times when it was no longer feasible for residents to go home for extended periods staff ensured that residents were able to go home regularly for short visits. There was also a system to ensure that residents and relatives maintained telephone contact and evidence of this was available.
Residents used a range of local community facilities and services such as opticians, pharmacists, hairdressers and restaurants. They attend local social events such as bingo and concerts and some were employed in local businesses. Promoting positive links with the local community for residents was a priority for staff that they had had achieved successfully.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

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

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

**Findings:**
There was an established admission procedure which was referred to in the statement of purpose however the information provided did not adequately describe the process which involved a number of steps. At the time of the inspection the admission arrangements were being reviewed and when complete the statement of purpose requires revision to outline the procedures in a meaningful way. There were contracts and tenancy agreements that described the services provided. The charges were outlined and items that incurred additional charges such as leisure activities, prescription charges and clothing were described.

An action plan in the last report required that support was provided to residents to manage their financial affairs with specific reference to rental agreements. This action was partially addressed. While there were rental agreements in place there were charges that applied that were not clearly outlined in contracts. This included charges for some medical services which were noted to be substantial in some cases and the proportion of money paid to the housing association allocated for food was not clear. The provider is required to have in place an agreement that outlines the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and where appropriate, the fees to be charged in accordance with regulation 24(4) Admissions and contract for the provision of services.

**Judgment:**
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:
The inspectors reviewed a sample of personal plans which are based on the Personal Outcome Measures Model and confirmed that each resident had personal plan that described their specific support needs and personal goals. An assessment that described social, emotional and health needs was available for each resident. The assessments outlined residents’ current skills in relation to activities of daily living, such as dressing, cooking and showering. From these assessments there were plans developed which outlined support needs and the actions/interventions to be put in place to maximise independence and help residents achieve their goals and maximum participation in the activities of daily living. There were also goals recorded which addressed the development of skills, hopes for employment and personal wishes. A system was in place to review personal plans annually.

The inspectors identified that the achievement of personal goals and residents capacity to exercise choice was compromised by the staff deployment model and the availability of staff. For example, there was one support worker available at any time in each house to meet the needs of six residents who had a varied range of support needs. This arrangement made it difficult for residents to exercise meaningful choices or to go out with staff without other residents. It was also difficult for staff to undertake any high level skills development work due to the pressure of general activity such as preparing meals, talking to residents, cleaning and helping with laundry. There was also poor planning for the development of age related problems or choices that residents may wish in later life not to attend day care services every day as no staff were allocated to houses during the day. This is discussed further under outcome 17 and was identified in an action plan in the last report. The lack of individualised supports to implement residents’ personal plans is repeated in this report as the provider is required to put in place arrangements to meet the assessed needs of each resident according to regulation 5(2) –Individualised Assessment and Personal Plan.
Residents’ personal plans included risk management plans and intimate care support plans. There was evidence that there was input from members of the multidisciplinary team including day care staff however the inspectors also noted that there were delays in referral and follow up to some professionals. There were also delays in the follow up of critical assessments. For example, a resident who had restrictions imposed due to a health problems had to wait several months and endure significant restrictions to her activities due to a delay in processing and following up a referral.

There was good background detail on residents’ family life and lifestyle over the years. The activities that residents liked to attend and the goals that they would like to achieve were also outlined. The inspectors found that it was difficult to determine information on some matters that included:

- the progress made to achieve the goals outlined in personal plans and in the annual reviews
- the actual supports to be provided by staff to ensure goals were achieved

All residents had access to a formal day service and went there each day. The activities included work placements in local business and daily activities such as shopping and domestic chores.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The designated centre consists of two community houses one located in the town of Castlerea and the other located in a rural village a few miles outside the town. Each house had capacity to accommodate seven residents. Bedrooms were generously proportioned with en-suite facilities except two where the en-suite facilities were shared. A tracking system had been installed in one room to assist a wheelchair user. Adaptations to enable a service user use shower and toilet facilities safely had been put in place.

There was a range of communal spaces in each house and residents had a choice of places to relax and spend time as a group or privately. There was adequate kitchen and dining space. Both houses were well decorated, attractively furnished and provided a
good environment for residents. The houses are owned by Roscarra Housing Association and residents had long term tenancy agreements.

A staff office and staff sleepover room were available in each house. There was good garden space around each house. There was suitable general storage space. All rooms had good space for residents to store their clothes and personal belongings. Residents had facilities to wash and dry their clothes and where needed staff helped with this task.

On the day of inspection, the houses were suitably ventilated, appropriately heated and the design provided a good level of natural light. There were two matters that needed attention. The carpet in the hall in one house was uneven and this created a trip hazard for all residents and was a particular hazard for service users with wheelchairs. The exterior of the other house needed to be repainted.

**Judgment:**
Non Compliant - Minor

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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:**
The designated centre had a safety statement and a policy on risk management. This was dated May 2014 and outlined the roles and responsibility of management and employees in relation to health and safety. A number of general/cooperate risks were outlined such as the retention of staff, the use of volunteers, non compliance with organisational objectives and environmental risks. Personal risk assessments were based on a risk assessment tool called “Making it Happen”. There was information for staff on risks associated with road safety, managing seizures, and staying in the house alone. The inspector found that the health and safety of residents and staff was promoted and protected although 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.

The inspectors could not determine that all staff that provided care and support to residents had up to date infection control knowledge due to the reliance on volunteers, staff from other houses and from day care services that were used to cover shortfalls. Staff confirmed that training on food hygiene and first aid practices had been undertaken but this was some years ago. The provider is required to ensure that all staff currently providing care and support to residents have up to date training on infection control.
control, food hygiene and first aid practices. There were some areas of risk that were not identified and where safeguards were required.

Risk assessments were available for factors such as burns or scalds, for verbal disagreements, the use of hazardous substances and kitchen equipment. The safeguards to be observed were outlined. However, there were inadequate risk profiles for some matters that included choking risks and bus travel. One resident had been identified by staff as having swallowing problems and had put risk reduction measures in place such as chopping up food, providing liquids with food and first aid measures that could apply but there was no referral for expert advice on this matter to a speech and language therapist to determine if these measures were appropriate or what other actions could be taken to reduce the risk. Residents frequently travelled by bus and car however there were no assessments of any risk that may be relevant for some residents. An action plan in the last report that required the provider to ensure the risk management policy includes the measures and actions in place to address the risks identified is again outlined in this report for further action.

Good procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting, fire alarm system and fire fighting equipment were serviced at regular intervals. The inspectors noted that fire alarm panels were installed and fire exits were regularly checked and on the day of inspection were unobstructed. There was evidence of frequent fire drills taking place including fire drills at night. Fire drills were recorded for four dates during 2014 ad staff confirmed that they could evacuate when working alone. Residents were included in fire exercises. All staff had attended fire training and knew the fire procedures. There were arrangements with local neighbours to provide shelter in the short term should any of the houses need to be evacuated. There were some fire safety factors identified for attention. These included some fire exit doors where keys were left in the locks and could be removed. The inspectors concluded that a risk was present as the keys could be removed and not be readily available in the event of an emergency. There was no signage at fire exits to alert staff and residents to the steps outside which were a trip hazard particularly in darkness.

There were appropriate cleaning materials available to ensure good standards of hygiene. In response to the action plan in the last report there were improved measures in place for domestic hygiene. There were numbered mops and buckets for particular areas. The inspectors could not determine that all staff that provided care and support to residents had up to date infection control knowledge due to the reliance on volunteers, staff from other houses and from day care services that were used to cover shortfalls. Staff confirmed that training on food hygiene and first aid practices had been undertaken but this was some years ago. The provider is required to ensure that all staff currently providing care and support to residents have up to date training on infection control, food hygiene and first aid practices.

There was a record of accidents and incidents. A number of minor matters had been recorded such as minor disagreements and a small burn. The last report required that improvements to the monitoring arrangements following falls were put in place. Since then some staff had received training in moving and handling and others confirmed that their training was still in date. There was a policy to guide staff should a resident be
missing however no individual profiles that outlined personal characteristics and relevant information had been compiled for staff to use in such an event.

The designated centre had an emergency plan to guide staff and residents in the event of an emergency situation. The inspectors noted that there was some reliance on neighbours as contact points in a crisis and while helpful they formed the view that senior managers from the organisation should also be available to guide and support staff in any untoward event.

**Judgment:**
Non Compliant - Moderate

### Outcome 08: Safeguarding and Safety

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

**Theme:**
Safe Services

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

**Findings:**
The designated centre has a policy in place that outlines how vulnerable adults are protected by the organisation. The policy described the roles of particular staff and informed staff that the designated person identified by the organisation or their deputy and their immediate line manager were to be informed of any allegations of abuse. Staff were aware of their duty to report to the designated person and knew how to do this. The contact numbers were readily available.

The responsibility of the person in charge to report allegations or incidents of abuse within three days was included in the policy. Staff were knowledgeable about the types and indicators of abuse. They were aware of situations that may have to be reported to the Gardai and that any allegations had to be recorded. The policy would benefit from revision as it did not include information for staff on how to protect the resident, how to protect evidence and did not inform them about actions that may have to be taken by the Gardai if a serious incident took place for example collecting/protecting evidence. There was also no information on the requirement to report to the senior case worker in the Health Service Executive. The action plan in relation to this is included in Outcome 18-Records and Documentation.
Judgment:
Non Compliant - Minor

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
Accident and incident forms were completed for all incidents. Staff were aware of the notifications that were required by the Authority and these had been supplied.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Residents' opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Residents did have opportunity to take part in social activities, to attend education and training and day care services. There was evidence that residents went out to local events such as concerts and that some participated in advocacy initiatives locally and at national level.

There were daily/weekly activity schedules that outlined the activities that residents attended regularly. The inspectors saw photographs and records of day to day life and events that were kept in residents’ personal files and in their rooms. The events recorded included birthday parties, visits to restaurants, trips out, swimming, exercise sessions and day to day activities such as cooking at home.
As described throughout this report there were difficulties in ensuring that residents could exercise real choices about activities they would like to attend due to the staff structure where one staff was on duty and not all residents may wish to attend an activity. Where residents circumstances changed that alternatives were not explored even when a significant restriction was put in place for an extended period of several months.

**Judgment:**
Non Compliant - Moderate

### Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
Residents were supported to achieve good health outcomes through care planning, access to medical services and monitoring of residents individual health care needs however here were improvements required to the system for follow up of referrals to some allied health professionals and specialist services. Records of medical care needs and interventions were noted to have improved since the last inspection and gave a more comprehensive overview of conditions that required attention and how these were being addressed.

Residents had access to a General Practitioner and there was information that confirmed that that regular health reviews were undertaken. There was good support from specialist services such as mental health and long and short term interventions were in place. There was good communication between professionals which contributed in a positive way to how support staff delivered care. For example, residents who had mobility problems had been assessed, referred to the occupational therapist and had appropriate mobility equipment and environmental supports in place to help them remain independent and able to use facilities such as showers and baths safely. Residents had been offered the influenza vaccine and there was a record of when this had been administered. The inspectors found that there was good access to dentists, dental hygienists, chiropodists and opticians. Staff were knowledgeable about the recommendations of health professionals and how to implement recommendations into practice.

There were aspects of health care management that were noted to require improvement. These included follow up of critical referrals, the management of lifestyle changes as a result of medical decisions and delays in making referrals for expert
opinion despite staff having put measures in place to address concerns following their own assessments. The inspectors found that a decision made in the context of medical information restricted a resident’s independence and choice and while followed up appropriately the confirmation that changes could be made and previous lifestyle resumed was significantly delayed and no follow up had been instigated by the person in charge or the staff team. For example the resident was reviewed in September 2013 but the restriction was not reversed until November 2014. A resident with an identified swallowing problem had not been referred to speech and language services for assessment.

Staff told inspectors that the quality and choice of food was frequently discussed with individual residents and changes were made to the menu to meet requests and personal choices. Residents assisted staff with the weekly shopping and the menu was discussed at house meetings. The inspectors noted that the fridges were well stocked with a variety of nutritious and wholesome food. There were adequate supplies to prepare additional snacks if needed. The evening meals were cooked by staff with assistance from residents where appropriate.

Staff were observant and responsive to residents changing healthcare needs and also had the support of nursing and other staff in the day care service. Residents’ progress notes and medication records were sent to day care each day and observations were recorded and highlighted for attention or addressed.

Judgment:
Non Compliant - Major

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 February 2014. Training had been provided for staff during 2014. Staff, in conversation with inspectors, conveyed good understanding of appropriate medication management, adherence to safety guidelines and were familiar with the medication prescribed for residents. Residents who had conditions such as epilepsy or heart problems had supplies of emergency medication that they took with them at all times.

The inspectors reviewed the systems in place for storing medication and were satisfied
that secure arrangements were in place. There were some improvements required to medication practice. In one house there were several medication errors recorded. These related to medication administered not recorded and were classed as "clerical errors". There was no system in place to ensure that such episodes did not recur.

Judgment:
Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose contained the majority of the required information except for the name of the person nominated as provider on behalf of the organisation. The admission procedure as described required review as it did not provide adequate and clear information about how referrals, admissions or discharges are managed.

Judgment:
Non Compliant - Minor

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
West Roscommon disability services are governed by Brothers of Charity Services Ireland. A board of directors consisting of four members oversees the operation of the organisation. There is a senior management team with personnel who have a variety of roles and responsibilities. In discussions with the person in charge and other senior staff they demonstrated a commitment to providing a good quality service that met legislative requirements and the needs of residents. There was evidence that regular staff meetings had been introduced since the last inspection to strengthen communication and governance arrangements.

The person in charge was appropriately qualified and had the necessary experience to fulfil this role. He was a psychiatric nurse and had many years experience in several areas of social care. There was a governance and management structure within the service but there were problems with how roles were defined and how management responsibilities and communication between staff were addressed. This was confirmed by matters identified during the inspection that had not been brought to the attention of the person in charge who had the statutory responsibility for supervising staff and the care of residents. The inspectors found that many staff were employed on a locum basis and there was no formal structure in place to ensure that they were made familiar with arrangements in the centre particularly medication changes since they previously worked there. The person in charge did not have adequate supervision systems in place to ensure that staff were appropriately supervised. The inspectors noted that errors in medication management had not been brought to the attention of the person in charge but had been reviewed by the organisation’s medication review committee. Staff issues that arose in the day care service had impacted on the role of support workers who were requested to take on additional tasks such as ordering medication. This matter was not discussed with the person in charge who has responsibility for the supervision of staff or the provider nominee who has responsibility for resource management before staff undertook this responsibility.

The person in charge had responsibility for nine residential houses and six day care services and the responsibilities, lines of authority and accountability of the person in charge needed to be more clearly defined to ensure that the post holder can meet their legislative responsibility. Also, whilst some action plans from the previous inspection had been addressed the majority were partially addressed or not complete and there were no systems in place to monitor or review improvements or changes being made to meet legislative requirements.

Judgment:
Non Compliant - Major
### 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 person in charge had not been absent from the centre for any period in excess of 28 days which is the notification period.

**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:**
There was evidence of inadequate resources in particular staff resources as discussed in outcomes 5 and 17 to ensure effective delivery of care and support.

**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 inspectors reviewed staff rota and the staff deployment model. One staff was available in each house at all times when residents were at home. The inspectors found this arrangement meant that choices for residents were limited although some residents were independent there were also residents that required high levels of supervision. For example, if some residents wished to go out, all residents had to go depending on the duration of the outside activity. There were also examples in records that described where exercises prescribed by the physiotherapist could not be completed in full due to a lack of staff. Staff on duty at weekends were on duty alone from 16.30 on Friday evening until 10.30 on Monday morning which meant that they had full responsibility for the personal and social care of residents including getting residents to social and work commitments.

There were also problems when residents were ill or did not wish to attend their day service as staff had to be deployed from other services to spend time in the house with them. Some procedures, for example the missing persons procedure indicated that staff had to remain on duty until released by the Brothers of Charity senior management which indicated that staff could be on duty for even longer periods than outlined above. The staff deployment model required review to ensure that the care provided appropriately met residents’ assessed care and social needs. The inspectors were told that additional resources were being requested from the funding authority but no outcome to this application was available at the time of inspection. The inspectors reviewed a sample of staff files and were satisfied that they contained the necessary information as stipulated by Schedule 2 of the Health Act 2007 (Care and Support of residents in designated centres for persons (children and adults) with disabilities) Regulations 2013. There was a staff training schedule outlined for the year. Staff had received training on a number of topics including the protection of vulnerable adults, medication management, advocacy, fire safety and moving and handling. One member of staff had attended training in crisis intervention. As described throughout this report, there was evidence that staff required additional training on topics such as first aid, food hygiene and risk assessment.

There was a system of staff meetings in place. There was a set agenda and varied aspects of the service were noted to be discussed but there was limited feedback on...
progress made to action issues that were raised such as staff numbers and deployment.

**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:**
All policies required in schedule 5 of the regulations were in place, as were other documents required by the regulations.

The inspectors found that the security and layout of some records, particularly staff records, required attention as some documents were not retained securely and information was not readily accessible as required in regulation 21(1)(a).

The inspectors found that some procedures required review as they did not adequately inform staff of the actions to take in certain situations. The adult protection policy required review as it did not include information for staff on how to protect the resident, how to protect evidence and did not inform them about actions that may have to be taken by An Garda Siochana if a serious incident took place. There was also no information on the requirement to report to the senior case worker in the Health Service Executive.

The risk management procedures did not adequately describe all risks relevant to the centre as discussed earlier in this report and the admission and discharge procedures were not described in a way that was transparent and ensured that anyone reading the procedure would understand the steps involved.

**Judgment:**
Non Compliant - Moderate
**Closing the Visit**

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

**Acknowledgements**

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

*Report Compiled by:*

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004467</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>28 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24 March 2015</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The capacity of residents to lead full lives and make choices about what they wanted to do was compromised at times by the staff deployment model. There was generally only one support staff available in each to provide care to six residents in each house. residents and one staff was available from 16.30 on Friday evening to 10.30 on Monday morning.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
Staff continue to actively look for a volunteer to enhance choice.
2. We are escalating the resourcing issue to the Service Level Arrangement monitoring meeting.

Proposed Timescale: 1. Completed 26.11.2014 and ongoing; 2. 24.03.2015

**Proposed Timescale:** 24/03/2015

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspectors found that the checks in place did not adequately protect residents or staff handling money on their behalf or that the extent of the annual audit was adequate to ensure adherence to the organisation’s financial procedures.

**Action Required:**
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
1. External auditors have checked accounts in both houses during an interim audit.
2. Further staff training in financial management is planned

Proposed Timescale: 1. 22/01/2015; 2. 31/08/2015

**Proposed Timescale:** 31/08/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaint record indicated that some considerable time had elapsed in some instances between the time the complaint was made and remedial action taken.

**Action Required:**
Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.
**Please state the actions you have taken or are planning to take:**
The complaints policy has been reviewed and a new complaints leaflet has been developed. All people supported and staff have been briefed on the complaints procedure and the necessity for prompt action.

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

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
It was not clear from the record of complaints what actions had been taken to prevent a recurrence or if any learning had taken place as a result of the issues raised to prevent similar issues arising again. There was no information available to indicate that the provider had a system in place to ensure complaints were appropriately managed.

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

**Please state the actions you have taken or are planning to take:**
1. The complaints policy has been reviewed and a new complaints leaflet has been developed. All people supported and staff have been briefed on the complaints procedure and the necessity for prompt action. Complaints are an agenda item at all team meetings.
3. Complaints are collated on a quarterly basis for the H.S.E. by a dedicated complaints person.
4. A new Accident, Incident Recording System has been introduced.

Proposed Timescale: 1. Completed 09/02/2015; 2. 31/03/2015; 3. 31/12/2014 and ongoing each quarter; 4. Completed 01/01/2015

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

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<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The admission criteria and varied steps involved were not described clearly.

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

**Please state the actions you have taken or are planning to take:**
The admission policy has been reviewed and a clear outline of the procedure has been added.

**Proposed Timescale:** 09/02/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The contract information and rental agreements did not outline all the charges that applied including charges for some medical services and the allocation of money for items such as food was not clear.

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

**Please state the actions you have taken or are planning to take:**  
Charges for medical services are outside of the remit of our organisation. People pay for these in the same way as other citizens in the community. Our Individual Service Agreements are being reviewed and this fact is now noted.

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

**Outcome 05: Social Care Needs**  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Arrangements were not in place to provide individualised support to implement residents' personal plans. The achievement of personal goals and residents capacity to exercise choice was compromised by the staff deployment model and the availability of staff.

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

**Please state the actions you have taken or are planning to take:**  
1. A re-structuring and re-deployment plan for staffing has been looked at. Two part-
time additional support staff will be provided to support some individual activities for people in both houses. Internal recruitment of these will take place immediately and locum staff will be sought to cover during the recruitment process.

4. We are escalating the resourcing issue to the Service Level Arrangement Monitoring meeting.

Proposed Timescale: 1. 31/03/2015; 2. 24/03/2015

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

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was poor planning for the development of age related problems or choices that residents may wish in later life not to attend day care services every day as no staff were allocated to houses during the day.

**Action Required:**
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

**Please state the actions you have taken or are planning to take:**
All personal plans are reviewed on a 6 monthly basis. A multi-disciplinary team has developed a guidance document and resources for Transition Planning and Aging Supports and training workshops have commenced with staff.

**Proposed Timescale:** 28/02/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were delays in the follow up of critical assessments which meant that the arrangements to meet assessed needs were compromised. For example a resident who had restrictions imposed due to a health problems had to wait several months and endure significant restrictions to her activities due to a delay in processing and following up a referral.

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

**Please state the actions you have taken or are planning to take:**
The referral took place on 02/09/2015 and the restriction was lifted. The work
placement did not re-commence until 07/01/2015 as the employer was not in a position to accommodate the placement until then.

**Proposed Timescale:** 07/01/2015

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspectors found that it was difficult to determine information on some matters from personal plans that included:
- the progress made to achieve the goals outlined in personal plans and in the annual reviews
- the actual supports to be provided by staff to ensure goals were achieved

**Action Required:**
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**
Personal Plans are on the agenda for each team meeting and staff are aware of the need to record and review plans as they work on goals. Further training is planned for individual planning with staff.

Proposed Timescale: Commencing 04/03/2015 and ongoing to 31/12/2015

**Proposed Timescale:** 31/12/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were two premises matters that needed attention. The carpet in the hall in one house was uneven and this created a trip hazard for all residents and was a particular hazard for service users with wheelchairs. The exterior of the other house needed to be repainted.

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

**Please state the actions you have taken or are planning to take:**
1. The carpet has been replaced by a wooden floor.
2. Quotes are being sought to have house painted in the Spring-time when the weather is appropriate for external painting.

Proposed Timescale: 1. Completed 05/02/2015; 2. 17/07/2015

**Proposed Timescale:** 17/07/2015

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were inadequate risk profiles for some matters that included choking risks and bus travel. A resident had been identified by staff as having swallowing problems and had put risk reduction measures in place, however there was no referral for expert advice on this matter to a speech and language therapist to determine if these measures were appropriate or what other actions could be taken to reduce the risk. Residents frequently travelled by bus and car however there were no assessments of any risk that may be relevant for some residents.

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

**Please state the actions you have taken or are planning to take:**
1. This has been followed up with the person’s GP.
2. A referral has been made to the Speech and Language Therapy department.
3. Risk Assessments have been completed on relevant people travelling by bus and car.


**Proposed Timescale:** 18/12/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspectors could not determine that all staff that provided care and support to residents had up to date infection control knowledge due to the reliance on volunteers, staff from other houses and from day care services that were used to cover shortfalls.

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

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

All staff are made aware of the level of support required for people and infection control management. Further training in this area is being planned.

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**Proposed Timescale:** 31/12/2015  
**Theme:** Effective Services

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

Training on food hygiene and first aid practices was not current for all staff.

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

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

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**Proposed Timescale:**  
**Theme:** Effective Services

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

The policy to guide staff should a resident be missing had no individual profiles that outlined personal characteristics and relevant information compiled for staff to use in such an event.

**Action Required:**  
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Please state the actions you have taken or are planning to take:**  
Missing Person’s Profile template has been updated and all profiles are now complete.

---

**Proposed Timescale:** 09/12/2014  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire exit doors had keys were left in the locks. There was no signage at fire exits to alert staff and residents to the steps outside.

**Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
All keys are now stored in boxes beside exit doors. Signage is now in place for steps.

**Proposed Timescale:** 05/12/2014

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**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Alterations in care and support needs that had led to restrictions and changes in residents lifestyles had not been adequately addressed and the residents had not been supported to continue with their activity with increased support no alternative had been explored.

**Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**
1. A re-structuring and re-deployment plan for staffing has been looked at. Two part-time additional support staff will be provided to support some individual activities for people in both houses. Internal recruitment of these will take place immediately and locum staff will be sought to cover during the recruitment process.

2. We are escalating the resourcing issue to the Service Level Arrangement Monitoring meeting.

**Proposed Timescale:** 1. 31/03/2015; 24/03/2015

**Proposed Timescale:** 31/03/2015
### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a failure to follow up of critical referrals and the management of lifestyle changes as a result of medical decisions as well as delays in making referrals for expert opinion.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

**Please state the actions you have taken or are planning to take:**
1. There was a delay for one person from the beginning of September 2014 until the beginning of November 2014 and this was due to the consultant not contacting the GP and discontinuing medication. The staff team followed up on this throughout this period.
2. Referral to Speech and Language Therapy department has been made for another person

**Proposed Timescale:**
1. Completed 04/11/2014; 2. 18/12/2014

**Proposed Timescale:** 18/12/2014

### 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:**
Medication administered to residents was not recorded appropriately in accordance with good practice guidance.

**Action Required:**
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
This was a recording error, not a dispensing error, and it was reported per the system. Regular auditing of MARs is being carried out and staff attend Safe Administration of Medication training.

**Proposed Timescale:** 05/12/2014
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 name of the person nominated as provider on behalf of the organisation was absent. The admission procedure as described required review as it did not provide adequate and clear information about how referrals and admissions are managed.

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The Statement of Purpose has been amended

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

Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The roles and responsibilities of senior staff such as the person in charge were not clearly defined to ensure that statutory responsibilities could be met and staff appropriately supervised.

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

**Please state the actions you have taken or are planning to take:**
The Registered Provider Nominee has scheduled additional management meetings with Persons in Charge throughout 2015.

**Proposed Timescale:** 17/12/2014

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Management systems were not in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**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:**
The Person in Charge has a structure in place and has regular staff support and supervision meetings planned for 2015.

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

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were ineffective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge has a structure in place and has regular staff support and supervision meetings planned for 2015.
2. Employee Development Plans were completed on all staff in 2014. These will be completed again for 2015.

Proposed Timescale: 1. Completed 06/02/2015; 2. 31/12/2015

**Proposed Timescale:** 31/12/2015

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

**Please state the actions you have taken or are planning to take:**
Annual reviews are being planned for 2015

Commencing 24/03/2015 and ongoing

**Proposed Timescale:** 24/03/2015

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### Outcome 16: Use of Resources

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were inadequate staff resources to ensure that residents had meaningful choices about the activities and social events they attended as described in the aims and objectives of the service.

**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. A re-structuring and re-deployment plan for staffing has been looked at. Two part-time additional support staff will be provided to support some individual activities for people in both houses. Internal recruitment of these will take place immediately and locum staff will be sought to cover during the recruitment process.
2. We are escalating the resourcing issue to the Service Level Arrangement Monitoring meeting.

Proposed Timescale: 1. 31/03/2015; 2. 24/03/2015

**Proposed Timescale:** 31/03/2015
### Outcome 17: Workforce

**Theme:** Responsive Workforce

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

The staff deployment model required review to ensure that the support provided appropriately met residents’ assessed care and social needs. The deployment of one member of staff at any time was not sufficient to ensure that goals set out in personal plans were achieved or that health care assessments were adequately addressed and appointments for specialist advice followed up in a timely manner.

**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. A re-structuring and redeployment plan for staffing has been looked at. Two part-time additional support staff will be provided to support some individual activities for people in both houses. Internal recruitment of these will take place immediately and locum staff will be sought to cover during the recruitment process.
2. We are escalating the resourcing issue to the Service Level Arrangement Monitoring meeting.

**Proposed Timescale:** 1. 31/03/2015; 2. 24/03/2015

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### Proposed Timescale: 31/03/2015

**Theme:** Responsive Workforce

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

Staff required additional training on topics such as first aid, food hygiene and risk assessment.

**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:**

1. All staff are made aware of proper food hygiene practices and further training is being planned.
2. Refresher First Aid training is being planned.
3. Refresher Risk Assessment training is being planned.

**Proposed Timescale:** 1. 31/12/2015; 2. Commencing 24/04/2015; 3. 30/09/2015
Proposed Timescale: 31/12/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policies and procedures in respect of risk management and adult protection did not provide adequate guidance for staff to ensure adherence to statutory requirements.

**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:
The Risk Management Policy and Adult Protection Policy are both under review.

Proposed Timescale: 31/12/2015

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some records were not appropriately maintained as documents were not secure.

**Action Required:**
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Proposed Timescale: 31/12/2015