

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004469
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
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 January 2015 10:30 To: 28 January 2015 18:30

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

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

Summary of findings from this inspection

This was the second inspection of this residential service carried out by the Health Information and Quality Authority. This service is one of the seventeen designated centres run by the Brothers of Charity Roscommon.

This announced inspection forms part of the assessment of the application for registration made by the provider. As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority) and was reviewed as part of the registration assessment.

The inspection took place over one day, and the inspector reviewed, care practices and documentation such as personal plans, medical records, risk assessments, policies and procedures and staff files. The inspector also met with the resident, a family member, staff members and the person in charge and all were extremely positive about the service provided.

This designated centre comprised of one house that provided residential respite accommodation and support services for adults with an intellectual disability. This house was situated in a housing estate, in Boyle, Co. Roscommon. The house could accommodate a maximum of three residents, and there were two vacancies on the day of inspection. Inspectors found that the house was warm, homely, comfortable, clean, appropriately furnished and well maintained.

The inspector found evidence of a person-centred approach being promoted that aimed to meet the social care needs of the resident. Inspectors found evidence of good practice in a range of areas. The resident living in this designated centre was involved in the quality enhancement system, and inspectors viewed evidence of this in her personal outcome folder.

Staff interacted 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 family being involved in decisions about their loved ones care and resident being supported to promote independence and exercise choice in their daily lives.

Actions from the last inspection were reviewed and found to have been mostly addressed, however, the families concern had made a complaint about not receiving a full-time placement and difficulties providing equipment to the resident continued to be resource issues that had not been resolved. These and other non-compliances are discussed further in the report and included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The resident was involved in the day to day planning of the centre, for example; their wishes for day activities or meals provided to them each day. In addition; weekly meetings took place to plan for social activities, shopping, or places they would like to visit or things they wished to pursue at the weekends.

When the resident had chosen to do a social activity this was facilitated by staff. In addition; when the resident requested a specific food, steps were taken to ensure the food was made available to the residents. A communication book was used to record the resident's daily choices.

Residents' religious, civil and political rights were promoted, for example; if the resident wished to attend religious ceremonies at the weekends when they were in respite, they were supported by staff to attend.

The resident was supported and encouraged to have control over their finances, and there was a procedure in place to protect the residents who required assistance in this area. The inspector reviewed the resident's financial records with the staff and records showed that residents could buy what they wished when out shopping. The resident's disability allowance was paid directly into their personal account which was managed by the resident's family members as the resident continued to live at home at present.

Staff members interacted with residents in a respectful manner and the resident had their own bedroom which protected their privacy. There was a separate room to use should they wish to meet with their family members/ visitors in private.

The inspectors reviewed the systems and documentation in place for the management of complaints. The complaints policy identified the procedures to follow in the event of a complaint. There was one outstanding complaint regarding the lack of a full-time placement for this resident. However, the person in charge and the social worker had met with the family member and discussed the complaint. A time-frame for action as to when funding would be available to provide a full-time placement for this resident was discussed.

The complaints policy identified the National Advocacy Service as the independent organisation where a complainant could seek further assistance if their complaint had not resolved.

Judgment:
Compliant

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 resident had pictorial daily timetable schedule, and a communication book that went between home and their residential services. The resident used a picture album, which showed the individual's favourite foods and places they liked to go and visit.

The resident had specific communication needs, that had been assessed by a Speech and Language Therapists. They had recommended an communication assessment for the resident, as to the suitability of using an electronic communication aid. This would promote the residents ability to respond to verbal questions. The resident was assessed on the 7/4/14 for the electronic communication aid which was trialled by the resident for three weeks until the 3/6/14. The communication aid was a head device, which enabled the resident to communicate independently, when asked a question. It was found to enhance the resident's ability to communicate with others and help people understand her decisions when asked a question. However, the person in charge told the inspector that the resources were not available to purchase this device and she was continuing to seek funding for this communication aid.

The residents had identified preferences in terms of what television programmes or music they liked and these were always facilitated. In addition; inspectors saw that picture notices were on display as an aide memoir for residents. For example, photographs of the staff on duty were on display in the kitchen/dining room.

Judgment: Substantially 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 resident was supported to develop and maintain positive personal relationships with their family members and links with the wider community. Residents were supported to attend the local community events and visit local shops regularly. The resident's family was actively involved in their care. Staff told inspectors that the resident likes to visit friends in the locality. 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. The resident's family were welcome in the centre and were free to visit at anytime. Care plans were in place to support and enhance this process, and the resident had photographs of their family members in their bedroom.

Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme: Effective Services

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: There were organisational policies and procedures in place to guide the admissions

process. The resident had a signed contract of care and the resident's guide (which included the services to be provided in the centre) were available in an easy to read format

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

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

Findings:

The inspector found that there were some opportunities for the resident to participate in meaningful activities appropriate to their interests and capabilities. Family members and the multi-disciplinary team and the resident were involved in planning and reviewing the residents personal plans and the actions set out in the plans were seen implemented in practice for example; recreational activities were available for the resident three days a week.

The inspector found that the resident's personal plan was reviewed regularly and at a minimum annually. There was evidence that residents and their families were involved in preparing their personal plans. The inspector viewed the resident's personal plan and found that it was individualised, and person centred. Resident's abilities, needs and aspirations were clearly identified, and there were opportunities for the resident to participate in meaningful activities appropriate to his or her interests and capacities.

A key worker was assigned to the resident to help them to achieve their personal goals and inspectors saw that some of the goals identified for the previous year had been achieved and others were on-going at present. For example; the resident went on day trips for 3-4 days during the summer. However, goals that were not achieved were included again in this year's person centre plan, for example; to go swimming regularly, to receive funding for their communication device and to receive a full-time placement.

It was also evident that this resident was part of the local community. The residents visited the local businesses and community facilities in the town, such as local pubs,

restaurants, library and church as well as taking part in social activities in the house such as cooking, massage therapy as well as arts and crafts.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

In this community house the Brothers of Charity Services Roscommon supported one resident to live in a homely environment that was tailored to their individual preferences and needs. The resident was encouraged to bring personal items with them to the respite house in order to make their stay as homely as possible.

The premise was a modern bungalow in a suburban setting in a housing estate in Boyle Co. Roscommon. It consisted of a kitchen/dining room, sitting room, three bedrooms, one en-suite, utility and garden to the rear

The inspector found that attention had been given to ensuring that the premise were made as comfortable as possible. For example, colours were tastefully coordinated; rooms were personalised, and attractive paintings hung on the walls. There was adequate provision for storing resident's clothes. The premises were clean, comfortable and had a homely atmosphere. The centre had regular maintenance. There was adequate communal accommodation, and there was access to a kitchen/dining room. The centre had an adequate number of bathrooms and showers to meet the needs of the resident. One of the bedrooms was used as staff bedroom/ office.

An action from the last inspection regarding the resident's wheelchair had been partially achieved, the resident received a new mould that was adapted to the original frame of the old wheelchair, however the footplate's, headrest and lap belt were not comfortable for this resident and staff told the inspector they were waiting for further input from the Occupational Therapist to order this equipment for the residents chair. In addition the resident did not have a suitable comfy chair to relax and only had access to their wheelchair. Staff members told the inspector they usually put the resident lying on the floor for safety. The inspector found that an assessment by the occupational therapist was needed, to ensure that all the equipment required by the resident was available to meet their needs.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

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

Findings:

The health and safety of the resident, visitors and staff was generally promoted and protected. There were policies and procedures available relating to health and safety including an up-to-date health and safety statement and a risk management policy. The centre also contained an organisational risk register which identified risks in the centre and these were appropriately risk rated.

The inspector viewed a number of risk assessments for the resident. Some related to social activities or outings, or medical conditions. Inspectors found evidence that staff took a proactive approach to controlling risk to the resident while ensuring that residents could still take part in their chosen activity.

The Inspector reviewed the centres accident and incident log, and there were no accidents/incidents in this centre. There was evidence that arrangements were in place for investigating and learning from serious incidents/adverse events that may happen in the centre.

The resident had a Personal Evacuation Plan (PEEP), and suitable arrangements were in place for responding to emergencies for example; identifying the mobility and cognitive understanding of the resident in the event of an emergency evacuation and had documented the emergency equipment required; such as, a wheelchair and staff support in the event of a fire.

Fire equipment was located throughout the centre, and emergency lighting was recently installed and alarm system was regularly serviced. There was weekly and monthly fire safety checks recorded in the centres fire register. All fire exits were unobstructed, and staff took part in regular fire evacuation drills. Fire safety training for all staff had taken place and included evacuation procedures. The procedure to be followed in the event of fire was displayed in the centre, and the person in charge was knowledgeable of the evacuation procedures to follow in the event of a fire. The inspector also found that the premises had internal and external emergency lightening to aid evacuation in the event of a fire.

The inspector checked the vehicle maintenance records to ensure that the vehicle was roadworthy and found that it was in compliance with the regulations. There were four actions under this outcome from the previous inspection. These actions were in relation to training for staff when transporting the resident in the organisations transport and risk management. The inspector reviewed the responses to the action plans and found that drivers had received training in safe clamping of wheelchairs and the safety procedures to follow when transporting the resident in her wheelchair in the bus.

All staff had up to date training in moving and handling the residents. A TILE Risk assessment was now also in place for all moving and handling tasks. However, the risk assessment did not identify which sling was appropriate to use for different tasks; there were separate slings for moving and handling the resident from the wheelchair and another sling used for mobilising the resident into the bath. Also the size of the sling was not identified on the risk assessment and this could cause a risk to the resident when mobilising using the hoist.

The inspector observed the resident being lifted in the hoist and saw that the sling was not the appropriate size to mobilise the resident safely. The person in charge told the inspector that they had been waiting over three months to get the new sling. As a safety precaution, the inspector advised the person in charge to ensure that the two staff were present when moving and handle the resident at all times, until the correct sling was received. In addition; the inspector requested weekly updates to be sent to the Authority of the progress and actions taken until a new sling was received.

The inspector was informed that a new sling arrived in early March 2015 and that the new sling was more suitable and was safe for the resident when moving and handling.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

Findings:
There was a policy available for the prevention, detection and response to abuse. The

person in charge knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. There was a named designated person in the centres policy, and staff members were aware of her role.

The resident's rights in the use of restrictive practices and all alternative measures had been considered before the lap belt was installed on the resident's wheelchair and the bed rails. The use of the physical restraints was carefully monitored to prevent overuse. Staff had received training in management of aggression and physical aggression (MAPA), and staff had received training in the correct procedures to use when using restraint, such as lap belts and bedrails.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

Findings:
Inspectors reviewed the documentation of the accidents/ incidents occurring in the designated centre, and found that they were been appropriately maintained and where required, notified to the Chief Inspector.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

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

Findings:

Inspectors found that there were opportunities for the resident to participate in meaningful activities appropriate to her interests and capabilities. For example, the resident visited the local charity shop one day each week and met with customers and local people living in the area.

An action from the last inspection was to support the resident attend swimming in the local pool. The inspector reviewed these actions and was told that the resident had not gone swimming due to the hoist being broken in the local swimming pool. The person in charge had contacted the local county council advocating on behalf of the resident and requested that the hoist in the local swimming pool be fixed to allow wheelchair users access to these facilities. The person in charge showed evidence to the inspector that they had received a positive response. The person in charge assured the inspector that when this equipment was fixed arrangements would be made for additional staffing to support the resident to go swimming.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that there were appropriate arrangements in place to assess the resident's health care issues and were satisfied that the resident had appropriate access and to the General Practitioner (GP) and psychiatrist as required. The resident had access to a range of other allied health services such as; Speech and Language Therapist (SALT), Dietician, and the Physiotherapist. These referrals were reflected in the resident's health plan, which was reviewed regularly and guided contemporary evidence-based practice.

The resident had been admitted to hospital in the past few months for an epileptic seizure and the inspector saw that a 'hospital passport' document was available in the resident's files. This document was regularly reviewed and included information on aspects of the residents' care including their emotional needs and preferences

The resident was involved in the planning of the weekly food menu and had a good

choice of meals with alternative options if she so wished. Staff supported the resident eating their meals when required.

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):

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

Findings:

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to Residents. There were no medications that required strict control measures (MDA's) at the time of the inspection. There were no chemical restraints in use at the time of inspection. There were protocols in place for the safe administration of medication for epilepsy. Staff spoken with were knowledgeable regarding medication management policies and practices.

The Inspector reviewed the resident's prescriptions/administration chart and found them to be correct. At the last inspection, the maximum dose of medication to be administered within 24 hours was not specified on the administration chart. This had been reviewed and actioned by the person in charge on this inspection. All medications were prescribed individually and dispensed using a blister pack. However, the inspector found that the blister packs were illegible in places and this created a risk when administering medications to the resident.

Four staff members had received training on medication management; however two had not had trained since at least 2010. The person in charge confirmed to the inspector before the end of the inspection that the staff had been booked on this training in February 2015.

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 (SOP) was submitted prior to inspection and was reviewed by inspectors. It detailed the aims of the centre and described the facilities and services that available in the centre.

The SOP did not clearly describe some of the areas required in Schedule 1 of the regulations. For example, it did not clarify that services during the week were only day services from 10.30 to 5pm and two weekends a month from Friday to Sunday at 5pm. The Director of Service was detailed in the Statement of Purpose as working full-time in the designated centre.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

This residential respite service was managed by Brothers of Charity Services Ireland. A board of directors oversees the operation of the organisation, and the Director of Services was responsible for the day to day management of the centre. There was also a senior management team with personnel who have a variety of roles and responsibilities in supporting residents and staff in the centre. During the inspection, the person in charge and other senior staff 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 re-introduced since the person in charge returned to work from long-term leave.

The person in charge was responsible for three designated centres. This included a total of ten houses and twenty residents' in the three designated centres. The person in charge outlined the types of arrangements in place that ensured staff were facilitated to discuss issues relating to safety and quality of care in their home.

At the last inspection, the person in charge was working full-time and was on call 24hrs, seven days a week. A new rota system was now in place between all of the managers at the weekends and this ensured that a senior manager was available to the staff in the event of an emergency. This was in response to the previous action plan and had been completed.

The inspector found that the person in charge was appropriately qualified and had the necessary experience to fulfil this role. She was a nurse and had many years' experiences in several areas of social care including the management of social housing schemes that she contributed to at a national level. Some deputising arrangements were in place in the event of the person in charges absence.

The organisation had a policy of completing annual staff appraisals, although these were not all completed for staff in 2014 due to the person in charge being on leave. Staff appraisals had recommenced in January 2015 and were used to support and supervise staff working alone in the designated centre. However; there was no deputy manager appointed to assist the person in charge in participating in the management and supervision of staff in this centre. There was some evidence of meetings between the person in charge and staff members since the last inspection and there were nine team meetings planned for the rest of 2015.

The provider had not undertaken an unannounced visit to this centre or produced a written report as to the safety and quality of care and support provided as required by regulation 23 of the Care and Support of Persons with Disabilities Regulations 2013

Judgment:
Substantially Compliant

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 been absent for more than 28 days and alternative arrangements to manage the centre in her absence were put in place. The authority was notified of the person in charges absence.

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 family of the resident in this respite centre expressed concerns to the inspector that their family members had not received a full-time placement despite waiting for years for this service. The person in charge also stated that they do not have the financial resources to offer this resident a full-time service and have sought funding from the HSE. In addition; the person in charge stated that they did not have the finances required to purchase the communication aid that was recommended for this resident and she was actively looking for resources for this aid.

There was also inadequate resources available in relation to providing equipment for the resident's wheelchair and relaxing chair to ensure the comfort and safety of the resident was protected

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):

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

Findings:

The Inspector observed staff interacting with the resident in a positive manner encouraging the resident to communicate with them about decisions in areas such as personal hygiene, clothes and choosing their meal. Resident's family member spoke with staff and stated that staff were very helpful to them and their family member and assisted them to do whatever was required to meet the needs of their relative.

The inspector reviewed the recruitment practices and found there were robust systems in place to ensure all the required documentation for staff employed in the centre was in place. A family member was involved in part of the staff recruitment process for the centre. The inspector reviewed three staff files and found that all required 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 in place.

The management team provided on-going training to staff. Staff's annual performance reviews were not all completed for 2014. However, meetings had been scheduled to commence individualised staff meetings for 2015. Training provided in 2014; included areas such as protection and safety of vulnerable adults, emergency evacuation procedures, moving and handling and medication management. There were regular meetings between the provider and persons in charge and meetings between persons in charge and staff; had been formalised for 2015 to support staff development and supervision.

There was one staff member rostered to work with the resident in this designated centre on a daily basis. At the last inspection, there was an action to review staffing levels in this centre to ensure that the resident's person centre plans were met. However, staffing levels remain the same staff spoken with, stated that they could facilitate the residents individual outcomes goal (except swimming) within the current staffing levels. The person in charge informed the inspector that arrangements would be made to provide additional staff supports for the resident when going swimming.

At the last inspection, the staff rota did not clearly identify the hour's staff were rostered to work over a 24 hour period. However, this had been reviewed and was clearly identified on the new rota.

Judgment:

Compliant

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 complete and accurate records. Records as outlined in Schedule 3 and 4 of the Regulations were in place. Records were paper based and were securely maintained and easily accessible. Written operational policies were in place to inform practice and provide guidance to staff, and had been reviewed in the past three years.

A directory of the service user was maintained in the centre, and this contained all of the items required by the Regulations.

A record of resident's assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained. 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 notes were updated accordingly with the outcome of the appointment.

The inspector found the medication management policy was not adhered to in practice when a medication error occurred. For example; the medication management policy did not clearly differentiate between a serious medication error and a clerical error and staff did not follow the policy when it was a clerical error, and requires review.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004469
Date of Inspection:	28 January 2015
Date of response:	27 April 2015

Requirements

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

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

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The resident was assessed for a head device to enhance their ability to communicate; however, following this assessment the device had not been provided to the resident.

Action Required:

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

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

The Speech and Language Therapy department have requested this equipment from the funding organisation who are the provider holding the equipment and appliances budget. This has been followed up again by the Speech and Language Therapy Manager and we will continue to follow up on a monthly basis.

Proposed Timescale: 16/04/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The resident did not have a chair/ couch that was suitable to meet their needs to relax in their sitting room.

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:

The manager has contacted the physiotherapist to assess the person in respect of the need for a relaxing chair again.

Proposed Timescale: 16/04/2015

Theme: Effective Services

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

The resident's wheelchair did not adequately meet the needs of the resident.

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:

The manager has been in contact with the community occupational therapist again and

he has escalated the funding request to the funding organisations area manager. The manager will continue to follow up on this request on a monthly basis.

Proposed Timescale: 26/01/2015

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:

The moving and handling risk assessment did not include the size or type of slings that were to be used for different types of mobilising.

Action Required:

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

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

Risk assessments have been amended to include the required details.

Proposed Timescale: 16/04/2015

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 inspector found that the blister packs were illegible in places and this created a risk when administering medications to the resident.

Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The blister packs were returned to the pharmacy and are now amended and completely legible.

Proposed Timescale: 11/02/2015

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 clearly describe some of the areas required in Schedule 1 of the regulations. It did not clarify that services during the week were only day services from 10.30 to 5pm and two weekends a month from Friday to Sunday at 5pm.

The Director of Service was detailed in the Statement of Purpose as working full-time in the designated centre.

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 has been amended.

Proposed Timescale: 31/03/2015

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 person participating in the management identified on the statement of purpose was already a person in charge for 10 other units. There was no additional management support in this centre.

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:

Negotiations on the PPIM issue are ongoing. We have escalated the requirement for additional resources to the funding provider.

Proposed Timescale: 14/04/2015

Theme: Leadership, Governance and Management

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

The provider had not undertaken an unannounced visit to this centre or produced a written report as to the safety and quality of care and support of the residents living in this centre.

Action Required:

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

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

Unannounced visits have commenced and will be ongoing throughout the year.

Proposed Timescale: 10/04/2015

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 centre was not sufficiently resourced to meet the needs of the resident; particularly, in relation to providing a full-time placement.

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:

Our Individual Service Agreement with this person is for a part-time day and respite service. This is funded and being delivered.

We have applied for additional funding for an enhanced service for this person but this cannot be delivered under the current Individual Service Agreement. We will continue to escalate the need for additional resources to the funding provider to deliver additional service.

Proposed Timescale: 14/01/2015

Theme: Use of Resources

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

The resident had been assessed for a communication aid, and this had not been provided to the resident.

There were inadequate resources available to provide equipment for the resident, such

as; an appropriate wheelchair or relaxing chair, this was impacting on the comfort and safety of the resident.

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:

The Speech and Language Therapy Department have requested this equipment from the funding body who are the provider holding the equipment and appliances budget. This has been followed up again by the Speech and Language Therapy Manager and we will continue to follow up on a monthly basis.

The manager has contacted the physiotherapist to assess the person in respect of the need for a relaxing chair again.

The manager has been in contact with the community occupational therapist again and he has escalated the funding request to the funding provider area manager.

The manager will continue to follow up on this request on a monthly basis.

Proposed Timescale: Completed 26/11/2014 and 16/04/2015

Proposed Timescale: 16/04/2015

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 medication management policy required review to guide best practice when medication errors occur.

Action Required:

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

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

The medication policy has been reviewed.

Proposed Timescale: 09/02/2015

