

**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-0004471
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:	13
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

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

The inspection took place over the following dates and times

From:	To:
19 May 2015 10:00	19 May 2015 18:30
20 May 2015 10:00	20 May 2015 16:00

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 inspection was the second inspection of this Residential Service by the Brothers of Charity Services Roscommon. This inspection forms part of an application to register this centre with The Health Information and Quality Authority. (The Authority). It was an announced two-day inspection. The centre's comprises of three houses, two were situated on detached private sites and one was situated in a housing estate.

At the last inspection, the designated centre consisted of 5 houses. The provider, following review, applied to the Authority to register only three of these houses as

one designated centre. The houses accommodated a maximum of thirteen residents (that had an intellectual disability) and there were no vacancies on the day of inspection. The grounds were attractive and had secure well-maintained gardens for use by residents. The Inspector found that houses were warm, homely, comfortable, clean, appropriately furnished and well maintained. Staff interacted with residents in a warm and friendly manner and displayed an understanding of individual resident's needs, wishes and preferences. The Inspector found evidence of resident's being involved in decisions about their care.

The inspector met with residents, staff members, provider representative and members of the management team. The inspector observed practices and reviewed documentation such as, personal plans, risk management documentation, medical records, policies and procedures. The inspector found evidence of good practice in a range of areas. There was evidence of a person-centred approach being promoted to meet the health and social care needs of residents. However, major non-compliances were identified in relation to the governance and management of the centre and staffing allocation.

Since the last monitoring inspection, the provider had assigned two managers to the position of joint person's in charge of this centre and on review it was found that their roles and responsibilities were too broad and inadequate. Of the eighteen non compliances with the regulations identified at the last inspection, seventeen were related to the three houses inspected in this centre. The inspector reviewed the actions taken by the provider and the new person in charge since the last inspection and found that of the seventeen actions, seven were complete and ten remained active. These are discussed under the individual outcomes in the body of the report and non compliances are actioned at the end.

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:

There were three actions issued at the last inspection, one was complete and two were not addressed. The management of complaints was adequately addressed. However, Actions issued to the provider to review the procedures for managing resident's money were not actioned, despite the action plan response stating that this issue would be addressed by the 28/11/2014. In addition; the process of auditing residents money and documenting that residents had consented to allow staff to manage their finances, would be achieved by 19/12/15 was not addressed.

The inspector found that staff members interacted with residents in a respectful manner and residents' choices were facilitated. Residents' meetings were held weekly in the centre and the residents were consulted about the menus for their evening meals, as well as being involved in planning the week's social activities and personal shopping trips.

The inspector found that one resident did not have adequate storage space in their bedroom to accommodate their furniture other than their bed. They stored their personal belongings such as, a wardrobe and chest of drawers and other personal belongings in another spare bedroom and the resident had to go into this room to get their personal possessions. The inspector observed that the size of the resident's bedroom was inadequate and did not promote the residents rights, dignity or privacy.

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:

Staff members were qualified to care for individuals with a disability, and this was evident when they communicated with residents. The inspector found that effective and supportive interventions were provided for residents to ensure their communication needs were being met. Residents' individual communication requirements were documented in their personal plans.

The multi-disciplinary team were involved in assessing resident's communication needs and supporting staff to implement communication plans. For example; communication passports, social stories and visual schedules of daily routines were available for the residents with communication difficulties. Residents had easy access to television and radio and resident's preferences in terms of what TV programmes or music they preferred were facilitated.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain positive personal relationships with their family members. Residents had families who were actively involved in their care and some resident's had access to independent advocates for support.

Residents stated that their friends and families were welcome in the centre and were free to visit. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. Residents also had photographs of their family members displayed in the sitting rooms and in their bedrooms.

Families were encouraged to participate in the lives of the residents, and the inspector saw that they were consulted and regularly kept up to date on the resident's wellbeing. Care plans were in place to support and enhance this process, and residents had photographs of their family members to view in the sitting rooms and their bedrooms.

Residents were supported to attend local community events and visited the local shops, post office and restaurants.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the admissions/discharge process was managed and contracts of care were in place as per regulations. Some resident's had recently transferred to another house and there was evidence of consultation and that transitional planning had taken place with residents and their family members. For example; residents and their families were encouraged to visit the new house prior to moving and residents were supported to choose furnishing for their new house and bedrooms.

There was a transparent external admission process through which referrals for admission were processed; all admissions and transfers to residential services are directed by the residential admissions committee. The person in charge was clear that all planned admissions would only take place after the needs and wishes of the current residents were considered.

Each resident had a contract of care in place outlining the services provided to the resident and the weekly costs of the services to each resident. However, contracts did not include all of the additional cost to residents. For example; three residents had purchased a vehicle between them a number of years ago and there was no contractual

agreement of ownership signed between three residents when they purchased the vehicle. Consequently, there was no agreement in place for the management or upkeep of the vehicle, such as general maintenance fees, or weekly running costs. The inspector found these residents were charged the full expenses of running and maintaining their vehicle, while other residents living in the same centre were provided transport facilities free of charge.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that each resident had a personal plan in place, and there was evidence that these were regularly reviewed. There was also evidence that residents and their families were involved in preparing their personal plans and inspectors viewed a sample of resident's personal plans and found that they were individualised and person centred. Each resident had four person centred goals. In one case, the resident's goals were to move to a new house, to purchase new furniture for their bedroom, to reconnect with family members and to visit Clonmel. All of these goals were recently achieved by the resident.

An individual staff member was assigned to each resident to help them to achieve their personal goals and the inspector saw that goals identified for the previous year had been reviewed and all had been realised. Personal plans now detailed the activities individual residents enjoyed and there was a system in place to track the activities attended by residents on daily basis and assist staff.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

This centre consisted of three bungalow style houses. One of the houses was owned by The Brothers of Charity Services Roscommon and two of the houses were rented by Roscarra Housing Association. The three houses operated seven days a week and tenants were provided with individual bedrooms with communal use of the kitchens, sitting rooms, bathrooms, and visitors' rooms as part of their tenancy agreements.

They were located near to Co. Roscommon town. The inspector found that attention had been given to ensuring that they were made as comfortable as possible for residents. Colours were tastefully coordinated, rooms were personalised and attractive paintings displayed on the walls. They were clean, comfortable and had a homely atmosphere. The houses were all detached single storey houses. There were large gardens to the rear of the premises.

The three houses consisted of:

House one was a four bedroom bungalow situated in a housing estate on the outskirts of Roscommon. It had a modern kitchen/dining room, two sitting rooms, utility room, main bathroom, four bedrooms, of which three were en-suite. The house accommodated three residents and one sleepover staff member. The residents living in this house were generally mobile and active individuals but they required some staff support and supervision for activities of daily living.

House two accommodates six residents and one staff. It was built as one house with two separate areas consisting of communal rooms, such as kitchens, dining rooms, sitting rooms, bathrooms and seven bedrooms, all en-suite and wheelchair accessible.

House three was an older style bungalow house, with five bedrooms, four for residents and one bedroom for a sleepover staff member. This house was renovated a number of years ago and was extended to the rear of the premises to allow more communal space for residents. However, some of the bedrooms in this house were small and one bedroom did not have space for the resident to adequately store their personal possessions such as a wardrobe or chest of drawers. This resident's privacy and dignity was not respected as they did not have adequate storage space in their bedroom to accommodate personal belongings and all of the resident's personal belongings were stored in the spare room next door. In addition: the bath was not accessible to the

residents currently living in this centre due to its height and positioning within the bathroom, however there was a walk in shower for residents to use.

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:

There were six actions required under health and safety and risk management following the last inspection of this centre. All six actions were complete. The centre had policies and procedures relating to health and safety and there was an up to- date health and safety statement in place. A national risk management policy was currently under review to improve the procedures on risk identification, description, and risk rating. The health and safety statement was in place and a local risk register was also found operational in each of the houses in this centre. There were monthly safety audits completed to that identified a safe environment in the centre. However, the environmental risks in one of the bathroom and the external footpaths were not recorded on the risk register.

The inspector viewed a number of individual risk assessments for residents. Some risks related to social activities or outings, or personal medical conditions. There was evidence that staff took a proactive approach to control risk to residents whilst ensuring that residents could still take part in their chosen activity. Accidents and incidents were recorded and reviewed by the Person in Charge. The Inspector found evidence of learning from accidents and incidents and measures were in place to prevent accidents re-occurrence, and these actions were documented in resident's care plans. Staff files reviewed by the inspector showed certificates of completed training by staff in specific areas, for example; protection of vulnerable adult, safe moving and handling practices, medication management training, and management of behaviours that challenge.

Fire equipment was located throughout the centre and there was evidence that the emergency lighting and alarm system were serviced regularly. Weekly and monthly fire safety checks were recorded in the centres fire register. All fire exits were unobstructed and staff took part in regular fire evacuation drills which were documented. A personal evacuation plan was documented in each resident's personal plan and a copy of this was also kept near the entrance to the centre. 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. Vehicles used by residents were appropriately

maintained and were checked monthly for safety by the services' vehicle safety officer.

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):

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

Findings:

There were two actions identified at the last inspection that required attention by the provider. Action one; required a review of the procedures when providing intimate care to residents. This action had been adequately addressed. The second action required that one resident receive education on self awareness and protection. This action was not fully completed and required further support in this area. This resident had reported two of the three allegations of abuse notified to the Authority from this centre over the past six months. All incidents were investigated by the person in charge and social worker and were found to be unsubstantiated.

There was a policy available on the prevention, detection and response to abuse and staff interviewed 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. Residents were assisted and supported to make the allegations of abuse as per organisational policy guidelines. Staff members were observed to treat residents with respect and warmth and residents told the inspector they felt safe in the centre. The senior social worker was listed as the designated person in the centres policy and staff were aware of her role. Staff had completed Trust in Care training.

There was a policy available to guide staff on "responding to challenging behaviour's and inspectors saw that efforts were made to identify and alleviate the underlying causes of behaviour that was challenging. For example; the Inspector saw that behavioural support plans were developed to help care staff to support these residents. Residents were provided with appropriate support to help promote a positive approach to behaviour that challenges. The Inspector reviewed the behavioural support plan of one resident. Efforts were made to identify and alleviate the underlying causes of

behaviour and any triggers which caused the behaviour.

Judgment:

Substantially 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:

The Inspector 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:

The Inspector found that residents had opportunities to engage in social activities. Residents attended day service during the week and inspector saw that residents participated in a range of social and educational opportunities through the day service and service users participated in varied interests such as computer projects, education courses, art, crafts and swimming. However, there were limited social and educational opportunities available in the house accommodating six residents. There was only one staff regularly supporting these residents in the evenings and at weekends and although additional support staff were being shared among all three houses, this was inadequate

to meet the needs of the all the residents. This is actioned under outcome 17.

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:

The Inspector found that there were appropriate arrangements in place to support residents' health care issues and that resident's were supported as required. The inspector reviewed the file of a resident that had a history of falling regularly and found that they had been reviewed by the physiotherapist and General Practitioner and since additional supports were put in place there were no further incidents of falls recorded.

Residents had appropriate access to the General Practitioner (G.P.), Speech and Language Therapist (SALT), Physiotherapist, and Psychiatrist, and Dentist as required. Health support plans in resident's files were regularly reviewed and updated and guided contemporary evidence-based practice. Resident's had attended their General Practitioner for medical reviews and had regular medication reviews of antipsychotic medications. They attended regular mental health reviews by the psychiatric services as required. Residents had access to a range of allied health services and the inspector viewed recommendations in resident's files by the Speech and Language Therapist, Optician, Dentist, and the Behavioural Support Staff.

Residents received their lunch in different locations during the week depending on their daily routine; for example, most residents went to day services, during the week and had their meals at home at the weekend. Residents' had a good choice of meals and were fully involved in the planning of the weekly menu with alternative options if they so wished. The Inspector found that there was an ample supply of fresh and frozen food and residents could have snacks at any time.

At the last inspection, some of the residents expressed difficulty going grocery shopping. The new person in charge had allocated a small number of additional resources to this house for social activities and a new arrangement was made with the local grocery store to deliver shopping to the house following the shopping trip.

Judgment:

Compliant

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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:
Residents were protected by the centre’s policies and procedures for medication management and practices and staff were aware of the organisational policies and procedures relating to medication management. There were comprehensive medication management policy in place, and staff spoken with were knowledgeable regarding medication management policy and practices. All medications had been individually prescribed by the General Practitioner (G.P.)

The Inspector reviewed a sample of prescriptions/ administration charts and medical instructions for staff to administer medications; and found that instructions suitably guided staff practice and met the requirements of the Regulations. Non-nursing staff had completed medication training, and the pharmacist delivered on-going medication management support in the centre. The centre had minor recording errors, and had been reviewed by the clinical nurse manager, and a medication audit had taken place.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
There was a revised statement of purpose submitted to the Authority detailing the changes in the numbers of houses in this centre and the purpose and function of the services provided by the organisation.

Judgment:

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):

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

Findings:

New arrangement had been established since the last inspection in response to an action plan, as the dual role of the provider nominee as a person in charge of 13 houses had been considered unsustainable. The new person's in charge were suitably qualified nurses who were appropriately experienced in the area of intellectual disability and the post holders had commenced their new posts on 6th October 2014. This post was a full post that was to be shared between two managers and the remaining time the managers were to work front line in a designated centre. The persons in charge divided their responsibilities into lead person in charge for some centres and support person in charge for the others. This was to ensure consistency in decision making and governance and management.

Both managers were responsible to cover each other's absences and both persons in charge reported to the provider nominee, who in turn reported to the Board of Management. There was good evidence that the person in charge has implemented a number of significant improvements in the documentation and follow-up of actions since the last inspection. Of the 18 actions since the last inspection 11 have been completed, seven are not actioned.

Staff were aware of the new arrangements and a system for regular meetings between the person in charge and the staff team in each house had been established. Staff confirmed that the person's in charge was contactable via phone or email when they needed advice, and were approachable and supported them in their role. The inspector found that the PIC's were knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs of the residents accommodated.

The person's in charge of this centre were interviewed as part of the registration

inspection and had a very good knowledge of the responsibilities of their role and of the requirements of the Regulations and Standards. However, the inspector found that their roles and responsibilities to manage such an extensive number of centres were impacting on their ability to have an active presence in all of the houses. Although there was one acting team leader in this centre, they were only managing their own unit and were not responsible for the other two units.

The current roles and responsibilities of the Joint Person's in Charge are as follows: Lead PIC is contracted to work 70.2 hours a fortnight. The person in charge told the inspector that over a fortnight, she works five days as a lead person in charge for three designated centres (8 houses) and is support PIC for three other designated centres (five houses) and four day services in Roscommon. The other four days a fortnight, she manages two designated centres (3 houses) and six other day services in Athlone.

The support PIC is responsible for seven designated centres. She is contracted to work 60 hours per fortnight. This includes working 39 hours per fortnight as a Person in Charge and the remaining 21 hours per fortnight as a senior staff nurse in another designated centre in Boyle Co. Roscommon. During her 39 hrs. per fortnight, she manages three designated centres (5 houses) and four-day services. In addition; she is available on call for the three other designated centres in her shared PIC role. An application to extend her role was also submitted to the Authority on the 29/4/15 to be Person in Charge of a Children's Respite Centre, which has one house.

There was one action issued on the last inspection regarding poor governance and management of this centre; however, on review this action had not been adequately addressed. The person in charge told the inspector that she meets with senior staff every six weeks and has a staff meeting with all staff from the three houses every twelve weeks. Despite the PIC's attempt to manage this centre within their available time-frame, there was no evidence that they were adequately engaged in the day to day governance and operational management. The inspector met with the provider in April 2015 to discuss governance and management arrangements of this and other designated centres managed by the persons in charge. The provider was informed that the current management structure does sufficiently meet the requirements of the Care and Welfare Regulations 14(4) and the responsibilities of the Person in Charge. An action plan response was submitted to the Authority following this meeting advising of the actions that would be taken to improve the quality of care and safety for residents living in this centre. This action plan response was not adequate as it was dependent of securing additional resources from their service provider.

The provider has also failed to carry out bi-annual unannounced visits to prepare a written report on the safety and quality of care and support provided in the centre and the documentation required for the registration application this centre has not been provided to the Authority in a timely manner.

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 Authority has not been notified of the absence of the PIC.

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 were insufficient resources available to support residents achieving their individual plans. The person in charge had identified that an additional forty five hours were required to meet residents personal and social needs but only fourteen were allocated.

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 staff were friendly, suitably qualified and experienced to meet the assessed needs of residents. The inspector found that residents received assistance, interventions and care in a respectful manner. On the last inspection, inadequate staffing was identified, where only one staff was rostered to work in a house accommodating six adult residents.

On this inspection the inspector reviewed the staffing allocation for this centre and found that a community worker worked in the six bedded house on a Sunday's from 12-5pm to facilitate social outings and a second support staff worked two hours some evenings during the week and four hours on a Saturday. However, this resource was shared among the three houses so it was not certain that residents would be able to participate in social activities every evening and this created some anxiety for residents. While the person in charge did restructure some of the staffing allocation to the houses assessed as having the most need, the inspector found that the staffing levels in two of the houses remained inadequate taking into account the statement of purpose and size and layout of the buildings.

There was an actual and planned staff rota that reflected the staff on duty. Staff files reviewed by inspector showed certificates of completed training by staff in specific areas, for example; abuse prevention, safe moving and handling, medication management training, and management of behaviours that challenge.

Judgment:

Non Compliant - Major

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 inconsistent financial record keeping arrangements in place for managing residents money throughout the three houses inspected. At the last inspection, the inspector had actioned this non-compliance and this had not been adequately reviewed as per provider's action plan response in May 2015. A review of these practices continued to be required to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping.

There were policies and procedures in place to reflect the centres practice and staff were familiar with the policies and procedures in the centre and where to locate them on the organisations data base.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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-0004471
Date of Inspection:	19 and 20 May 2015
Date of response:	25 August 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There were inadequate storage facilities for a resident to store their furniture or personal possessions in their bedroom.

Action Required:

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

An archway to be made between the resident's bedroom and the adjoining room to facilitate the storage of the person's furniture and personal belongings.

Proposed Timescale: 30/11/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

1. There was no contractual agreement signed between three residents when they purchased a vehicle together, to state clearly they are part owners of the vehicle.
2. There was no agreement in place as to the costs being charged to each resident for the management of the vehicle; such as, general maintenance fees, and weekly fuel costs.

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:

The organisation is addressing equity of charges for all people supported. A contractual agreement for the vehicle in question will be drawn up.

Proposed Timescale: 30/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One of the bathrooms required renovations as it lacked proper access to bathing facilities to meet the resident's physical needs.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain

equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

1. The bath has been decommissioned for the residents in this centre. Quotations have been obtained for a new walk in bath, and 2. this will be purchased if additional funding is received, from the funding body.

Proposed Timescale: – 1. 31/08/2015 2. 31/10/2015

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

One resident did not have adequate storage space in their bedroom to accommodate personal belongings such as a wardrobe or chest of drawers.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

An archway to be made between the resident's bedroom and the adjoining room to facilitate the storage of the person's furniture and personal belongings.

Proposed Timescale: 30/11/2015

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:

Environmental risks in the bathroom and externally in one house were not identified on the risk register.

Action Required:

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

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

The risk register has been amended.

Proposed Timescale: 04/08/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Relationships and Sexuality training was not provided to protect residents who require specific ongoing education on self awareness and protection.

Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

1. Individual follow-up commenced with one individual as specified after the last inspection. This work is ongoing by support staff and social work and further interventions are planned for any people who specifically require this. The behaviour support team are now also working with individuals in this regard.
2. Refresher Relationships and Sexuality training is planned for all people supported.

Proposed Timescale: 1. Commenced 18/03/2015 and ongoing; 2. Commencing 21/09/2015

Proposed Timescale: 21/09/2015

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 persons in charge manage more than one centre and cannot ensure effective governance operational management and administration of the designated centres.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

1. PIC meets with the PPIM and other key staff every six weeks .Staff Support and Supervision meetings are scheduled every twelve weeks in each house within the Designated Centre.
2. Additional funding has been sought from the funding body to

increase the number of hours for the person in charge for this designated centre, as this is not currently part of our service level agreement with the HSE.

Proposed Timescale: 1.Ongoing 2.On receipt of revenue funding – 31/10/2015

Proposed Timescale: 31/10/2015

Theme: Leadership, Governance and Management

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

There was no annual review of the quality and safety of care in the designated centre.

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:

An annual review has been carried out on behalf of the registered provider.

Proposed Timescale: 21/04/2015

Theme: Leadership, Governance and Management

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

There was no evidence that any unannounced inspections had taken place by the provider 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:

An unannounced inspection has been carried out on behalf of the registered provider

Proposed Timescale: 21/04/2015

Theme: Leadership, Governance and Management

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

The documentation required to register this centre has not been provided to the Authority in a timely manner.

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:

All documentation has now been provided.

Proposed Timescale: 22/07/2015

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 inadequately resourced to meet the assessed needs of residents and to provide a quality service that meets residents needs and wishes.

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:

We do not have the financial resources in our current service level agreement allocation to provide additional services. Costings have been submitted to the funding body, to provide additional staffing to support people to achieve their individual plans and outcomes.

Proposed Timescale: On receipt of revenue funding – 31/10/2015

Proposed Timescale: 31/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing levels were not sufficient to meet the assessed needs of the residents.

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:

We do not have the financial resources in our current service level agreement allocation to provide additional services. Costings have been submitted to the funding body, to provide additional staffing to support people to achieve their individual plans and outcomes.

Proposed Timescale: On receipt of revenue funding – 31/10/2015

Proposed Timescale: 31/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There were inconsistent financial records in place throughout the three houses inspected. This had not been adequately reviewed as per provider's action plan response in May 2015.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

A new system is being rolled out throughout the organisation so that the same system will now be in all houses. The head of the finance department is implementing this with the person in charge.

Proposed Timescale: 11/09/2015