<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004460</td>
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<tr>
<td>Centre county:</td>
<td>Roscommon</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret Glacken</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Thelma O'Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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 unannounced and took place over 1 day(s).

**The inspection took place over the following dates and times**
From: 04 June 2015 17:00  
To: 04 June 2015 21:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 02: Communication</td>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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</table>

**Summary of findings from this inspection**
This report outlines the findings of an unannounced follow up inspection completed on 5th June 2015. This was the third inspection of this centre. This inspection was carried out to monitor improvements made by the provider and person in charge with regard to the areas identified in the action plan from the inspection carried out on the 1 December 2014.

This centre provides residential and respite accommodation and support services for nine adults with mild to severe intellectual disability. The centre comprises of three community residences situated in two housing estates in Castlerea Co. Roscommon.

On this inspection inspectors found that the provider and person in charge had not taken appropriate action to address the non-compliances identified in the previous two inspections to ensure the care and welfare of residents were protected. In
particular, the governance and management in the centre continued to be inadequate. For example; of the 49 actions reviewed from the previous inspection inspectors found that 15 actions were complete, 5 actions were partially addressed, and 29 actions remained active.

Findings from the previous inspections were as follows:

First Inspection - 21 May 2014 - On this inspection, inspectors found that of the 10 outcomes inspected three outcomes were compliant, one was substantially compliant, five were non complaint - moderate and one was non compliant - major. Post this inspection an action plan containing 12 actions was forwarded to the provider.

Second Inspection - Registration Inspection - 1 December 2014 – the Inspector found that none of the 12 actions had been completed from the inspection completed on the 21 May 2014. On this registration inspection 18 outcomes were inspected and the inspector found that three were compliant, two were non-compliant minor, seven were non compliant moderate and six were non compliant major. An action plan containing 49 actions was forwarded to the provider post this inspection.

Following the registration inspection the Authority received two action plan responses and both action plans responses were rejected by the Authority as they did not adequately address the failings identified in the report.

Due to the continuous level of non compliances, and their impact on the safety, quality of life for residents and failure to protect the rights of residents the Authority had met with the provider on the 2 April 2015. The inspectors informed the provider of their concern at the continuous level of non compliances within the service and the potential consequences of this and advised the provider of their responsibilities to ensure that the care and welfare of residents was protected according to the Health Act 2007. The inspectors were assured by the provider that work would be completed to address the non compliances documented and a further opportunity was given to the provider to update the action plan response.

Staff working in the centre informed inspectors that they had not been informed of the actions identified in the action plans of the previous inspections, consequently, they were unaware of any improvements that were required. There were deficits identified in the arrangements for staff supervision particularly for locum staff, and resources continued to be inadequate to ensure the appropriate allocation of staff to meet the needs of all residents living in the centre. This was despite the provider having stated in the action plan response that this issue would be addressed by the 30 April 2015.

Other areas that continue to require improvement include risk management procedures and fire safety management. Inspectors identified that individual risk management assessments continued to be inadequate and that emergency evacuation plans did not adequately identify the actions and measures required to ensure residents were safely evacuated. Resident's personal goals, such as summer
holidays were cancelled for all residents in the centre without proper consultation. Medication practices were not adequately supervised to ensure safe administration. Staff training in food hygiene, infection control and medication administration were not up to date. Policies such as the adult protection policy required review to ensure it reflected the Recent HSE policy on Safeguarding vulnerable adults.

The evidence found on inspection that supported inspectors’ judgments was relayed to the provider verbally at the end of the inspection. The findings identified during the inspection are recorded in more detail the body of the report and an action plan is included 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Non-compliance’s were identified in relation to the recording and management of complaints on the previous two inspections in May and December 2014. Inspectors reviewed the complaint logs and found no complaints were recorded since the last inspection. However, inspectors were aware that a family member had made a verbal and written complaint regarding proposed staff changes in the centre to the person in charge on the 25/26th May 2015. The policy on complaints states all complaints are recorded and investigated’. No evidence was made available to the inspectors that any action had taken place to resolve the concern of the complaint initiator.

Furthermore, inspectors were informed by residents that their summer holidays were cancelled. Staff told inspectors that the holidays had been cancelled due to resource issues. Despite residents' concerns/complaints that their holidays were cancelled, no complaints had been recorded. No evidence was available that the person in charge had discussed with any of the residents the reason why their holiday had being cancelled.

A complaint from the last inspection had been actioned in relation to accessing an independent advocate. The resident had met with the advocate on a number of occasions to discuss their concerns regarding accessing respite services and the advocate was supporting them in pursuing their concerns.

Inspectors also reviewed the actions taken since the previous inspection to ensure residents’ financial arrangements were safeguarded. Inspectors found there was inadequate monitoring of residents’ money. For example, there was only one staff signature on most transactions and there was no evidence of regular auditing to ensure
the resident’s financial records were adequately maintained; thereby ensuring good governance and monitoring.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspectors met with one resident who had verbal communication difficulties. Staff informed the inspectors that this resident had a communication passport to aid communication with others; however, this communication aid was not made available to the resident when trying to communicate with the inspectors.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The action from the previous inspection was not adequately addressed.

On the first and second inspection, the inspector found that a resident was sleeping in the sitting room in response to an emergency admission in April 2014. Inspectors found that this arrangement was unsuitable, as there was lack of appropriate accommodation to meet the number and needs of individuals sleeping in the house. Furthermore, there was a lack of private space for residents to meet visitors. Although, the provider had advised in their last action plan response that there was now a suitable private area for residents to meet their visitors, this was not found to be the case. The visitor's room identified by the provider was a sitting room which was used as a staff bedroom. This room did not meet the regulations as a suitable private space for visitors, as staff had to access this room for medications and residents case files. In
There were folders stored openly on shelves that could contain confidential information.

The Visitor's Policy had been reviewed since the last inspection and was not found to be adequate. It does not clearly state that a suitable private area, which is not the residents room, will be available to a resident in which to receive a visitor, as per the Care and Welfare Regulations 2013.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong></td>
</tr>
<tr>
<td>Effective Services</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
</tr>
<tr>
<td>The action(s) required from the previous inspection were satisfactorily implemented.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
</tr>
<tr>
<td>At the previous inspection, there were three non compliances identified in this area. They were inadequate discharges procedures recorded in the organisational policy and contracts of care did not include additional fees payable by residents with regard to medical expenses and provision of food. These issues had been addressed.</td>
</tr>
<tr>
<td><strong>Judgment:</strong></td>
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<tr>
<td>Compliant</td>
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<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Effective Services</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
</tr>
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</tr>
<tr>
<td><strong>Findings:</strong></td>
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<tr>
<td>At the last inspection, inspectors found that resident’s personal plans did not reflect their...</td>
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changing health and social care needs, this remained the case. While residents had personal plans, these plans were not up to date and did not direct the staff in the delivery of person centred care required by residents.

Inspectors found that one resident's health care plan was not reviewed following two episodes of ill health and did not direct staff as to the care to be provided should a similar emergency occur. Following these incidents, there was no follow-up or review meeting held by the person in charge with the multi disciplinary team to review the deterioration in the resident’s health.

The plans in place with regard to the provision of a summer holiday for residents had not been reviewed. As detailed above under Outcome 1 inspectors were informed that these holidays had been cancelled.

Judgment:
Non Compliant - Moderate

### Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

Findings:
At the last inspection, there were seven non-compliances identified under safe and suitable premises. One of these non-compliances had not been addressed since the first inspection and had been re-actioned on the second inspection. This related to an insufficient number of bedrooms in one house to meet the number and needs of residents. This action remained unresolved following this, the third inspection.

Other non-compliances identified on the second inspection were; external security issues around one house, safety and accessibility issues between two of the houses and external hazards; such as, risks of an external door falling. Additionally, mobilising equipment and maintenance issues relating to dampness in two rooms in one of the houses were also found to be non-compliant. The inspectors reviewed the actions taken to resolve the seven non- compliances and found that three were complete, two were partially complete and two remained active.

Gates had been installed at the sides of one of the house’s thereby enhancing security for residents. Actions also addressed since the previous inspection included, the removal of a disused vehicle and the broken toilet door and outside toilet was removed.
Handrails had been installed in the bathrooms to aid access and egress for the bath/shower areas. Inspectors found that the dampness that was evident in one of the houses had improved.

No action had been taken to address the poor accessibility between the two houses to aid residents accessing the staffed house if they required staff support. This was an issue identified following the last inspection when the emergency call bell system had not worked and residents had sought assistance from staff. The service provided is that while there is no staff available during the night to one house, in order to ensure the safety and security of residents they can access the staff of the staffed house, therefore safe accessibility to the staffed house is required.

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

Findings:
There were twelve actions identified under this outcome at the registration inspection in December 2014. Inspectors found that eight of these actions had not been completed.

Fire Safety
Fire management continued to pose a risk to residents. The personal evacuation plans (peeps) for the residents living independently were previously found to be inadequate and required review. On this inspection, staff on duty could not locate a personal evacuation plan (peep) for one resident. This is required so that all staff are aware of the residents personal evacuation needs to ensure safe evacuation. A chain lock was in place on the inside of the front door (of the unstaffed house). This would impede access in the event of emergency. A verbal immediate action was issued and the lock was removed the following morning. The provider had responded that the new staffing rosters would be implemented as a fire and risk management response by the 30 April, but this had not occurred. This is re-actioned under staffing in Outcome 17.

The inspectors spoke with two of the staff on duty with regard to their knowledge of the fire evacuation procedures. Inspectors found these staff were unclear as to the sequence of steps to follow in an emergency. Staff stated that they would “evacuate all of the residents first and then ring for help” this did not reflect the organisations evacuation procedure. Inspectors found that the staff working in this centre required refresher fire training to ensure they were aware of the correct evacuation procedure. The fire alarm had been serviced since the last inspection.
A CCTV system was available in two of the houses to monitor the external area to the front of the houses at night. Since the last inspection, staff were trained in using this system.

The risk management policy did not include clear guidance on the management of risks. Inspectors were previously told this was a national policy that was under review. This action had no input since it was identified post the 1st December 2014 inspection. The provider had responded that this would be completed by the 30 April 2015.

Inspectors had found that residents individual risks had not been adequately risk assessed on both of the previous two inspections. The provider had stated that all risk assessments would be reviewed and risk assessments would be completed by the 2 March 2015. On this inspection the inspectors found that one resident had two serious incidents where they required immediate medical attention. This risk had not been identified on the individual's risk assessment and there were no actions or control measures in place to address the risks associated with the resident’s condition. In addition, the inspector reviewed other risk assessments and they continued not to be risk rated as per the risk management policy and no review dates were in place.

Inspectors found the assembly point to evacuate to in the event of an emergency was clearly identified and emergency packs were available with equipment such as a torch, spare car key and key's for the day centre.

Judgment:
Non Compliant - Major

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

Findings:
An action issued at the last inspection regarding reviewing the safeguarding vulnerable adults policy was actioned. The requirement to train staff on safeguarding vulnerable adults and Garda vetting of staff was documented in the recruitment and staff training policies. However, the policy requires review to incorporate all of the recommendations of the new HSE national policy on safeguarding vulnerable adults.

The inspector noted in one of the houses, that there were environmental restrictions in place, for example, locking the kettle away in the evenings/night to prevent a resident
from using the kettle unaided. This restriction impinges on the rights of all residents. No referral had been sent to an Occupational Therapist (OT) for an assessment regarding alternative options available for residents to make tea safely prior to this restriction being implemented. Also inspectors found that this risk had not been risk assessed or risk rated, despite a referral having been sent to the human rights committee for review on the 25 May 2015.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Health and Development

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

**Findings:**
At the last inspection, the inspector identified that there was a need for an assessment of the resident's environmental risks such as cooking unsupervised and for aids to assist residents with bathing. The physiotherapist had assessed the residents for aids to assist with bathing but no occupational therapist assessment had been completed regarding the residents ability to cook unsupervised.

Inspectors found that where a resident's medical condition had deteriorated this was not adequately documented in the resident's health plan. For example, one resident had two episodes of collapse due to a medical condition. This risk was not recorded in the resident’s medical notes or follow up care plan in the resident’s health records. This is actioned under outcome 5.

At the last inspection, the inspector observed that a General Practitioner had recommended regular exercise, for a resident, this had not been adequately achieved due to staff shortages. This is actioned under outcome 17.

At the last inspection, the inspector found that psychological and social assessments had been completed for a resident but the findings of the assessments had not been implemented. This has been addressed. Social worker records supported that staff training on dementia care had also been completed.

A resident had been assessed by a Speech and Language Therapist on the 15 May 2015. As the person in charge had not ensured that all staff were informed of the recommendations from this assessment these had not been enacted.

**Judgment:**
Non Compliant - Moderate
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
At the last inspection, the inspector found that there was no evidence that the person in charge had reviewed or followed up on medication errors, and similar findings were identified on this occasion. On this inspection, the inspector found another recorded medication error had not been followed up by the person in charge. A staff member had noticed that a medication administration record had only been signed once a day even though the medication was prescribed four times per day. Staff had completed a medication error form in accordance with organisational policies and procedures; however, there was no evidence that the person in charge had followed up on this medication error to find out if the medication had been administered as prescribed, or why the medication was not signed as prescribed.

Since the last inspection, the medication management policy has been reviewed and includes procedures to follow in the event of a medication error.

An audit of medication practices in this centre had been completed since the last inspection, however no issues of concern had been identified, this audit had been reviewed and signed by the person in charge. The inspectors noted that the medication audit was not comprehensive as it failed to include a review of the medication error recorded in the centre.

Judgment:
Substantially Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
A written Statement of Purpose (SOP) which identifies the services and facilities provided to residents living in this centre was available. At the last inspection, the inspector found that the services and facilities outlined in the SOP and the manner in which care was provided was not accurately reflected in the SOP. This was actioned following the last inspection and had not been adequately addressed. The SOP did not accurately identify the support hours allocated in each of the houses or the whole time equivalent (WTE) of staff working in the centre was not reflected on the duty roster.

On this inspection, the inspector found that the person identified at the last inspection as a person participating in the management (PPIM) of the centre was no longer in post. Currently there is no person identified to act as person participating in the management of the centre (PPIM) in the absence of the person in charge.

Judgment:
Non Compliant - Moderate

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:
 Poor governance and management has been consistently identified in all inspections to date in this centre and has been the subject of action plans following previous inspections. Some of these actions relate to the management of risks, adequacy of staffing to meet the assessed needs of residents, support and supervision of staff, financial oversight of residents money, review of medication errors and the management of complaints. After the previous inspection, the provider nominee was required to attend a meeting with the Authority where the provider was informed of the serious concerns relating to the safety and quality of life for residents, and management and governance of the centre.

On this inspection, Inspectors found that the management arrangements in the centre were still insufficient to ensure the safety and quality of life for residents. Inspectors have continued to identify the same non-compliances on each of the three inspections. While some actions had been completed or partially achieved, the provider failed to show evidence of action taken to date in a significant number of non compliant areas.

In addition, the provider and management were not ensuring that the learning from
each inspection was being implemented in all houses across the organisation.

**Judgment:**
Non Compliant - Major

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

**Findings:**
Despite consistent non compliances regarding resources in this centre the provider has failed to address these. The first inspection of this centre was completed in May 2014 and an application for additional funding in order to comply with this action was not submitted until the 14 April 2015.

At the registration inspection on the 1st December 2014 the provider acknowledged to the inspector that she had not sought funding to resolve this situation, since the first inspection in May 2015, despite action plan responses stating that funding would be sought. The provider agreed to do so in January 2015. At the meeting with the Authority in April 2015 the provider stated that the application for additional funding had not been submitted due to organisational restraints and the application for funding was to be made to the funding body on the 14 April 2015.

On this inspection, inspectors reviewed the staffing arrangements in one house in this centre, following an action plan response to a previous inspection. Inspectors found that the house did not have the 'waking' night staff in place even though the provider had stated in the action plan response that this would be in place by the 30 April 2015.

Additional resources recently allocated to this centre were five hours two evenings per week, however, there were no staff supports for two residents on the other evenings/night they were in the centre.

**Judgment:**
Non Compliant - Major

### 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:**
Inspectors found that there were insufficient resources to support residents achieving their individual preferences or making individual choices about their lives. The findings of the previous two inspections found that residents staffing needs required assessment, particularly for residents that had changing health needs. However, the resident’s personal plans did not show that individual assessments of staff support requirements had been completed.

At the last inspection, the inspector found that some residents participated in or attended social activities they did not choose, as there was inadequate staffing available and residents could not be left unsupervised for safety reasons. The provider had responded to the action plan stating that two part-time additional support staff would be provided by the 31st March 2015 to support individual social activities. Inspectors found one staff member worked five hours two evenings per week in this role from the 9th of March 2015. Consequently inspectors found that the residents remained unsupported on the other evenings they were in residence with no meaningful activities available. These additional staff hours were not reflected on the staff roster. A record of the hours worked were recorded in a separate book. This is not in keeping with the regulations.

During the two previous inspections, inspectors had identified risks to residents living unsupported in one of the houses. Residents were identified as requiring support with daily tasks such as cooking, personal hygiene and social activities. Following the first inspection in May 2014 the provider was requested to carry out a staffing needs analysis for residents living in this centre. The provider had responded to the Authority stating assessments were being undertaken, however, no evidence of any of these assessments was available in the resident's files at the time of this inspection (June 2015) despite a plan to restructure staff allocation in this centre.

The inspectors found that sleepover staff were required in the unstaffed house for support and supervision of the residents in the evening and at night. The provider responded to the action plan response by advising that a "waking night" staff would be rostered by the end of April 2015. Inspectors found that the provider had failed to implement the planned new staffing compliment, as stated in their action plan dated the 30 April 2015.

Additionally, there were no transitional arrangements in place to support two residents with specific needs when planning the restructuring of staff in this centre. The resident's personal plans had identified that consistency in routines and familiar staff were essential to maintaining a safe and suitable environment for these residents. There was no evidence of transition planning being discussed with the residents, their families or the staff team prior to the recruitment of new staff for this centre. Inspectors were told that four new staff members were due to commence duty on the 29th June 2015 and
staff who had worked in the centre were being relocated to other centres in the organisation.

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

Findings:
There were three actions under this outcome from the last inspection. These were in relation to adhering to organisational policies and procedures in the centre, such as managing risk and staffing in the centre. Residents’ assessments of needs had not been completed and residents personal outcome health goals were not maintained in the residents personal plans. None of these actions were completed. These have been actioned under outcome 5. 7 and 17.

In addition, the inspectors reviewed the organisational policy on the policy on the prevention, detection and response to abuse and found it does reflect the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures and required 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
**Provider’s response to inspection report**¹

| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon |
| Centre ID:   | OSV-0004460 |
| Date of Inspection: | 04 June 2015 |
| Date of response: | 08 September 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Procedures were not in place to regularly audit the resident's finances to ensure safe financial practices were in place in the centre.

**Action Required:**

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
The head of the finance department is carrying out an audit of all of the finances and has begun implementing a new and standardised system throughout all services.

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<th>Proposed Timescale: 13/07/2015</th>
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<td><strong>Theme:</strong> Individualised Supports and Care</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
1. There was no record of complaints recorded in the centre complaints log books.
2. Measures required to resolve outstanding complaints were not recorded or actioned by the provider/ PIC.

**Action Required:**
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
The Registered Provider has notified all Persons in Charge that all complaints must be logged in the complaints log books in the designated centres as well as actions and resolutions.

| Proposed Timescale: 09/07/2015 |

**Outcome 02: Communication**

| **Theme:** Individualised Supports and Care |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Resident’s communication aids were not made available to residents when trying to communicate with inspectors.

**Action Required:**
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

**Please state the actions you have taken or are planning to take:**
The Speech and Language Therapist has met with the person on 25/08/2015 and on 03/09/2015 to review and further assess needs. Training on communication for staff who support the person is scheduled for 25/09/2015 with the Speech and Language Therapist.

| Proposed Timescale: 25/09/2015 |
### Outcome 03: Family and personal relationships and links with the community

**Theme:** Individualised Supports and Care

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

The second sitting room was used as a staff bedroom which inhibited residents having access to meet visitors in private.

**Action Required:**
Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

**Please state the actions you have taken or are planning to take:**
There will be a waking night staff in the house and the sitting room will returned to its intended use.

**Proposed Timescale:** 14/09/2015

### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

The residents personal plans did not record the individualised assessed needs or goals and the actions required to support the residents achieve their goals.

**Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
All personal plans are now being reviewed and updated. The Registered Provider has directed multi-disciplinary staff to work with the new and current staff in this designated centre to ensure a comprehensive review is done on all goals and actions.

**Proposed Timescale:** 11/09/2015

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

There were inadequate number of bedrooms in one of the houses to meet the number and needs of the residents. There were four people sleeping in a three bedroom house, (one person in the sitting room)
**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
There will be a waking night staff in the house and the sitting room will be returned to its intended use.

**Proposed Timescale: 18/08/2015**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No action had been taken since the last inspection, to address the poor accessibility between the two houses to aid residents accessing the staffed house if they required staff support.

**Action Required:**
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**
1. Gates and fences to secure back of house is completed.
2. An opening has been made in the fence between the two houses at the back to ensure secure and safe access between the houses.

**Proposed Timescale: 1. 10/07/2015  2. 19/08/2015**

**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:**
Resident’s individualised risks were not adequately risk assessed or risk rated.

**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:**
1. Risk assessment training is being delivered to all managers and multi-disciplinary staff.
2. All risk assessments will be reviewed by the Quality Manager.
3. Training will be rolled out to staff on risk management.

**Proposed Timescale:** 1. 16/09/2015; 2. 21/08/2015; 3. 28/09/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents did not have an emergency evacuation plan in place.

**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:**
All people supported have Individual Emergency Plans. The Person in Charge has checked that these are all in place and filed under Personal Outcome No. 3 – I am Safe and that all staff know this is the correct place to file these plans.

**Proposed Timescale:** 15/07/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not include clear guidance on the management of individual or environmental risks in the centre.

**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 new national risk management policy has been signed off. The Person in Charge will ensure that all staff are up to date with the new policy.

**Proposed Timescale:** 15/07/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff were unclear of the organisation’s evacuation procedure.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.
Please state the actions you have taken or are planning to take:
There is an emergency evacuation plan in place for each house and these have been reviewed and are placed on the notice board where they are visible to all people supported and to staff and any visitors.

**Proposed Timescale:** 09/07/2015

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
1. Restrictive practices were not risk assessed or risk rated, or its effects on other residents sharing the house.

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

Please state the actions you have taken or are planning to take:
1. Risk assessment training is being delivered to all managers and multi-disciplinary staff.
2. All risk assessments will be reviewed by the Quality Manager in conjunction with multi-disciplinary staff.
3. With the new staffing arrangements, these restrictions are no longer in place.

**Proposed Timescale:** 1. 16/09/2015; 2. 21/08/2015; 3. 18/08/2015

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents independent living skills, such as; cooking skills, clothes management and personal care skills were not adequately assessed, by an appropriate health professional, such as; Occupational Therapist.

**Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
All personal plans are now being reviewed and updated. The Registered Provider has directed multi-disciplinary staff to work with the new and current staff in this designated centre to ensure a comprehensive review is done on supported living skills also.
**Proposed Timescale:** 11/09/2015  
**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Staff were unaware of the findings of a Speech and Language assessment for one of the residents, and recommendations were not implemented.

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

**Please state the actions you have taken or are planning to take:**  
All new and current staff have read the Speech and Language Therapy report and are implementing the recommendations.

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**Proposed Timescale:** 15/07/2015

**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:**  
There was an inadequate system for reviewing and monitoring safe medication management practices in the centre.

**Action Required:**  
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**  
The medication management group are reviewing the audit system and audit tools. The Person in Charge will review and follow up on all errors to-date.

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

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**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:**  
1. The person identified in the Statement of Purpose SOP as participating in the management of the centre (PPIM) in the absence of the person in charge was no longer in post.
2. The SOP did not accurately identify the whole time equivalent (WTE) of staff working in the centre to reflect the duty roster.
3. The SOP did not accurately identify the support hours allocated in each of the houses to reflect the duty roster.

**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 reviewed and an updated version will be submitted to the Authority.

**Proposed Timescale:** 16/07/2015

### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There are ineffective management systems in place, as the five actions from the previous inspection were not addressed.

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

**Please state the actions you have taken or are planning to take:**
The Registered Provider is appointing a new Person in Charge for this designated centre.

**Proposed Timescale:** 21/09/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The management of risks, staffing issues, support and supervision of staff, financial oversight of resident’s money and the management of complaints were not adequately addressed.

**Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
The Registered Provider is appointing a new Person in Charge for this designated centre.
**Outcome 16: Use of Resources**

**Theme:** Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate funding resources in this centre, to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
1. Re-structuring of existing resources is in progress and almost complete.
2. Application for additional funding for extra staffing resources has been made to the funding provider again.

**Proposed Timescale:** 1. 18/08/2015: 2. 4/04/2015

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The numbers and skill mix of staff continue not to be appropriate to meet the 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:
Re-structuring of existing resources is in progress and almost complete and waking night staff have been recruited.

**Proposed Timescale:** 18/08/2015
The provider did not ensure that there was appropriate transitional planning in place to reassure residents/families and staff that resident’s support and supervision would be provided during staffing restructuring.

**Action Required:**
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Please state the actions you have taken or are planning to take:**
The Registered Provider met with the Person in Charge on a number of occasions to discuss transitional planning and staff re-structuring. Multi-disciplinary staff have had several planning meetings to ensure a lengthy induction process is in place. They have met with people supported and their family members and will continue to support this process on an ongoing basis for as long as is necessary.

**Proposed Timescale:** 14/09/2015

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge failed to ensure that there was an accurate staff rota showing all of the staff working in this centre.

**Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure that accurate staff rotas are kept in each house in this designated centre.

**Proposed Timescale:** 15/07/2015

**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 policy on the prevention, detection and response to abuse required review, as it does not incorporate all of the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy& Procedures.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
Please state the actions you have taken or are planning to take:
The Brothers of Charity Services Ireland national designated person’s group have reviewed the HSE policy. We are in compliance with this policy to the degree that we can be currently. In the absence of HSE named social workers being in place to report to, the Registered Provider is currently reporting any allegations to the local Disability Services Manager. We have consulted with the HSE on this and we are in line with what the HSE currently require us to do.

**Proposed Timescale:** 12/06/2015