### Centre name:  
A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon

### Centre ID:  
OSV-0004463

### 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:  
5

### 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:
17 June 2015 14:00 17 June 2015 19:00
18 June 2015 10:00 18 June 2015 19:00

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

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Summary of findings from this inspection
This report outlines the findings of an announced inspection completed on 17 and 18 June 2015. This was the third inspection of this centre and was carried out to inform a registration decision and to follow-up on the action plan from the inspection carried out on the 18 February 2015. This centre provides residential and respite accommodation and support services for six adults with moderate to severe intellectual disability. The centre comprises of three community residences situated in two housing estates and one detached residence Monksland, Athlone Co. Westmeath.
Findings from the previous inspections were as follows:

First Inspection - 18 August 2014 - On this inspection, inspectors found that of the nine outcomes inspected five were non compliant - moderate and four was non compliant - major. Post this inspection an action plan containing twenty five actions was forwarded to the provider.

Second Inspection – Follow up Inspection – 18/2/15 – the Inspector found that 19 actions had been completed, three partially complete and two not complete from the inspection completed on the 18 August 2014. On this registration inspection 18 outcomes were inspected and the inspector found that eleven were compliant, six were non-compliant moderate and one was non compliant major. An action plan containing 12 actions was forwarded to the provider post this inspection.

Following the registration inspection the Authority received two action plan responses and the first one action plan response was rejected by the Authority as they did not adequately address the failings identified in the report.

This designated centre is managed by the Brothers of Charity Services Roscommon. There are three houses in this designated centre and five residents availing of residential and day supports service. All residents attended work in the community or accessed day services, suitable for their needs and abilities. The designated centre provided support and accommodation on a mostly full-time basis, to both males and females, who have mild to moderate intellectual disability. Three tenants were in residence from 3.45 pm until 9.30am, Monday to Friday and all day Saturday and Sunday. Two residents lived alone in separate houses and received similar services, although they went home to their families one night at the weekend. Residents were tenants with long-stay tenancy agreements and were supported to attend day activities in the Athlone area. The houses varied from detached single-storey houses, to a single bedroom apartment. Since the last inspection, a resident had relocated to a suitable apartment in the same housing estate as where the resident previously resided. The inspector visited this apartment and found it suitable for the residents needs as it was a ground floor apartment.

Following the first inspection, the provider had assigned a second person in charge to this centre as a joint person in charge role as the previous person in charge had reduced their work hours. At this follow-up inspection, the inspector met with the two person’s in charge and found that considerable improvements had been made since the first inspection and areas where the serious risk had been identified had been mitigated. However, non-compliances remained in areas such as; risk management, premises, staffing, and governance and management. On this inspection, the inspector found that the provider and person in charge had not taken appropriate action to fully address the governance and management issues identified in previous reports. The previous joint person in charge was on extended leave and the provider had sent in an application for another person in charge to share the management role with the existing person in charge that was working part-time. However, following review of the existing and proposed additional roles and responsibilities of the proposed new joint person in charge the application for this joint position was refused by the Authority.
Since the completion of the inspection of this designated centre, the first person in charge has recommenced working in this centre on a full-time basis. In addition; a new house has been located to accommodate the resident's that were living in an unsuitable house. The inspector conducted a site visit on the 3rd of September to assess the suitability of this house and found that it was suitable to meet the regulatory requirements and residents will move into this house once the necessary documentation has been processed by the Authority and construction works are completed to ensure the premises meets the resident's individual needs.

The findings of the inspection are discussed in the body of the report and non-compliance's are identified in the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Staff members interacted with residents in a respectful manner and residents’ choices were facilitated. Residents’ meetings were held in the centre, and the inspector reviewed the minutes and saw that the residents were involved in the day to day planning for the house. Residents were consulted about the menus for their evening meals, and the week’s social activities and personal shopping planned at the resident’s weekly meetings.

The inspector reviewed the systems and documentation in place for the management of complaints. The complaints policy identified the responsible persons to contact if a person wished to make a complaint. Complaints were recorded in the log book, and were generally resolved, however, there were two serious issues that had not adequately been addressed.

1. Concerning the lack of staff support to provide adequate personal care to a resident at night.
2. A complaint regarding one resident entering another resident’s bedrooms also at night.

Both complaints were recorded in the same house. The inspector spoke with the staff member on duty and was told that these complaints remained active and had not been fully addressed. Resident’s needs were changing and as the staff members were rostered on sleepover duty in the house, staff members could not provide adequate personal care, supervision and support to the residents at night. Staff told the inspector that these complaints were recorded as these issues was impacting on the privacy and dignity of the residents, particularly where one individual was waking another resident up during the night and disturbing their sleep.
There was an advocacy service available to residents and residents had access to this service when required.

In one house there continued to be no visitors’ room available for residents wishing to meet family or friends and all residents had to share the same sitting room as there was no alternative room available to them or a quiet place to relax.

At the last inspection resident’s personal finance were not found to be well monitored, this was reviewed on this inspection and residents money were found to be correct and corresponded with the resident’s financial records. The person in charge told the inspector that a new financial recording system was being introduced in all houses in this centre, so that a consistent financial approach. This was to be implemented across all of the designated centres in the Brothers of Charity Services Roscommon.

**Judgment:**
Non Compliant - Moderate

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<table>
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<th><strong>Outcome 02: Communication</strong></th>
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<td>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.</td>
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**Theme:**
Individualised Supports and Care

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

**Findings:**
There was a communication policy in place to assist staff to communicate with residents. Staff were aware of the communication needs of the individual resident’s living in the centre. Effective and supportive aids were provided to residents to ensure their communication needs were being met. Residents’ individual communication requirements were highlighted in their personal plans, for example, one resident had a communication and strategies assessment completed on the 15/12/14 and staff were implementing the recommendations given by the Speech and Language Therapist. These recommendations were assisting the resident with their activities of living by utilising objects of reference such as physical cues to help communicate with this resident.

There were also visual schedules of daily activities and meals on display in some of the houses and this helped residents to understand the activities and routine for the day. Staff members were qualified to care for individuals with a disability. Each resident’s communication needs were documented in their individual care plans. Residents had easy access to television and radio, and resident's preferences in terms of what TV programmes or music they preferred were facilitated to meet their individual
preferences.

**Judgment:**
Compliant

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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):**
No actions were required from the previous inspection.

**Findings:**
All residents lived fulltime in the centre and some residents went home a number of nights a week or month depending on their individual needs and wishes. Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community. Residents were supported to participate in a national fundraising event and raised over €400.00 for the charity. One resident celebrate their 40th birthday party and all their family, friends and neighbours attended their party.

Residents had families who were actively involved in their care; other residents had access to independent advocates for support. Residents stated that their friends and families were welcome in the centre and were free to visit.

Residents were involved in their local community. One resident was actively involved in the “Tidy Town” community garden project. Another resident was active in the local church and like supporting cake sales. Residents had active social lives during the week and at the weekends were supported by their volunteer and staff. Residents also visited their local shops, post office and restaurants at the weekends.

Family members were encouraged to participate in the lives of the residents and the inspectors saw that they were regularly consulted and kept up to date. 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.

**Judgment:**
Compliant

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**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.

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<th>Effective Services</th>
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### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

### Findings:
Admission and discharge to the service was timely. Each resident has an agreed written contract which documented the support, care and welfare provided to the resident and the fees to be charged.

Residents’ admissions were in line with the Statement of Purpose for this centre. The admissions process considers the wishes, needs and safety of the individual and the safety of other residents currently living in the services prior to new admissions taking place.

### Judgment:
Compliant

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### 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.

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

### Findings:
Staff members had created detailed client profiles of residents which were comprehensive and individualised to each resident. Client profiles included a background history of the resident, details on the family and support network, their day service or employment, their health care and dietary needs.

Each resident’s well-being and welfare were documented in their own personalised folder which included information about their backgrounds and their personal goals for the current year. There was evidence of a multi-disciplinary approach in the individual
files. For example, one resident had a behavioural support assessment reviewed since the last inspection and staff told the inspector that the behaviour support provided had significantly reduced the number of behavioural incidents over the past number of months. However, individualised healthcare assessment were not always completed. There was one resident that was not adequately assessed for their intimate care needs. This is discussed further under risk management in outcome 7.

Residents’ personal plans were completed and kept under regular review. Personal plans were in a format accessible to their individual assessed needs. Each resident had a copy of their personal plan in an accessible format, with pictures to show the types of activities they liked to participate. Plans were created using a person centred process of assessment. The inspector spoke to a number of residents in both of the units of the centre. Residents discussed their personal plans which demonstrated their participation and agreement with goals and support plans in place for them.

Goals were created from issues and aspirations identified by the resident, their representatives and their key workers collectively. Goals identified were realistic; they had achievable steps and were geared towards further enhancing the resident’s independence, actualisation of their potential and catering to specific interests, skills and talents. Action plans for resident’s goals had detailed steps with realistic time-scales.

**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:**
There were three houses in this designated centre. Only one resident resided in two of the three premises and three residents resided in the third house. The location, design and layout of two of the houses in this centre were suitable for the needs of the resident’s as set out in their personal plans. The kitchens and dining rooms allowed space for residents to participate in preparing a meal and enjoy a comfortable dining experience. Similarly, the living rooms were spacious and comfortable in two settings, but small in the other house where three residents resided. In the larger four bedroom house the
inspector observed that there was no alternative sitting room or space for residents to go and relax for some quiet time alone, and this was impacting on one resident that had behaviours that challenge. This was an action from the previous two inspections that has not been adequately addressed.

The residents had space for furniture and to display personal belongings and the inspector saw all of the residents liked to display their personal possessions and photographs of themselves or family members and certificates of personal achievements that they had accomplished. However, in one house there was not adequate storage space in the house to store the moving and handling equipment required by one resident. Currently this equipment is stored in the resident’s bedroom/en suite and this was a hazard which could cause a risk of injury to the resident or staff.

There were adequate showering/bathing facilities in the houses. The external grounds were clean, well maintained with an adequate supply of waste disposal and recycling equipment at both settings.

Records were available to indicate that equipment in the centre had been serviced as required. Logs to the organisation’s maintenance manager, by the staff, showed evidence of prompt actions in response to premises issues identified shortly before the inspection.

**Judgment:**
Non Compliant - Moderate

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**Outcome 07: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

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

**Findings:**
There was one action from the last inspection under this outcome and this was complete.

The inspector found that a resident was not having their personal care attended to, from the time they went to bed at night (usually before 9 pm) until 8 am every morning during the week and 10 am at the weekends. As a consequence this resident’s incontinence pads were not changed for up to thirteen hours at night with a consequent loss of dignity and potential for problems arising with their skin integrity.

The inspector brought this issue to the attention of the person in charge and provider and the provider agreed to staff the house with waking night staff for two weeks while a
full assessment of the resident’s personal care needs was completed. In addition; the inspector requested a full multidisciplinary team review of the resident’s physical equipment needs, safe moving and handling needs and staffing support needs to be completed and that a follow up report to be sent to the Authority of the immediate actions taken by the provider and persons in charge to safeguard this resident health and well-being. This preliminary report was received on the 24/6/15.

Fire equipment had been serviced on 30/1/15. There was an up to date record of fire drills. Fire drills had been carried out in 18 Feb 2015 and 27 August 2014. There were no issues of concern documented after completing fire drills, for example, if a resident refused to move during the evacuation. The fire alarm system had been serviced in all residential units on a quarterly basis. Fire extinguishers had also received a service and were up to date in all residential units. All resident’s had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre and staff were aware of these plans. Although one resident’s emergency evacuation plan was completed on the 15/6/15 It did not specify the staff support required to safely mobilise this resident in the event of a fire. In addition; the inspector found that the actual staff support required for safe moving and handling of this resident on a daily basis was also not clearly documented.

The centres fire protection policy was identified in the safety statement. Fire evacuation procedures were detailed and specific to each residential unit. Staff spoken with indicated what they would do in the event of a fire, demonstrating knowledge of and an understanding of using the fire doors within the premises. Fire drills had been carried out regularly and reviewed after each drill to ascertain their effectiveness and if improvements were required.

Infection control measures were sufficient given the purpose and function of the centre. Alcohol hand gels were located in both residential units. Colour coded mops and buckets were in use in each residential unit and designated specific areas to clean to prevent cross infection.

The risk management policy in place was currently under review by the National Board of the Brothers of Charity Ireland. There was risks register in place in each of the respite houses; which identified different categories of risk. For example; physical, environmental or chemical hazards and all were risk rated appropriately. Potential risks and hazards in the centre were also documented in the ‘risk register’. Each documented risk had an assessment of the level of risk and risk reduction strategies documented. However, the moving and handling equipment available in one house was not being used, as it was identified as a hazard due to lack of storage space. This was not included in one of the house’s risk register. The inspector could not review the accidents and incidents recorded in one house as they were not available for inspection.

**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):**
No actions were required from the previous inspection.

**Findings:**
There were measures in place to safeguard residents and protect them from abuse. There was a policy and procedures for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. Staff working in the centre had received training in the prevention, detection and response to abuse. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date.

The inspector reviewed the behavioural support measures and restrictive practices in place in one house. There were environmental restrictive practices in place in the centre which were used in conjunction with an associated behaviour support plan and ongoing input from a behaviour support team that comprised of Allied professionals such as Psychologists and the Psychiatrist.

The inspector reviewed one behaviour support plan. It identified the underlying causes of behaviour that was challenging for the resident. Specialist and therapeutic interventions were implemented and reviewed regularly by the person in charge and relevant Allied professionals for example, clinical psychologist and psychiatrist.

There was a policy and procedures in place for the provision of intimate care, however, in one case the assessed needs of the resident was not implemented in practice. This has previously been discussed under outcome 7

**Judgment:**
Compliant

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

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

Findings:
Record of all incidents occurring in the centre was not maintained and therefore, it was unclear to the inspector if all notifications had been notified to the Chief Inspector. This is actioned under outcome 7
Where no incidents were required to be notified to the Authority under regulation 31 (1) (2) (3) have taken place. The register provider did not notify the chief inspector of this fact on a six monthly basis.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
Residents’ general welfare and development needs were proactively supported in the centre. ‘Circle of support’ meetings and a person centred planning process were some of the methods used to establish residents' educational, employment and training goals.

Residents had opportunity to attend personal development activities suited to their interests and capabilities, for example day services, training centres or employment or received an individualised service from their home.

Residents engaged in social activities within and out of the centre for example, some residents liked to go to for walks and attend community gardens in Roscommon. Residents were regular attendees at local music concerts. There were photographs in the residential units which evidenced residents had attended concerts, plays, musicals and had enjoyed holidays and nights out.

Residents had choice and autonomy in making decisions of how they wanted to spend their day. Some residents were supported to engage in social activities with the assistance of a staff member.
Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
Resident’s healthcare needs were generally supported by staff and residents family members, and local General Practitioner. The inspector observed that residents had appropriate access to General Practitioner (G.P.), Speech and Language Therapist (SALT), Physiotherapist, and Psychiatrist. Residents also had access to allied health professionals such as Speech and Language Therapists, Opticians, Dentists, Behaviour Support staff.

Residents participated in choosing their weekly mealtime menu options and had the opportunity to eat their meals in pleasant surroundings. The dining and kitchen facilities met the needs of residents. Fridges and food presses had a good supply of frozen and fresh produce. There was a good choice of condiments for the preparation of fresh meals.

Residents enjoyed healthy freshly prepared meals in the centre. Staff supported residents to understand healthy and unhealthy food options and were encouraged and supported to make healthy choices.

The inspector found that there was not appropriate arrangements in place to support residents’ intimate care needs as discussed in outcome seven. This residents personal care needs were poorly managed through a shortage of staffing and inadequate equipment and staff training. However, most residents support plans were regularly reviewed and updated and guided contemporary evidence-based practice. For example, one resident that displayed behaviours that challenge, had regular and on-going monitoring of anti psychotic medications, and mental health reviews by the psychiatric services.

The inspector found other evidence of staff attending to resident’s healthcare needs in a prompt manner and good follow up on medical issues. For example, one resident that would eat inedible objects was closely monitored and a new protocol was in place following an action from a previous inspection. All staff working in the centre were aware of the risks and the consequences of this on the health and welfare of the resident.
**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
There was seventeen medication errors recorded in this centre. There were nine medication error recording forms complete in one house and seven in another. There were two serious errors where medications were given to the wrong resident two days in a row by a relief staff. The staff that administered the medication error, had received retraining in medication management and medication audits were completed in each of the houses following these incidents. The person in charge had not, in that instance, ensured that the relief staff member that administered the medication to the residents was familiar with residents or that there were appropriate safeguarding procedures in place for relief staff to be administering medications to residents.

Staff on duty at the time of inspection were aware of the medication management policies and procedures in the centre. Staff spoken with outlined the manner where medications which were out of date or dispensed to a resident but no longer needed, were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was a written statement of purpose that described the service provided in the centre.
The services and facilities outlined in the Statement of Purpose, and the manner in which care was provided, reflected the diverse needs of residents.

**Judgment:**
Compliant

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**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

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

**Findings:**
The provider did not comply with the process of completing the application to register this centre promptly. The Authority has had to send out incomplete application letters to the provider to inform them that the required documentation was not complete. The inspector met with the provider on 2 April 2015 to discuss governance and management arrangements of all of the designated centres in the Brothers of Charity Roscommon. The provider was given evidence showing consistent non-compliance in some of the centres managed by the persons in charge and that a robust governance of centres across the organisation was required.
The provider was requested to review all of the action plan responses for all of the centres including the governance arrangements and to submit an action plan response to the Authority following this review. This was returned on the 1 May 2015. However, it did not adequate address the governance and management issues identified during the previous inspections.

There was two managers jointly managing this centre. The person's in charge were suitably qualified nurses who were appropriately experienced in the area of Intellectual disability. One person in charge has been managing this centre for a number of years and has reduced their hours to part-time hours. A second joint person in charge was put
in place for six months last year. However, this person was on long term leave and another nurse manager had been allocated to the position of joint person in charge since April 2015. The persons in charge have the responsibility 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.

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 inspector reviewed the application for the new person in charge of this centre and found that since their initial appointments as second Person’s in Charge of this centre, their responsibilities have been extended from five designated centres to eight designated centres and seven other services. These include (19 residential houses, seven-day services) servicing Co. Roscommon and Athlone.

The inspector was told by the Joint Person’s in Charge their hours of work and responsibilities are as follows:

PIC one: works part-time six days a fortnight. She jointly manages two designated centres and six day services for up to 38 people. PIC two: is contracted to work 70.2 hours a fortnight.

PIC 2 was previously responsible for five designated centres in a shared Person in Charge role with another manager on a part-time basis. However, in April 2015 the provider requested that she extend her role of responsibility by another two designated centres. This role was to be shared with a second person in charge, and the application was submitted to the Authority for approval. Following this application being submitted, the person in charge was working between Co Roscommon and Co Athlone a number of days a fortnight.

This 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 this service which includes two designated centres (5 houses) and six day services in Athlone in South Roscommon.

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 the requirements of the Regulations and Standards. The person in charge told the inspector that she meets with staff every six weeks and holds a staff meeting with all staff from the two houses every three months. However, despite the PIC’s attempt to manage this centre within their time available, the person in charge told the inspector that they are not engaged in the day to day management as they had inadequate time and opportunity to meet staff due to the breath and extent of their responsibilities.

The inspector found that there was not adequate support for the staff in the
governance, operational management and administration of the centre on a regular and consistent basis. This was evidenced by the lack of management of complaints, risk management, healthcare issues, medication management and shortage of staffing in the centre.

The inspector advised the provider and persons in charge that the roles and responsibilities of the shared PIC role were too broad and did not meet the Care and Welfare Regulation 2013. They have been advised to implement alternative Person in Charge arrangements for the governance and management of these centres.

Since the inspection the inspector has been informed that PIC one has recommenced working full-time and has become the full-time person in charge for this centre. The provider has agreed to support and supervise the person in charge on a regular basis to ensure that all of the findings of this report will be implemented. A representative for the provider has carried out bi-annual unannounced visit to prepare a written report on the safety and quality of care and support provided in the centre. This was made available to the inspector following the inspection.

**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 was notified of the absence of the person in charge for more than 28 days as required.

**Judgment:**
Compliant

**Outcome 16: Use of Resources**

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

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

Findings:
The centre was not adequately resourced to meet the needs of residents. Staffing resources and skill mix were not based on the assessed needs of residents, particularly at night and for residents whose health had recently deteriorated. Some residents were being staff through crisis funding and the inspector was told that they had no funding to supply the required staffing requirements in the long term for some residents living in this centre that had complex medical needs.

Maintenance issues were addressed promptly and the centre was suitably resourced with equipment and furnishing to meet the needs of the residents that lived there.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The inspector found that there was not enough staff working in the centre during the two days of inspection. In particular, there was inadequate staffing identified in one house in the evenings and at night. For example; residents personal care needs were not been met with the residents bedtime routines based around staffing availability.

A sample of staff files were reviewed as part of the inspection, however, one person in charge had no contract of employment on file to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The person in charge maintained a planned and actual duty roster.
Training records showed on-going staff training for all staff working in the centre. They had received training and refresher training in areas such as client protection, managing behaviours that are challenging, fire safety and medication management.

**Judgment:**
Non Compliant - Moderate

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**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:**
Written operational policies were in place to inform practice and on review the inspector found that all policies set out in Schedule 5 were in use.

The statement of purpose and resident’s guide were available in the centre and the most recent inspection report was available to residents, their family and visitors. The centre was insured and this was up to date.

Information relating to residents and staff were securely maintained in the office of the centre and were easily retrievable. A directory of residents was up to date and met the requirements outlined in Schedule 3.

**Judgment:**
Compliant

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**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

<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-0004463</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>17 June 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01 September 2015</td>
</tr>
</tbody>
</table>

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:

A number of complaints were not actively managed or resolved, despite a number of incidents reports and complaints logged in relation to privacy and dignity and personal care issues as a result of inadequate staffing in this centre.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
New complaints books are in place.
Key worker writes up the complaint and the action taken.
PIC signs off ensuring all actions are taken to resolve the complaint in a timely manner.

Proposed Timescale: 23/08/2015

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 was inadequate communal space in one of the houses to meet the assessed needs of the resident.

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:
1. PIC is actively seeking a more suitable premises in the area where the people live.

Proposed Timescale: 23/02/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not adequate storage space in the house to adequately store the moving and handling equipment.

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:
A storage place has been decided upon for the safe storage of moving and handling equipment.

**Proposed Timescale:** 28/08/2015

### 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:**
The moving and handling risks of residents’ were not adequately managed to ensure the resident's personal care needs were safeguarded.

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

**Please state the actions you have taken or are planning to take:**
The Risk Management policy has been amended to include measures and actions for control of risks.

**Proposed Timescale:** 23/08/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no record of accidents or incidents kept in one house available for review.

**Action Required:**
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
PIC reviewed the system of keeping a copy of the incident records on site. Photocopier provided to service. All incidents written up and photocopied. All incidents reviewed at each team meeting.

**Proposed Timescale:** 30/07/2015

### Outcome 09: Notification of Incidents

**Theme:** Safe Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Notifications under regulation 31 (1) (2) (3) were not sent to the Authority.

**Action Required:**
Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six-monthly basis.

**Please state the actions you have taken or are planning to take:**
All notifiable events are now been returned accordingly, either three monthly or six monthly.

**Proposed Timescale:** 30/08/2015

<table>
<thead>
<tr>
<th>Outcome 12. Medication Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Health and Development</td>
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</tbody>
</table>

**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 the relief staff were competent to administer medication to residents without supervision.

**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:**
On-site training given to all staff including relief staff. Medication audit has taken place and all recommendations followed up on.

**Proposed Timescale:** 30/08/2015

<table>
<thead>
<tr>
<th>Outcome 14: Governance and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider has failed to ensure that this centre is managed effectively, with appropriate operational management, and administration of this designated centre.

**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:**
PIC has returned to full time position.

**Proposed Timescale:** 30/08/2015

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
This designated centre has no clearly defined management structure that identifies the lines of authority on a day to day basis.

**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:**
1. CNM1 .69 WTE position to be advertised externally.
2. Statement of Purpose to be amended to reflect Management structure.

Proposed Timescale: (1) 31/08/15 (2) 04/09/15

**Proposed Timescale:** 04/09/2015

**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 and support 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:**
Unannounced audit planned by management.
Proposed Timescale: 30/09/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
This centre is inadequately resourced to meet the long term needs of the residents.

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:
Staffing requirement have been assessed and additional costs and WTE have been applied for and submitted to our funders.

Proposed Timescale: 25/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate staffing resources available 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:
Night time waking staff costed. Extra staff support for mornings and evenings costed and submitted to our funders.

Proposed Timescale: 23/08/2015