**Health Information and Quality Authority Regulation Directorate**

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

<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-0004465</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Roscommon</td>
</tr>
<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>Damien Woods;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 28 April 2015 10:00
To: 28 April 2015 13:00

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>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This was the second inspection and was a follow-up inspection of this Residential Service carried out by the Health Information and Quality Authority (The Authority). This designated centre is one of the seventeen residential services run by the Brothers of Charity Services, County Roscommon.

This centre provided residential accommodation and support services for six adults with mild to moderate intellectual disabilities. As part of the follow-up inspection, the inspector visited one house and met with residents’, staff members, and the Person in Charge (PIC). During the inspection, the inspector observed the premises, and followed up on the actions from the last inspection.

Previously; inspectors had found that two of the three premises occupied were comfortable, clean and homely; however, one of the houses that was owned by the Brothers of Charity Services had a flat attached to the side of the house which was in need of major renovation. There was evidence of dampness and inadequate ventilation in a number of rooms. On this follow-up inspection inspectors found that the dampness identified had been addressed, however, the structural works required to completely resolve the issue have not yet been complete. Training on managing risks and food hygiene, had not been completed since the last inspection and re-actioned again on this inspection. The provider had not completed an annual audit of the centre and this required review.
The staff interviewed showed a good knowledge and understanding of residents' individual needs, wishes and preferences. They had taken steps to address some of the non-compliances identified on the previous inspection. The Inspector observed good interactions between staff and residents. There were three premises and there were six residents living in three of the houses. The first house was a two-storey terraced house in a housing estate, two other houses were bungalows situated on detached private sites. One house was privately rented from a landlord, the other two houses were owned by the Brothers of Charity services.

While evidence of compliance was found across most outcomes, there continued to be areas of non-compliance with the Regulations and the National Standards. These are issues discussed further in the report and are included in the Action Plan at the end of this report.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were three non-compliances identified during the first inspection of this designated centre. These related to managing residents’ finances, management of complaints and residents having the right to choose their daily routine. Two of the three actions had been adequately addressed, and the third had been partially addressed.

At the last inspection, the inspector found that there were inadequate systems in place to ensure residents’ money was safeguarded as it was not consistently monitored and records keeping of financial transactions were not adequately maintained to protect resident’s finances. In addition, there was no regular or random auditing of the financial records carried out by a member of the senior management team in any of the houses in this centre.

On this inspection, inspectors found that Financial procedures had improved. There was evidence of good monitoring of residents money and audits of resident’s finances regularly taking place. These had been reviewed by the person in charge.

At the last inspection, the inspector had also found that some complaints recorded in the complaints log were not adequately managed or resolved. For example, in one of the houses, two residents had complained about the length of time they had to spend travelling on a bus to/from their day services. Inspectors reviewed the actions taken to resolve this issues since the last inspection and found that the transport arrangement had been reviewed and the person in charge had organised shorter travel times for the residents; in addition, the complaint had been escalated to the provider for additional resources to resolve the staffing issue, however, to date this complaint had not been adequately resolve. This non-compliance is re-actioned under Outcome 16 Resources.
**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:**
Following the last inspection there were two actions issued under safe and suitable premises. The major non-compliance related to the flat attached to one of the houses, where an individual lived semi-independent. The Inspector had found significant dampness and inadequate ventilation in a number of rooms in the house. Furthermore, the heating and storage was inadequate.

On this follow-up inspection, inspectors visited the self contained flat, and found that there was no dampness in the bathroom. The bathroom continued to require renovation to remove the bath and to replace it with a walk in shower room to meet the needs of the resident living in this apartment. The person in charge told inspectors that this work had been costed and they were currently seeking funding for the work. The dampness in the kitchen had also improved, however the wooden floors required replacement due to water damage. In addition, staff had been heating and ventilating the apartment on a daily basis.

A new wardrobe had been purchased for the resident living in the apartment to increase storage space for their clothes.

**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:**
Fire risks were identified at the last inspection. The inspector had found that there was not adequate emergency lighting in place in this centre, and smoke alarms were inadequate to ensure safe evacuation of residents in the event of a fire. On the follow-up inspection, these risks had been addressed. Emergency lighting had been installed and the fire alarm system had been connected to the main electrical supply.

Staff had completed training in safe moving and handling of resident’s, however, staff continued to require up to date training, in first aid, as well as basic food and hygiene training. This is actioned under outcome 17.

On the last inspection, inspectors found that further guidance and training was required by staff members in relation to identifying, recording and managing risks. This training had not yet been completed by the staff working in this centre.

Judgment: 
Non Compliant - Moderate

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

**Theme:**
Health and Development

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

**Findings:**
On the first inspection the health care needs of the residents were found to be non-compliant minor, the inspector had found that one resident's weight management was not properly assessed by a dietician. On the follow up inspection, inspectors found that the resident had been assessed by a dietician and there was now evidence of a nutritional weight loss plan and exercise regime in place to promote weight loss.

Judgment: 
Compliant

**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
At the last inspection the inspector found that the governance and management of this centre was non-compliant - moderate. The Person in Charge of this centre was only managing in an acting position and inspectors had found that there was a lack of management support and supervision in this centre. Particularly; in the maintenance of safe and suitable premises, financial management, healthcare issues and risk management.

Since then; the person in charge was made full time in this post and inspectors found that there was evidence of compliance with the regulations, particularly in relation to premises issues, financial management, and healthcare. However, risk management, annual reviews, and unannounced inspections by the provider continued to be non actioned.

**Judgment:**
Non Compliant - Moderate

---

**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:**
There were inadequate resources available in this centre to allow residents choose their daily routine. For example, two residents living in this centre were retirement age; however, they could not retire as there were insufficient resources available to allocate staff to support them at home during the day, should they choose.

**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:
Previously, the inspector identified non-compliances moderate in relation to workforce in this centre. This non compliance related to lack of continuity of staff working with residents and inadequate training for staff. Inspectors spoke to one resident living in the centre regarding and the staff changes and he said that he knew all of the staff working with him.

The inspectors were told a permanent member of staff had transferred to work in one of the houses in this centre recently and this had help with maintaining consistency of staff in the house.

There was evidence that staff received some training since the last inspection and the person in charge confirmed that training was on-going for all staff. However; inspectors noted that training on food safety, and risk management continued to be required for all staff.

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

<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-0004465</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>28 April 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07 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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The bathroom required renovation to change from a bath to a walk in shower room to meet the needs of the resident living in this apartment.
The wooden floor in the kitchen required replacement due to water damage.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
We have submitted costings for renovations to our funding provider, to allow us to complete changing the bath to a walk in shower and replacing the kitchen floor. We are awaiting the allocation of these monies and we will carry out the work promptly on receipt of the funding required.

**Proposed Timescale:** On receipt of capital funding 30/11/2015

---

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Further guidance and training was required by staff members in relation to identifying, recording and managing risks and this training had not yet been completed.

**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:**
Risk management training workshops are planned and will commence being delivered in September.

**Proposed Timescale:** 15/12/2015

---

**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:
Annual reviews and unannounced inspections by the provider were not completed.

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

**Please state the actions you have taken or are planning to take:**
An unannounced inspection was carried out on behalf of the registered provider in June and further inspections are planned for the second half of 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:**

There were inadequate resources available in this centre to allow residents choose their daily routine. For example, two residents living in this centre were retirement age; however, they could not retire as there were insufficient resources available to allocate staff to support resident's at home during the day, should they wish to stay at home.

**Action Required:**

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

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

We do not have the financial resources in our current service level agreement allocation to provide additional services. Costings have been submitted to our funding provider to provide staffing during the day to allow us develop this new service so that the two people can stay at home.

**Proposed Timescale:** On receipt of revenue funding 30/11/2015

### Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Staff did not have up-date training in basic food and hygiene training, first aid or risk management. This was an action from the previous inspection that had not been addressed.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All of these trainings are part of our suite of mandatory training that are delivered on an ongoing basis to all staff. Training courses were run in June and July and further courses are planned for September through to December.

**Proposed Timescale:** 03/09/2015