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

## Centre ID:
OSV-0004465

## 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:
Marie Matthews

## Support inspector(s):
None

## Type of inspection
Announced

## Number of residents on the date of inspection:
6

## 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 3 day(s).

The inspection took place over the following dates and times
From: To:
16 June 2015 10:00 16 June 2015 18:30
17 June 2015 09:30 17 June 2015 18:30
22 June 2015 14:00 22 June 2015 16:30

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 set out the findings of an announced registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to register a designated centre. This centre provided residential accommodation and support services for six adults with mild to moderate intellectual disabilities in three houses. One house has a separate self contained apartment at the rear which accommodates one resident. Five residents are accommodated on a long term basis and one resident has a shared care placement with his family.
This inspection took place over three days and was the third inspection undertaken by the Authority. The findings of the previous monitoring inspection concluded that some improvements were required to meet the requirements of the Regulations. A subsequent follow up inspection was completed on the 28th of April 2015. The action plan was reviewed during this inspection. The inspector found that only one of the four actions from the last inspection had been completed satisfactorily and one was partially completed. The action plans in relation to Outcome 6, Safe and Suitable Premises and Outcome 7, Health and Safety and Risk Management were not adequately addressed. A bathroom in one house continued to be unsuitable for the resident and all staff had not completed formal training in food hygiene.

The inspector found that the three houses were generally well maintained and found to be clean, comfortable and welcoming. There was a good standard of décor throughout. Residents were supported to live independent lives. There was a good emphasis on personal care and ensuring personal wishes and needs were met. Residents were assisted and supported to live fulfilled lives.

The inspector found that the residents were well cared for and that their nursing care needs were being met. Residents had good access to general practitioners (GP) and support services. Governance arrangements had been changed since the last inspection and a new Person in Charge (PIC) was in post. She also retained her previous full time post as manager of day services. Staff had completed mandatory training as required by the Regulations however, some staff required training in specialist areas to help them to meet the needs of the residents in their care and several staff were overdue refresher training in managing behaviour that challenged.

The centre was not adequately resourced at the time of the inspection and this was impacting on the choices available to residents. The inspector found the staffing level required review to take account of the changing needs of some of the residents. The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.
Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The inspector spoke with some residents who confirmed they were able to make their own decisions about what they chose to do with their time, day and night. A picture of and contact details was displayed in each house of an independent advocate available to assist residents. Photographs of the staff on duty on the day were also displayed in the kitchen/dining room. The inspector observed staff interacting with residents in a respectful manner and residents confirmed that their privacy was respected.

There was a policy in place that covered resident’s personal possessions. Each resident had their own bedroom which were decorated and personalised with their own possessions. There was adequate storage in bedrooms for residents clothing and possessions. Locks were provided on bathroom doors to ensure privacy.

A copy of the complaints policy was available in each house in an accessible format with a step by step guide of the various steps involved in making a complaint. The inspector viewed the complaints log in one house to review how complaints were managed. A new complaints form was in use which documented the nature of the complaint, the investigation that took place and the outcome of the complaint however, the complaint form did not prompt staff to record if the complainant was satisfied with the outcome of the complaint.

The inspector reviewed a complaint identified by the inspector on the first inspection of the centre where two residents complained that they had to travel for up to an hour and half on a bus twice a day going to get to and from their day service. The trip is approximately 13 kilometres however the bus route was protracted as other residents were collected on the way and the residents had complained that they found the trip
tiring. This arrangement had been subsequently reviewed and alternative arrangements made to reduce the residents’ travel time. The residents confirmed that they were satisfied with this outcome.

Systems were in place to ensure residents’ finances were appropriately managed were under review and interim measures were in place pending new individual accounts been set up for residents. Records of all transactions were documented and had been signed by two staff members. 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.

Judgment:
Non Compliant - Minor

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:
Residents in the centre had good communication and were able to verbalise their views to the inspector. Individual communication requirements were highlighted in their personal plans. Residents were supported to make their views and wishes known at residents meetings. Minutes of meetings were available. Pictures of all the staff on duty and the menu for the day were displayed in the kitchen.

Communication passports were available for each resident in the event of a resident been admitted to hospital which summarised any special communication and medical needs. Personal plans had some pictures to aid communication.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
Residents were supported to develop and maintain positive personal relationships with their family members and the wider community in the area. Residents said that their families were welcome to visit and some families were actively involved in residents care. The inspector saw that families attended multidisciplinary reviews and personal planning meetings and were consulted and kept up to date with residents’ progress. Personal plans contained information about residents’ families and residents showed the inspector their families photographs displayed in their bedrooms.

The inspector saw that staff advocated on behalf of residents to involve families who were not actively involved in their lives. Residents visited the local community facilities in the area, such as local pubs, restaurants, library and church as well as taking part in social activities in the house such as music sessions, art and crafts.

**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.*

**Theme:**
Effective Services

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

**Findings:**
There was an admission policy available to guide the admissions process and admissions were in line with the centre’s Statement of Purpose. There was evidence of consultation with the residents and their families before another resident was considered for admission. All admissions to the centre were directed by an admissions/ discharge team. This involved members of the senior management and multi-disciplinary team which met quarterly to review applications for admissions or discharges.

Each resident had a contract of care which outlined the cost of the service provided to the resident, including rental cost. Some additional costs included required clarification. For example, fuel costs associated with social outings were included in some contracts as incurring an additional charge which was not reflective of practice.

**Judgment:**
Non Compliant - Minor

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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.

**Theme:**
Effective Services

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

**Findings:**
An assessment that described social, emotional and health needs was available for each resident. The assessments outlined residents’ current abilities in relation to activities of daily living. Personal plans were developed which outlined the support needs and the actions/interventions to be put in place to help residents achieve their goals and maximum their participation in the activities of daily living. Residents attended various social activities and there were opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. For example, one resident’s liked to play pool and was supported by his care worker to play in a local bar regularly.

In one house one resident attended various leisure activities of his choosing in the community around the centre. Another resident was supported to attend work in a garden and farming project in nearby town. In the second house, two residents attended a day service run by the organisation in a nearby town. In discussions with staff and with the PIC, the inspector identified that these residents were past retirement age but continued to attend a day service 5 days a week. There was no evidence in their personal plans of any discussions with these residents about whether they wished to retire or have additional rest days and their personal plans did not take account of their changing needs or any transition arrangements for retirement. Additionally, as discussed under outcomes 16 and 17, the deployment of staff to this centre was not sufficient to supervise these residents should they wished to have additional rest days in their home.

Residents planned their social activities and personal goals for the year at their yearly personal outcome meetings. Goals were then reviewed every three to six months. There was evidence of the involvement of both residents and their families in the multi-disciplinary team yearly review meetings. A key worker supported each resident to achieve their personal goals. The inspector reviewed some of the goals set the previous year and saw that most had been realised. For example; one resident had said he wanted to purchase a car and this had been achieved with the support of staff. Another resident wished to have a mass in his house and the inspector saw that arrangements had been made with the local priest for this to take place during the summer.

**Judgment:**
Non Compliant - Minor

**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
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 six residents living in three houses which formed part of this centre. The inspector found that each house was well maintained and had suitable heating, lighting and ventilation. There were suitable kitchen appliances provided and kitchen units in each house. There were adequate furnishings, fixtures and fittings and the centre was clean and suitably decorated. There was adequate private and communal accommodation provided for residents in each house.

On the previous inspection, the inspectors identified significant dampness in one house as a result of inadequate ventilation and a bathroom with a shower which did not meet the needs of the resident who used it. During this inspection the inspector found that staff were ensuring that this house was adequately ventilated and heated to prevent dampness. No evidence of dampness was apparent at the time of inspection. The inspector found that additional wardrobe facilities had been provided in the resident’s bedroom for storing clothes or equipment in response to the previous action plan.

The bathroom facilities in one house were not suitable to meet the needs of the resident. This was identified on previous inspections and the provider was requested to address it. Whilst the provider stated that that she had submitted a request for funding to adapt the bathroom and provide a wet room which would be more suitable for the resident, this action had not been completed and remained outstanding. The flooring in the kitchen in same house was damaged and had also been included in the funding request. Both of these actions are restated in action plan at the end of this report.

**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:**
A health and safety statement and a risk management policy were available and were reviewed on the previous inspections. Risk assessments were based on a risk
assessment tool entitled “Making it happen”. Risk assessments were completed and the inspector saw evidence that a risk identified on the previous inspection had been reduced by the provision of an emergency alarm call system for one resident who lived alone in an unsupervised house. Some risks identified by the inspector during the inspection had not been assessed appropriately and were not included in the centres risk register. For example, the risks associated with staff working unsupervised with residents.

Records to confirm servicing of fire equipment including the fire alarm and fire fighting equipment were available reviewed. Staff completed regular fire drills in each of the houses and details recorded included, time and date and the time it took to evacuate all the residents. All staff had completed fire safety training and demonstrated knowledge of what to do in the event of a fire. Procedures for the safe evacuation of residents and staff in the event of fire were displayed in each house. In addition each resident had their own Personal Evacuation Plan (PEEP) and the staff interviewed were clear on the emergency evacuation procedures.

Staff had training in safe moving and handling of resident’s. Vehicles used by staff to transport residents were appropriately maintained and were checked monthly for safety issues by the services’ vehicle safety officer.

On the previous last inspection, inspectors found that further guidance and training was required for staff in relation to identifying, recording and managing risks and also in basic food hygiene. Information on basic food hygiene had been made available to staff members, but no formal training had been provided and risk management training had not been provided. These actions are restated under outcome 17 in the action plan at the end of this report.

**Judgment:**
Non Compliant - Moderate

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**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:**
Staff were observed during the inspection treating residents with respect and dignity. Those residents spoken with told the inspector that they felt safe.
There was a policy available on the prevention, detection and response to abuse and staff interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. The name of the designated person was identified in the policy and this was displayed in each house. The provider stated that work had commenced on implementing the new national policy on protection and there were plans to rolling this out in all centres run by the service. All staff were appropriately vetted and were trained in adult protection and abuse prevention. One staff member was overdue refresher training in protection.

Three of the residents in the centre had behaviour that challenged. The inspector identified that some staff working with these residents had not completed any training to assist them to support these residents.

There was a policy available to guide staff on ‘responding to behaviour’s that challenge’ and the inspector saw in the care notes reviewed that efforts were made to identify and alleviate any underlying causes. Residents and staff were supported by mental health services and the behaviour support team. Behavioural support plans seen in the residents’ personal plans to assist the staff to reduce the residents’ anxiety.

Judgment:
Non Compliant - Moderate

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

**Theme:**
Safe Services

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

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents, within three working days. The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received. Quarterly notifications had been submitted to the Authority as required. As previously discussed, an alleged incident was not appropriately notified to the Authority but had been retrospectively submitted.

**Judgment:**
Compliant

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

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

Findings:
There was evidence that the residents in each house attended local events and were active members of the community. Residents visited local facilities in the area such as the library and church, local pubs, restaurants and there was evidence of residents attending concerts and going on holidays with the support of staff. Photographs of the various events attended were displayed in resident’s bedrooms and were recorded in residents’ personal files.

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:
The centre was found to be substantially compliant and residents were supported to achieve good health outcomes through care planning, access to medical services and monitoring of residents individual health care needs. There was evidence that the residents had good access to General Practitioner’s (G.P.) and to mental health services. An out of hour’s G.P. service was also available. Residents had access to allied health care services, for example; dietetics, dental, physiotherapy, occupational therapy and chiropody were available to service users as required. Records of all referrals and follow-up appointments were maintained on the residents’ files. A ‘hospital passport’ document was available on each resident’s files for use should the resident require transfer to hospital. The document included information on aspects of the residents’ care including their physical and emotional needs and preferences.

The inspector reviewed the care notes of one resident had attended a dietician and had been identified as needing to lose weight. The residents weight was been monitored and the recommendations from the dietician were been followed. The staff member who supported this resident told the inspector that the resident was going swimming once a week and there were plans to increase this as the resident enjoyed this activity. However, the inspector found that there was no overall nutritional care plan in place to provide guidance to staff as to a suggested exercise regime to promote weight loss or the frequency that the resident should be weighed.
Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner. Food was nutritious, appetising, varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day. Some residents had their main meal in day services and others were supported by staff to prepare a meal on return from day services. A home help staff member from the HSE came to one house every evening and supported residents to cook a meal.

**Judgment:**
Non Compliant - Minor

### 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:**
This outcome was inspected and found to be compliant. There was a comprehensive medication management policy available which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

The inspector reviewed a sample of medication charts. Photographic identification was available on the medication chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

The prescription sheets reviewed were legible and medication was individually prescribed. PRN (as required) and short term medication were distinguished between on the prescriptions and the maximum dosage was stated.

The medication administration sheets reviewed contained the signature of the staff administering the medication and a signature sheet was available for reference with the signatures of the staff who administered the medication. There was space to record when a medication was refused on the administration sheet. Medication was administered within the prescribed timeframes.

Medications were stored appropriately, and there were no medications that required strict control measures (MDA’s) at the time of the inspection. All staff administering medication had received training in safe administration of medication. There was a system in place for the reporting and management of medication errors and for ensuring stock balances were regularly checked.

**Judgment:**
Compliant
Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

Findings:
A written statement of purpose was available and it reflected the day-to-day operation of the centre, the services and facilities provided and contained the information required in schedule 1 of the regulations.

 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):
No actions were required from the previous inspection.

Findings:
The person in charge reported to the provider nominee who in turn reports to the Board of Management. The PIC had recently taken up the position and had the necessary qualifications and experience for the post. Her fitness will be assessed in future inspections and will be judged by her response to compliance with the regulations. She met with the provider at monthly management meetings to discuss the management of the centre.

Governance arrangements required review. Whilst there was a defined management structure in place with lines of accountability and responsibility, in practice there was evidence that the governance was not responsive to risk and resource issues that affected residents which had been identified by the PIC and reported to the provider. This is discussed further under outcome 16. On inspection, the PIC told the inspector that she did not have the time necessary to ensure effective governance of the centre whilst also maintaining her role as manager of the day services. She was based in the
day service which was located close to two of the houses but supervision arrangements for the other houses were unclear. Staff appraisals had not been completed and there was limited evidence that key areas of the service were routinely audited as required by the regulations.

A management system to ensure the quality and safety of care and quality of life was reviewed annually as required by the regulations was still in development at the time of inspection. Unannounced inspections had not been completed by the provider however a schedule was available for unannounced inspections across all of the services including this centre.

**Judgment:**
Non Compliant - Moderate

### 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 PIC had not been absent from the centre for any period in excess of 28 days which is the notification period. Arrangements were in place for a PIC from another centre to provide cover in her absence.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

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

**Theme:**
Use of Resources

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

**Findings:**
The Inspector found that the centre was not adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. As discussed under outcome 5, there were inadequate care hours allocated to afford the older residents a choice about whether they wished to carry on attending day services or
wished to retire if they wished. Refurbishments necessary to adapt the bathroom is one house to meet the needs of the residents had not been completed due to a lack of available funding. The process of securing additional funding for these issues was discussed with the provider.

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

**Findings:**
The inspector examined staff rosters and discussed with staff their roles, responsibilities and working arrangements. The inspector also interviewed residents and reviewed their care files. While there was an adequate number of staff on duty to meet the service user’s day to day physical needs, the Inspector found there was an inadequate number of the staff with the required skill mix to meet the overall needs of the service users. As discussed under outcome 5, residents who had reached retirement age could not be afforded the choice to have an additional rest day or to retire from the day services they attended as there were not sufficient staffing available to supervise residents to stay in their homes.

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. Four staff files were reviewed which were held centrally and the inspector found that all documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were present.

Staff training files reviewed on this inspection confirmed that most staff had completed mandatory training on protection and safety of vulnerable adults, manual handling and fire safety. Other areas included epilepsy training and safe administration of medication training. One staff member was overdue refresher training in adult protection and several staff were overdue training in the management of behaviour that challenges. Staff working with residents with autism had not any documented training completed to enable them to adequately support residents.

**Judgment:**
Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The policies required in schedule 5 of the regulations were available. The inspector found that the records required by regulation in relation to residents, including medical records, nursing and general records were up to date, easily retrieved and maintained in a manner so as to ensure completeness. Documents, such as the residents guide and directory of residents were available.

Judgment:
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:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<th>Centre name:</th>
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<td>OSV-0004465</td>
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<tr>
<td>Date of Inspection:</td>
<td>16 June 2015</td>
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<tr>
<td>Date of response:</td>
<td>17 September 2015</td>
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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:

The complaint form did not record if the complainant was satisfied with the outcome of the complaint.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 column in the complaints log is headed “Complaint Resolved, Yes/No, Date” – staff will now note whether the complaint was resolved to the satisfaction of the complainant when they are completing this column.

**Proposed Timescale:** 01/09/2015

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**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some contracts of care required clarification as to what constituted an additional cost. Fuel costs associated with social outings were included in some contracts as incurring an additional charge.

**2. Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
This is the practice going forward for all services.

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

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**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:**
Some residents were past retirement age but continued to attend a day service 5 days a week. There was no evidence in their personal plans of any discussions with these residents about whether they wished to retire or have additional rest days and their personal plans did not take account of their changing needs or any transition arrangements for retirement.

**3. Action Required:**
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident’s assessed needs.
Please state the actions you have taken or are planning to take:
Transition planning will be carried out with the people in question to determine their wishes around retirement.

**Proposed Timescale:** 01/09/2015 and ongoing

**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 provided for one resident was not appropriate to his needs.

**4. 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:
We do not have the necessary capital funding within our current service level arrangement to complete this renovation work. Costings have been submitted to our funders for this additional funding.

**Proposed Timescale:** On receipt of funding – 31/12/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The flooring in the kitchen and bathroom of one house was worn and damaged

**5. Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
We do not have the necessary capital funding within our current service level arrangement to complete this renovation work. Costings have been submitted to our funders for this additional funding.

**Proposed Timescale:** On receipt of funding – 31/12/2015

**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:
There was no overall nutritional care plan in place to provide guidance to staff as to a
suggested exercise regime to promote weight loss or the frequency that the resident
should be weighed for a resident requiring assistance with weight management.

6. Action Required:
Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is
recommended for each resident and agreed by him/her.

Please state the actions you have taken or are planning to take:
A nutritional plan and exercise regime is being drawn up by the multidisciplinary team
in consultation with staff and person in charge.

Proposed Timescale: 09/09/2015 and ongoing

Outcome 14: Governance and Management
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
The governance was not responsive to risk and resource issues that affected residents
which had been identified by the PIC and reported to the provider.
The PIC did not appear to have protected time to ensure effective governance of the
centre whilst also maintaining her role as manager of the day services.

7. 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:
We do not have the necessary revenue funding within our current service level
arrangement to allocate supernumerary hours to the person in charge. Costings have
been submitted to our funders for this additional funding.

Proposed Timescale: On receipt of funding – 31/12/2015
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
Supervision arrangements for the some houses were unclear.

Staff appraisals had not been completed

8. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to
support, develop and performance manage all members of the workforce to exercise
their personal and professional responsibility for the quality and safety of the services
that they are delivering.

**Please state the actions you have taken or are planning to take:**
Monthly management meetings take place between the registered provider and the
person in charge. The person in charge has regular staff meetings and visits houses
regularly. Employee Development Plans will be carried out with all staff.

**Proposed Timescale:** 01/11/2014 and ongoing

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in
the following respect:**
A system to review the quality and safety of care and quality of life annually as required
by the regulations was not in place.

**9. 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 review was done on behalf of the registered provider by the person in
charge and the quality enhancement manager.

**Proposed Timescale:** 11/06/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in
the following respect:**
The provider had not completed any unannounced inspections.

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

**Please state the actions you have taken or are planning to take:**
An unannounced review was done on behalf of the registered provider by the person in
charge and the quality enhancement manager.

**Proposed Timescale:** 11/06/2015
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 care hours allocated to afford the older residents a choice about whether the wished to carry on attending day services or wished to retire if they wished.

Refurbishments necessary to adapt the bathroom is one house to meet the needs of residents had not been completed due to a lack of available funding.

11. 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. Transition planning will be carried out with the people in question to determine their wishes around retirement. Currently we do not have the necessary revenue funding within our service level arrangement to increase staff hours or develop a new day service at home for these older people. Costings have been submitted to our funders.

2. We do not have the necessary capital funding within our current service level arrangement to complete this renovation work. Costings have been submitted to our funders for this additional funding.

Proposed Timescale: 1. 01/09/2015 and ongoing; 2. On receipt of funding – 31/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an inadequate number of the staff on duty to meet the overall needs of the service users.

12. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
We do not have the necessary revenue funding within our current service level arrangement to increase staffing. Costings have been submitted to our funders for this additional funding.
**Proposed Timescale:** On receipt of funding – 31/12/2015

**Theme:** Responsive Workforce

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

One staff member was overdue refresher training in protection, and several staff were overdue training in the management of behaviour that challenges. Staff working with residents with autism had not received any documented training to enable them to adequately support residents.

13. **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:**

The one staff member due refresher training in protection is on maternity leave and will complete the training on return to work.

There was only one staff in need of MAPA refresher training and this is planned for 14th and 15th September 2015.

Training in supporting people on the autistic spectrum is planned for 7th September 2015.

**Proposed Timescale:** 07/09/2015 and ongoing.