<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004696</td>
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<td>Centre county:</td>
<td>Roscommon</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Margaret Glacken</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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: 29 June 2015 10:00  
To: 29 June 2015 19:00  
From: 30 June 2015 09:00  
To: 30 June 2015 16:00

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

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<tr>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**
This was the second inspection of this service and was conducted as part of the assessment for registration. A previous monitoring inspection took place on 16/17 April 2014. The service has been reconfigured by the provider since then and the designated centre which originally comprised of five houses has been organised to form two designated centres. This centre is comprised of three houses all of which were occupied during this inspection. One house is located in a modern housing estate and the other two are in more rural locations. All houses were fit for purpose, comfortable, well maintained and decorated to a good standard. Each resident had their own bedroom and furnishings, fixtures and ornaments reflected their individual
tastes and interests. Appropriate storage areas were provided. Residents had personalized their bedrooms and communal areas and told the inspector they had freedom to choose the decoration and furnishings for their rooms. There was garden space at each house which met the needs of residents living in that specific location. For example one house had extensive gardens and grounds and this had been chosen to meet the particular needs of the resident who resided there.

The inspector met all residents and staff members on duty. Care practice was observed and documentation required by legislation including personal plans, medication records, accident and incident reports, policies, procedures and the staff duty system were reviewed. The inspector found that service users were supported by a dedicated staff team that knew them well and were committed to ensuring their well being. Service users were able to make decisions and choices about their lives and were involved in the running of each house. They could pursue hobbies and activities and had access to day care and work programmes that they said reflected their abilities, were varied and interesting and that they enjoyed. In one house residents were preparing to go away for a short break and they had been supported by staff to choose the venue and the activities that they would like to do when away. In other houses residents were noted to be able to follow independent lifestyles that reflected their choices.

The inspector found that service users were supported by a dedicated staff team that knew them well and were committed to ensuring their well being. Service users were able to make decisions and choices about their lives and were involved in the running of each house. They could pursue hobbies and activities and had access to day care and work programmes that they said reflected their abilities, were varied and interesting and that they enjoyed. Residents said that they felt they were valued and at the heart of the service. The staff promoted involvement with the community and took groups or individuals on outings and ensured they took part in attending special events to expand their social networks. This had a positive impact on residents wellbeing. They were kept occupied, entertained and their interest in what was going on outside of their routine was stimulated. “The activities on offer are good and varied” residents told the inspector. In one house residents were preparing to go away for a short break and they had been supported by staff to choose the venue and the activities that they would like to do when away. In other houses residents were noted to be able to follow independent lifestyles that reflected their choices.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments focused on the needs of the individual and included risks when people were out in the community. Staff followed guidance and established programmes to reduce the risk of harm whilst ensuring people’s freedom was not unnecessarily restricted in any way.

There was evidence that service users’ healthcare needs were met with support from local general practitioners described as “excellent and accessible”. Access to specialist referrals and advice from allied health professionals was available, recorded in personal plans and adhered to by staff.
The role of the person in charge was fulfilled by an experienced manager, who had responsibility both for the day to day management and governance of the residential service and for a day care /resource centre in the area. She was familiar with the residents in each house and could describe where areas of practice were regularly reviewed to ensure that residents’ specific needs were met.

There were specific areas of good practice that were noted across the service:

- The assessments of communication capacity and the use of technological aids such as computers and tablets reflected good practice standards. Aids required were available to residents and the inspector saw that this equipment was being used with good outcomes for residents
- The social and work opportunities available to residents enabled them to have meaningful and stimulating lifestyles that they described in positive terms. They outlined how they enjoyed living in the centre and how they spent their days, commenting positively on the assistance they received from staff and
- Staff were able to describe their roles and responsibilities clearly and conveyed up to date information on residents support needs and the ways they facilitated them to achieve maximum independence.

These areas are discussed further throughout this report. The inspector found that there were some areas that required attention and these are described under the relevant outcomes and identified for attention in the action plan at the end of this report. They include the need for appropriate resource planning for vehicles to ensure that residents can maintain their independence and to ensure the responsibility of the pic can be undertaken effectively and regular reviews of a behaviour support plan where hazards for a resident and staff were identified.
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:
The inspector found that residents were consulted about their daily routines in the centre and found that residents’ rights and dignity were promoted. For example, residents’ meetings were held regularly and were used to plan activities/social events, day to day choices for menus and address any concerns that residents raised.

Residents had varied work and day activity and the inspector noted that there was good coordination between services to ensure that activities and opportunities offered to residents reflected their assessed support needs and goals outlined in personal plans. Residents who were in regular employment described their jobs and responsibilities for the inspector. They had access to transport to get them to and from work. They said they had all the opportunities they could hope for and felt respected and supported to be in charge of all aspects of their lives. There was evidence that residents had freedom to come and go from their homes as they wished and this involved accommodation of some risks. Staff were familiar with the situations that could arise and had safety measures in place but the arrangements in place required ongoing review due to changing circumstances.

There was a complaints policy in place that described the ethos, types and stages involved in complaints management and how a complaint should be made. A flow chart described a summary of the process for staff and residents. In practice staff said that they dealt with minor issues and resolved them as soon as they were raised if possible. All complaints were brought to the attention of the person in charge who addressed matters not resolved locally. The inspector saw that improvements had been made to the system for recording complaints and there was
now a separate record that outlined a summary of the complaint, the actions taken to resolve the issue, contacts with the complainant and information to indicate they were satisfied with the outcome. The inspector saw from the record maintained that the system complied with regulation 34-Complaints procedures.

An advocacy service was available to residents and the inspector was told by residents that they felt confident that they could approach staff to tell them of their concerns. One resident said he was confident he could raise issues on his own behalf and did not require an advocacy service.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspector found that there were effective and supportive interventions provided to residents to ensure they could communicate freely and to their maximum ability. For example, each resident’s communication needs were assessed and documented in their personal plans. The inspector saw completed assessments that included communication needs and areas of difficulty and where this was identified as a potential issue, a more detailed support plan was then developed. The use of technology was employed well and residents had computers, tablets and telephones that helped to improve their capacity to communicate clearly.

Staff had knowledge of alternative communication strategies such as picture exchange communication systems to support residents. The inspector noted that a behaviour plan was illustrated in picture format that a resident could interpret easily and this was been followed with a positive outcome for the resident who enjoyed the progress being made.

Other good examples of how communication was supported included:
- an easy read /pictorial version of some essential documents such as tenancy agreements was provided to residents and
- there was a pictorial representation of day to day activity available that included photographs of equipment that was used regularly such as washing machines, photographs of the preparation of meals, games and aspects of housework so that residents could see and understand what activity was taking place.
### 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:**
The inspector found that there were good networks established with family members. All residents had contact with their families and this included phone contacts and visits. Residents told the inspector about their visits to parents and other family members and described the times they saw their relations as "good times" and one resident said family were very happy to know that he had a good life style and was able to be independent.

Staff encouraged and supported regular meaningful contact with families and ensured this contact was sustained in accordance with residents’ wishes. Where relatives lived a distance away or were abroad residents were supported to make telephone calls, use skype or e mail to keep in contact. There were records available that confirmed the varied contacts between residents and their families. There was no restriction on visits except at residents’ requests.

Families were encouraged to participate in the lives of the residents, and the inspector saw that they were regularly consulted and kept up to date. Personal plans were in place to support and enhance this process. The inspector noted that residents had photographs of their family members in their bedrooms and that they attended family events. Residents were supported to attend the local community events and went to local shops and restaurants regularly.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

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

Findings:
There was an admission policy and an assessment process to ensure that the service could appropriately meet the needs of prospective residents. Residents eligible for admission came from a wide geographical area and a varied range of intellectual disability including additional disabilities. Referrals to the service were usually made by family or members of the multidisciplinary team that provided support in the community. The referral was followed by meetings of varied professional groups and family members to assess the eligibility of prospective residents’ and where the service could offer the most appropriate placement.

The inspector saw examples of situations where residents moved between services and found that the needs of the resident were a priority when such moves were undertaken. There were gradual transition plans put in place over a period of time to enable the resident to become familiar with the new environment, other residents and the staff team. The inspector found that the transition plans had been effective and had resulted in positive outcomes and appropriate placements for residents.

Each service user had a tenancy agreement and a contract that described the services provided and the charges that applied. Easy to read versions were available.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector found that residents wellbeing was maintained by a good standard of
evidence based care and support, with opportunities and arrangements in place to improve capacity and quality of life. All residents were found to have active support plans that were being implemented as described and that were resulting in positive outcomes for residents. The inspector met with residents in all three houses and reviewed their personal/support plans. There was a range of information that outlined their health situation, their support needs, hopes and goals, intimate and personal care needs along with their family contacts and relationships.

Residents’ preferences and wishes regarding their daily routines were recorded and facilitated. Personal plans described a varied range of needs, capacities and lifestyle choices. The inspector noted that service users had varied support needs that ranged from minimal intervention on a day to day basis to high levels of direct support being required each day. The required level of support as defined in assessments was available to each resident.

There was evidence of interdisciplinary team involvement in service users’ care including nursing, speech and language therapy, and other allied health professional as required. There was also information that conveyed that service users were involved in developing and reviewing their personal plans. Staff were very well informed and could describe daily routines, specialist interventions, choices made regarding family involvement and visitors. They were noted to provide a high standard of support while respecting service user's choices and preferences. Residents said that staff did not undertake any personal care or activity with them without consultation and explaining what was required.

The inspector was told by residents and staff that there were a number of options available to them in relation to activities and work. Some residents had full time employment and the necessary supports to ensure residents could undertake their roles had been put in place. One resident had a daily planner that he followed with the assistance of a personal helper. This enabled him to check on his jobs for the day and work out the best way of completing what he had to do. Residents said that they enjoyed having a valued job, being involved with varied community activities and said they enjoyed meeting people and contributing to the local community.

Residents told the inspector that they were fully involved in the way they lived their lives and staff helped them to achieve the goals they identified. They explained how goals were reviewed during regular meetings with their key workers, outreach workers, social worker or employer representative if employed. Daily records were maintained and these outlined day to day life and how service users spent their day. There was evidence of progress in records and an example viewed showed that a resident had progressed to making his own contacts and arrangements with family members and no longer needed staff to assist with this.

There was a wide range of activities available to the service users both in the centre and in the local community. Transport was available and staff supported service users to take part in local activities such as the local Men’s Shed, art festivals and St. Patrick’s Day parade. Each week residents and staff discussed the plans for the week and confirmed what they would like to do outside work and other personal targets.

There was good emphasis on supporting residents to achieve and maintain their
maximum level of independence. This was demonstrated by information that indicated capacity to be alone at home and the work undertaken by staff to support residents to undertake and carry out tasks by themselves.

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

**Findings:**
The three houses that make up the designated were home like, comfortable, well decorated and furnished to a high standard. Residents took the inspector around and described the varied facilities in their homes. All residents had their own rooms which were well personalised and had fixtures and fittings that they had chosen. Photographs of events and family occasions were displayed. Colour schemes were attractive and well coordinated which contributed positively to the environment.

Each house had been chosen to meet the specific needs of residents for private, communal and outdoor space. For example one house was located in a very rural area and had extensive gardens to meet the specific needs of residents who lived there and who wished to keep animals. Another house was large enough to accommodate a resident’s hobby activity and to enable him to have an office. Adaptations to ensure safety such as the addition of handrails in showers were put in place to meet the needs of new residents who had mobility problems.

Bedrooms met the minimum size requirement and there was good provision of communal spaces and adequate bathroom and toilet facilities. Each house had a kitchen that was domestic in style and had appropriate cooking facilities, storage space and were large enough to facilitate residents preparing or cooking meals if this was a goal to enhance their independence. Dining spaces were noted to be attractively organised with sufficient space for residents to eat together in comfort if that was their choice.

In one house a step at the entrance identified as a hazard during the last inspection had been made safe by the installation of an additional step to reduce the drop and a rail to provide support.
Judgment:
Compliant

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:
The inspector found that the system for risk assessment and risk management promoted the health and safety of service users, staff and visitors appropriately.

Procedures for incident reporting and risk escalation were in place. The inspector found that a range of risks/hazards had been identified and recorded and these were centre specific and included the management of medication, control of infection, the management of challenging behaviour, the open fire, spillages and emergency planning. The inspector found that there were protocols available to guide staff should any of the houses need to be evacuated and there was alternative safe accommodation identified should such a situation arise. The person in charge is on call after 17.00 hours and there is a rota of senior staff that provide an on call service at weekends.

Hazards identified as posing a risk to residents were identified in their personal plans and the controls to minimise the risk of harm or injury were described. Residents identified as being at risk using the bathroom alone or using steps had measures in place to ensure their safety such as additional equipment or extra support from staff.

There were fire precautions in place in each house that included the provision of fire safety equipment such as extinguishers, fire alarms and a programme of fire safety training and fire drills. A fire register was in use and this contained a range of supporting information in relation to the fire safety arrangements. Staff on duty confirmed that they attended training and could describe the fire safety measures in each house. Fire drill exercises were scheduled regularly and took place during day and night time hours. The inspector saw that the response of residents was recorded and that all were familiar with the procedures for leaving and going to the appointed assembly point.

Fire safety equipment was available and was regularly serviced. Fire extinguishers were noted to have been serviced in May 2015. There were weekly tests of the fire equipment and these were recorded and up to date. There were systems in place to ensure the transport vehicle used by the service was roadworthy, insured and equipped with appropriate safety equipment.

The houses were well maintained both internally and externally. All areas were found to
be clean, comfortable and welcoming. There was a good standard of decoration throughout and all areas were well maintained. Chemicals such as cleaning materials were stored securely. Infection control practices in relation to hand hygiene were in place and observed by staff. There was a range of polices to guide staff in best practice.

The areas that were noted to present hazards and require attention during this inspection related to the two storey house where windows on the upper floor that were at a low level did not have restrictors to prevent falls and the ground floor bathroom where the ventilation required improvement.

**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

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

**Findings:**
The inspector found that measures were in place to protect service users being harmed or suffering abuse. A detailed policy was available for the prevention, detection and response to allegations of abuse. It included information on the different forms of abuse and the responsibility to report if any form of abuse was suspected as well as the procedure for managing an allegation of abuse. Staff were aware of the personnel in the statutory services that had to be informed. The person in charge confirmed that no allegations of abuse had been reported.

Staff interviewed confirmed that that they were aware of the safe guarding policy, and could describe to inspectors the procedures in place for reporting and investigating allegations or suspicions of abuse. They had received training and information on this topic from the organisation’s designated officer. Residents told the inspector they felt safe, could talk to staff and conveyed that they felt secure in the presence of staff. A procedure was also available on the provision of personal care to service users which included guidance on respecting residents’ privacy and dignity.

The inspector observed that staff interacted with service users in a positive, friendly way that was respectful. There was a policy to guide staff on the delivery of personal and
intimate care and a policy on responding to behaviour that presented challenges. Staff confirmed that there was access to a behaviour therapist employed by the organisation and the inspector saw that personal plans reflected this input and also that of other allied health professionals including staff from the Health Service Executive.

In some instances where residents had fluctuating behaviours there were review systems in place to assess changes and determine how more positive outcomes could be achieved for the resident. There were good descriptions of the behaviours that required support plans to ensure residents had good quality well informed safe care. Support plans were available for all residents where changeable behaviour presented. These were supported by communication aids and behaviour programmes outlined by specialist staff and staff in the centre. All plans were found to be relevant, up to date and conveyed that outcomes for residents were positive and leading to a better quality of life. There was one instance where a behaviour pattern was recurring and presented hazards to the resident and staff and while the quality of life desired by the resident was achieved the inspector concluded that the support plan in this case required review to ensure adequate and appropriate systems were in place to protect everyone involved.

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:
Accident and incident forms were completed for all incidents.

Staff were aware of the notifications that were required by the Authority and these had been supplied.

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:  
Residents had opportunity to take part in social activities, to attend day care services and to take up employment. The inspector was told by residents that they could explore any opportunities that they were interested in and that staff supported them and advocated on their behalf to ensure that they could achieve their goals. Some residents were in employment and told the inspector that social and educational opportunities were available outside of working hours.

There was evidence that residents attended local community events and used community facilities such as libraries, swimming pools, cafes and local shops. There were activity schedules that outlined the activities that residents attended regularly. The inspector saw photographs and records of day to day life and events that were kept in residents’ personal files and in their rooms. The events recorded included family events, birthday parties, visits to restaurants, trips out and day to day activities such as work and spending time at home.

Staff were dedicated to ensuring that residents could avail of a variety of opportunities and the staff deployment model in each house supported this effectively. There was one to one support where this was assessed as necessary. The inspector saw that in such instances there was a clear programme that outlined the residents support needs and how targets were to be achieved.

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 inspector was satisfied that service users' health care needs were met with appropriate input from medical services and allied health professionals both employed
by the organisation and in the community. Staff reported that all service users were healthy at the time of inspection. Residents described how any concerns about their health were addressed and all knew who their doctors were and where the surgery was located. Staff described good working relationships with the local general practitioners and allied health professionals. Services such as physiotherapy, speech and language therapy, occupational therapy, dental, chiropody, neurology and psychiatry and dietetics are available through referral to the HSE. An in-house behaviour therapist and psychologist were available and the inspector saw that where their assistance was requested their recommendations were included in care and support plans and followed by staff.

Staff supported residents to access community health services as/when required. Families were also involved and engaged in this process in line with individuals/family’s wishes. Health promotion initiatives were also in place.

The inspector was satisfied that residents had appropriate diets and that their nutritional needs were met. There were regular weight checks that were recorded and reviewed to ensure weight loss or gain was noted and appropriately addressed. Some residents described the actions they were taking to manage their weight which was having the desired impact. Residents cooked meals with the assistance of staff or staff prepared meals where residents did not wish or did not have capacity to undertake this task. Snacks and drinks were freely available and residents said there was always a good choice of food. The inspector was told that an important aspect of the social activity programme involved going out for meals in the evenings, at weekends or when doing the shopping.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines within the centre. Some residents could manage their medication without any assistance and were enabled to do this. Others needed varied levels of support and staff were aware of how medication was managed for each resident. They were familiar with the medication prescribed for residents and said that no
medication was administered for restraint or sedative purposes for the present resident group. There was a system in place for medication reviews.

The inspector observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA’s) at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff the inspector talked to knew the process they had to follow if they made an error.

The medication administration records contained the required information. An action plan in the last report required that the maximum dose of "as required" medication was described and the inspector noted that this action had been addressed. The maximum dose of Paracetamol prescribed on an “as required” (PRN) basis was outlined.

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:**

The statement of purpose set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined and all the required information described in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013 was available.

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:**  
There was a clearly defined management structure that identified the lines of authority and accountability for the operation and management of the service. The person in charge (Pic) was suitably qualified, skilled and experienced to meet the requirements of the role. The inspector found that the Pic was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for service users. She also had responsibility for several other designated centres in the area and the day care service where social, recreational and skill based activities took place.

The Pic was employed full-time. She usually worked 09:00 hrs to 17:30. She was familiar with residents in all houses and was aware of their care needs and progress. The Pic had worked within the service for some years and is a qualified general nurse. She was supported in her role by social care team leaders in each house who reported to her and with whom she had formal meetings every six weeks. She reported to the nominated person on behalf of the provider organisation. There were a number of senior managers employed who also provided management support and guidance to the person in charge. There was an established arrangement for senior staff and management meetings.

The provider had introduced a system for unannounced visits to the designated centres in the area. These had recently commenced and will form part of the quality assurance system for the centre in accordance with regulation 23(2) - Governance and Management. This centre had an unannounced inspection two months ago and this had been conducted by the person in charge and a senior manager from the local area office.

While there were no indicators that the range of services that were the responsibility of the person in charge impacted adversely on this designated centre the inspector formed the view that the extent of her role which included responsibility for several designated centres and a day care service required review as the present arrangement of meeting with staff every six weeks did not indicate that she could ensure the effective governance, operational management and administration of the designated centres concerned. Regulation 14(4) Person in Charge.

**Judgment:**  
Non Compliant - Minor

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**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:
To date there had been no instances where the absence of the person in charge required notification to the Health Information and Quality Authority. The person in charge and senior managers were aware of the notification that was 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 inspector found that this service was adequately resourced in relation to staff and premises to meet the needs of residents on a day to day basis. The governance issues/resources described earlier need to be clarified in respect of the role of the person in charge.

There were other resource issues that required consideration and these included the provision of internet access to all houses to enable residents to achieve their maximum potential for communication and the replacement of cars that were ageing and were required by residents due to the rural location of the houses.

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

Findings:
There was a sufficient number of staff to meet the needs of residents, to provide continuity of care and to ensure that personal goals could be achieved. The inspector found that the staff team in each house was consistent and that staff were experienced and adequately trained for the duties they were expected to perform. The person in charge had set up monthly supervision arrangements and staff meeting schedules.

The staff rota was planned in advance. A review of the staff rota showed that the staffing levels took account of the needs of residents accommodated and where for example, some residents required one to one staffing levels the staffing rota reflected this input.

The inspector examined a random sample of staff records and found that the required schedule 2 documents were available. An audit of staff files had been completed to ensure that the required information was available for staff employed.

There was a staff training schedule and staff were noted to have had training on a number of topics including the protection of vulnerable adults, medication management and fire safety. A programme of first aid training for all staff had commenced.

Staff reported that there was a good team spirit within the service and that they were encouraged to bring forward ideas and to contribute to the operation of the service.

Judgment:
Compliant

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

**Findings:**
All the polices required by the regulations were available. The inspector reviewed a range of documents, including personal plans, staff files, policies and procedures and maintenance records. The administrative systems were found to be generally well organised and contained information that met legislative requirements and was accessible.

**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:**

Geraldine Jolley
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>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004696</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>29 June 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23 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 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:

In the two storey house where windows on the upper floor that were at a low level did not have restrictors.

The ground floor bathroom ventilation required improvement.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
1. Restrictors have been fitted to all windows on the upper floor
2. Quotes have been sought to install ventilation into the bathroom and this work will be carried out.


**Proposed Timescale:** 30/11/2015

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were aspects of a resident's behaviour that presented hazards for them and for others and that required regular ongoing assessment and review.

2. **Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
A further review of the behaviour support plan for the person in question was carried out on 07/07/2015 and the plan was updated. Further individual planning meetings that will include all stakeholders are planned for 30/09/2015 and 19/10/2015 and monitoring reviews are ongoing on a regular basis.

**Proposed Timescale:** 19/10/2015

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**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 range of responsibility allocated to the person in charge required review to ensure that the person in charge could effectively undertake their duty in respect of each designated centre.
3. 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:
The number of designated centres that the person in charge is responsible for has decreased with the appointment of a new person in charge for one service area.

Proposed Timescale: 21/09/2015

Outcome 16: Use of Resources
Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no internet access or a renewal programme for vehicles.

4. 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:
Both of these items are dependent on receiving additional capital funding from our funding provider, as we do not have the funding required in our current service level agreement. Costings have been submitted for the additional funding required for I.T. Costings will now also be submitted for a renewal programme for vehicles.

Proposed Timescale: 31/12/2015