| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon |
| Centre ID: | OSV-0004695 |
| 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 | Unannounced |
| Number of residents on the date of inspection: | 7 |
| 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 01 September 2015 10:00
To: 01 September 2015 03:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<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 12: Medication Management</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 17: Workforce</td>
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Summary of findings from this inspection
This was the third inspection of this residential service carried out by the Health Information and Quality Authority. It was an un-announced one-day inspection the purpose of which was to follow up on the actions from the registration inspection carried out by the Authority in December 2014. This service is one of the seventeen residential services run by the Brothers of Charity Services, in County Roscommon.

This centre comprises three modern houses which accommodate seven adults with an intellectual disability. There are five females and two males living in the centre. Two of the houses are located next door to each other in a small housing estate close to the town of Castlerea. The third house is located approximately three kilometres outside the town. House 1 accommodates two female residents; house two accommodated two males and one female resident and house 3 accommodates two female residents. Residents in two of the houses attend day services run by either by the service or by an external provider from Monday to Friday. The third house provides a 7 day wrap around service and the two residents participate in local employment and education programmes. Houses are all rented from Roscara Housing Association and each resident has an individual tenancy agreement.
The inspector reviewed the documentation necessary to follow up on the actions from the last inspection such as residents’ personal plans risk management documentation, medical records, as well as policies and procedures. The findings of the previous inspection were that governance arrangements were inadequate. Inspectors met with the provider immediately following the last inspection and raised their concerns and were assured that immediate action would be taken to deal with the governance of the centre and the unresolved complaints. The inspector found that risk management practice had improved since the last inspection and risk assessments had been completed for all residents. A new acting PIC was in post. The inspector found that eleven of the thirteen actions from the last inspection had since been addressed. The two actions not addressed related to staffing and these are repeated at the end of this report.
<table>
<thead>
<tr>
<th>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.</th>
</tr>
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| **Outcome 01: Residents Rights, Dignity and Consultation**  
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.  

**Theme:**  
Individualised Supports and Care  

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

**Findings:**  
On the previous inspection inspectors identified that complaints recorded in the centres complaints log were not responded to by the PIC. An external investigation had taken place by the provider and the issues causing concern to residents had been addressed. Staff reported that the residents were much happier. A new complaints log was in place which prompted staff to record the action taken to respond to each complaint and the outcome of any investigations. The inspector observed that there were no complaints recorded in the log since the last inspection. The staff members spoken with stated that most issues were resolved informally by the staff as they arose.  

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

Findings:
Inspectors identified on the previous inspection that some additional costs occurred by the residents were not included in the residents contracts. The inspector reviewed two contracts of care during the inspection which included details of additional fees payable by residents with regard to medical expenses and provision of food. These issues had been addressed.

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

Findings:
On the previous inspection inspectors identified that the deployment of staff was having a direct effect on the arrangements to meet the assessed needs of some residents. The provider stated in response to the previous action plan issued that a costing for additional resources had been submitted and that a recruitment drive was under-way for additional volunteers to assist residents with social activities. The inspector found that no additional staff or volunteers had been recruited. There continued to be only one staff member available in each house to support residents which meant that if one resident attended a social activity other residents also had to attend as they could not be left unsupervised. A risk assessment had been revised and reduced for one resident who previously had been identified as requiring supervision to reflect that he could be left unsupervised for period. Social activities continued be attended as a group and there was limited opportunity for residents to go out of the centre on their own with the support of staff.

Judgment:
Non Compliant - Moderate
Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
Both houses inspected were observed to be clean and organised and provided a warm comfortable environment for residents. On the previous inspection inspectors observed that a lip protruded on the door saddle in one of the houses. This had been repaired. A letter box which was faulty and continuously flapped during the last inspection had also been repaired. A lock on one bathroom door was repaired and the shower in one house had been repaired.

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 three actions identified under this outcome following the last inspection were addressed. Inspectors found that a resident with behaviour that challenged had not a risk assessment completed. The inspector reviewed the resident’s personal plan. A referral had been made for the resident to be reviewed by the behavioural support team who advised staff to record any further incidents. Staff who supported the resident told the inspector that there had been no further incidents of challenging behaviour since the last inspection. This was relayed to the behavioural support group who advised staff to defer the referral unless there were any further incidents. As discussed under outcome 1, the risk assessment for this resident was revised to reflect the decreased risk. The risk assessment supported the practice of leaving the resident on his own in the house while staff supported other residents to attend mass.
The temperature of the hot water at wash hand basins was found to be very hot during the last inspection. A thermostat to control the temperature had been installed and the temperature of the water was observed to be warm. A contractor had been requested to fit window restrictors fitted on windows which faced directly onto a main road and these were scheduled to be fitted the following day. The PIC has since confirmed that this has taken place. Emergency lighting had been provided outside of each exit to illuminate the areas and assist residents to leave the centre safely in the event of a fire. Fire panels were re-located to a level which made it easier for staff to determine the location of the fire.

**Judgment:**
Compliant

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

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

**Findings:**
On the previous inspection inspectors identified that appropriate action had not been taken in response to several allegations of verbal abuse and intimidation of residents by a staff member employed by the organisation. An external investigation had been completed into these allegations and action taken to remove any further risk to residents.

**Judgment:**
Compliant

**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:
On the last inspection inspectors identified that there was no evidence available to ensure medication practice was reviewed. The inspector saw that an annual medication audit had been introduced. The last audit findings was available which included areas such as storage, prescriptions, security, Labelling stock balances and management of the medication cupboard keys. The inspector reviewed a small sample of medication prescriptions and administration sheets which were found to comply with An Bord Altranais guidelines.

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

Findings:
A written Statement of Purpose was available which identified the services and facilities provided to residents living in this centre. At the previous inspection, inspectors found that the name of the person nominated as provider on behalf of the organisation was not included in the document and information on the admission procedure wasn't clear. Both of these issues were addressed but the details of the new PIC had not yet been included in the document.

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

**Findings:**
The inspector found that management arrangements had improved since the last inspection and clearer lines of authority and accountability were in place to ensure that the post holder could meet their legislative responsibility as defined by the regulations. A new acting PIC was in post and the permanent position had been advertised.

Staff members confirmed that the PIC regularly attended the centre and that they had good daily access to the PIC by telephone. There was evidence of regular staff meetings which were attended by all of the staff and the services social worker. A set agenda had been introduced to help track areas where improvements were required. The PIC stated that she met with the provider every 6 weeks. Although diary dates confirmed the meetings were scheduled, minutes of these meetings were not available in the centre. However, there still were no systems in place to monitor or review improvements or changes being made to meet legislative requirements.

**Judgment:**
Substantially Compliant

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

**Theme:**
Responsive Workforce

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

**Findings:**
There were two actions from the previous inspection and the inspector found that neither had been addressed. As discussed under outcome 5, on the previous inspection there was evidence of inadequate staff resources to ensure effective delivery of care and support and afford the residents the right to choose how they spent time particularly at
the weekends. This issue had not been addressed by the provider. The inspector was informed by the PIC that no changes had been made to the contracts since the last inspection and the contracts did not accurately reflect the hours that staff were working in the centre. Both actions are restated in the action plan at the end of this report.

Judgment:
Non Compliant - Moderate

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

<table>
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<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004695</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>01 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 October 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 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The deployment and availability of staff did not meet the assessed needs of some residents in accessing social activities.

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 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
Costings have been submitted to our funding provider and we are still awaiting funding to allow us to recruit additional staff.
Volunteers have been sought and some have commenced and others are due to commence before the end of the year.

Proposed Timescale: 31/12/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no systems in place to monitor or review improvements or changes being made to meet legislative requirements.

2. 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:
Two new persons in charge have been appointed and annual reviews are planned and same will be completed by 24/11/2015

Proposed Timescale: 24/11/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The present allocation and availability of staff is impacting negatively on the choices available to residents.

3. 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:
Costings have been submitted to our funding provider and we are still awaiting funding
to allow us to recruit additional staff

**Proposed Timescale:** 31/12/2015  
**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Staff contracts did not accurately reflect the hours that staff were working in the centre.

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

**Please state the actions you have taken or are planning to take:**  
Two new persons in charge have been appointed and all work rotas and staff contracts are being reviewed and this work will be completed by 27/11/2015

**Proposed Timescale:** 27/11/2015