

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0004466
<b>Centre county:</b>	Roscommon
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Margaret Glacken
<b>Lead inspector:</b>	Thelma O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
29 September 2015 10:00	29 September 2015 18:00
30 September 2015 11:00	30 September 2015 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the second inspection of this residential service carried out by the Health Information and Quality Authority. It was an announced two-day registration inspection. This service is one of the seventeen residential services run by the Brothers of Charity Services, in County Roscommon.

As part of the inspection, the inspector met with residents, staff members, the joint person's in charges and Quality Enhancement Officer. This centre comprised of one modern detached house which accommodated up to four adults with an intellectual disability. The residents availed of services three days a week and two weekends a

month. The house was situated in Castlerea, Co. Roscommon which was conveniently located for access to shops and services. An action from the last inspection found that the facilities in the previous premise were unsuitable to adequately meet the service-users needs. This had been actioned and the new premise was found to be more suitable to meet residents' needs.

There were ten actions issued following the previous inspection dated 3 February 2015 nine of these actions were complete and one was partially complete. The outstanding action was in relation to the governance and management of the centre and required further action. This is discussed under Outcome 14.

The centre provided respite accommodation and day activities during the week. Residents and staff knew each other well and residents were relaxed with staff. The inspector observed good practice in areas of the service. Staff supported residents to make decisions regarding their preferred daily routine, aspirations and life choices, and residents were supported to pursue their goals.

Recently changes to the management of the centre had occurred. Two new person's in charge (PIC) had taken up post the week prior to the inspection on the 21/9/15. The findings of this inspection found that although there was improvements in the quality of services delivered in this centre, and the actions from the previous inspection were mostly addressed.

However, there continued to be areas where improvement was required. For example; in relation to identifying residents' personal goals, improving medication practices, managing individual risks and staff training in relation to these matters. Non-compliances are discussed in the body of the report and included in the action plan at the end of this report

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

There were policies and procedures in place for managing complaints in this centre. The inspector reviewed the complaints log and found that complaints were addressed and resolved to the satisfaction of the complainant.

On the previous inspection, the inspectors had found that resident's privacy and dignity had been raised as a concern by the residents to the staff. This issue has now been addressed as each resident now had their own bedroom and the maximum number of residents in the house had been reduced from six to four, which increased space for residents and reduced noise in the centre.

Inspector also found that a new financial recording system was in operation to manage resident's money and there was evidence that resident money was appropriately used and records were maintained of expenditures.

**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:**

All residents living in this centre were able to communicate and make their wants and needs known to staff. Effective and supportive measures were provided to residents to ensure their communication needs were being met. Residents' individual communication requirements were highlighted in their personal plans. For example; visual communications aids were available for shopping or for choosing their meals, as well as pictures of staff rota for staff working in the house were available for residents.

Residents had access to television and radio, and there were communication books maintained between the respite centre, family and day services. There were pictures of the residents' family or staff members on the buttons of the phone, and the residents were able to telephone their family member independently.

**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:**

All residents lived at home with their family members and received respite a number of nights a week or month depending on their individual needs and wishes. Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community. Residents had families who were actively involved in their care; other residents had access to independent advocates for their support. Residents stated that their friends and families were welcome in the centre and were free to visit.

Residents were actively involved in their local community. This was maintained while in respite care and many residents had active social lives during the week and at the weekends. Residents attended local community events and visited the local shops, post office and restaurants.

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

in place to support and enhance this process, and residents had photographs of their family members to view in the sitting rooms and their bedrooms.

**Judgment:**

Compliant

**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:**

Admission and discharge to the service was timely. Each resident has an agreed written service level agreement in place which details the support, care and welfare provided to the resident in the service and the fees to be charged.

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

The residents' availing of this service moved to a new premise on the 8/9/15 a few weeks prior to the registration inspection. As a result all of the residents have their own bedrooms while in respite that meet their individual needs.

**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 some resident's social and health care needs were not adequately assessed. For example personal plans were in place for 18 months and the social goals recorded for the resident's had been already achieved prior to the admission to the centre. For example; to empty the dishwasher and to attend Football matches at their local football club. These activities were already being supported at home by the resident's parents. Three reviews of these goals had taken place over the previous eighteen months, however, staff had not identified that the goals were achieved or planned to pursue new goals.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was one action issues following the last inspection regarding the lack of adequate bathroom facilities in the previous house. This has now been addressed since moving the respite service to a new house in September 15.

The new house was a modern bungalow situated in Castlerea town. It had five single bedrooms; four bedrooms for residents and a staff bedroom/office. A considerable amount of redecoration and safety measures had been completed in this centre prior to and following the relocation of the service to this house. There were two bathrooms, with one walk in shower. However, the tiles in this bathroom were not reasonably non-slip and staff confirmed that there were residents' with high falls risks.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

There were two actions issued following the last inspection. These are now complete.

The risk management policy was revised since the last inspection. There were procedures available relating to health and safety including an up-to-date health and safety statement and a risk management policy. The risk management policy described the actions to take in the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents, and the procedures were documented in the safety statement. However, the inspector found that this policy was not adhered to and residents individual risks were not risk assessed as per policy guidelines. For example; one resident had no teeth except one, and staff had not assessed the risk of the resident choking, or put appropriate control measures in place to ensure they only received food that they could swallow safely. In addition; another resident was been treated for asthma, a potentially acute medical condition, was not risk assessed to identify the risks for this individual, or the treatment plan if an acute episode occurred while on respite.

The Inspector reviewed the centres accident and incident log and there was no incidents recorded.

There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. There were key boxes recently installed to ensure safe egress from the house in the event of a fire. All staff had completed fire safety training and demonstrated knowledge of what to do in the event of a fire. Suitable fire extinguishing equipment was provided.

The Fire register was reviewed and inspector saw that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at six monthly intervals and records of fire drills, fire alarm tests and fire fighting equipment were maintained in the centres fire log. However, there was no fire door between the kitchen and the hall and this requires review.

There was an emergency plan available, and suitable arrangements were in place for responding to emergencies. Each resident had their own Personal Evacuation Plan (PEEP) which was kept in their personal plan and a copy of the PEEPs.

**Judgment:**

Non Compliant - Moderate

**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:**

Appropriate measures were in place to protect residents being harmed or suffering abuse. Staff members were observed to treat residents with respect and warmth and residents told inspector they felt very safe in the centre.

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 to whom they should report any incidents. The social worker was listed as the designated person in the centres policy, and staff members were aware of her role. Staff members had completed Trust in Care training.

The staff said a restraint-free environment is promoted. There were no physical or chemical restraints in use at the time of inspection.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed the documentation of the accidents/ incidents occurring in the designated centre, and found that they were been appropriately maintained and where required, notified to the Chief Inspector.

**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:**

The statement of purpose describes day services available to residents depending on their assessed needs. These services provide practical skills for daily living as well as a range of social activities. Residents had opportunities to engage in jobs club, information technology opportunities, art and dance classes, and organic gardening, sports and fitness activities. Other activities were available for the day service and residents participated in a range of varied interests such as computer projects, education courses, and swimming.

**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 residents' health needs were generally attended to by their families or staff members in the day services. The residents living in this centre were only admitted to this centre for respite. As this centre was a respite house, staff only attended to residents medical issues when the residents were in respite in this centre. There was good evidence of medical reviews regularly completed by the General

Practitioner. Residents were actively encouraged and enabled to take responsibility for their health and medical needs. For example; one resident was coeliac, and they were aware of their condition and the importance of eating gluten free foods.

The staff working in this centre had social care training; however, the inspector found that some of the residents' health management plans lacked guidance from a nursing specialist to ensure that all medical conditions were actively managed. For example; in the management of Asthma, COPD, and swallowing difficulties. There was no protocol in place to instruct staff how to manage the resident in the event of an acute asthmatic attack or choking incident and in addition, there was no appropriate assessments completed for a resident presenting with swallowing difficulties. In addition, a resident was readmitted for respite following an accident and there was no training provided to staff on how to complete the physiotherapy exercises for this resident.

Food was nutritious, appetizing, varied and available in sufficient quantities. It is available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner. Residents were supported to prepare their own meals as appropriate to their ability and preference.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, the procedures in place for the handling of medicines were not in accordance with current guidelines, and legislation required review.

One resident had a medical condition "asthma" which required staff members to administer medication to the resident to manage this condition. Staff administered medication daily to the residents; however, during discussion with staff on this practice, the staff member told the inspector they were not trained in the procedure on how to administer this medication and they were unsure if the resident was taking the medication correctly or actually getting all of the medication. In addition; there was no

protocol in place to manage any incidents should an acute asthmatic attack occur and this required review. The inspector found that staff and residents required training and support to ensure appropriate medication management practices were in place. For example; the administration of asthma inhalers and spacer device.

There were medication administration charts in place in this centre, however, on review the labels on the packaging was unclear and required review to prevent a medication error.

There were a number of incidents where staff had signed the medication charts incorrectly; this was attributed to a design of the medication charts and required review. In addition the stock control procedures required review and training for untrained medical staff on health and medication issues requires review.

There were three minor medication errors recorded in this centre. A site assessment following the medical errors was completed on the 17/9/15 and advice was given on site.

**Judgment:**

Non Compliant - Moderate

**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:**

The statement of purpose has been reviewed since the last inspection and it describe all of the activities that were ongoing in this centre and the new management structure in place. For example; two residents 'used the centre as bases during the week, as well as some MDT meetings were held in the house. The changes to management of this centre has also been included in the revised version.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an*

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

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

There was one action issued following the last inspection. This action identified three areas of non-compliance. These related to inadequate monitoring of the management systems to ensure that a quality service was been provided and the experiences of the residents were promoted and the service provided was a safe, quality care service.

Thirdly there was a lack of team meetings between the staff and the person in charge of the centre.

A new management structure was put in place the week prior to this inspection on the 21/9/15. Joint roles of person's in charge were appointed to manage this centre to ensure that the clearly defined management structure was in place that identified the lines of authority and accountability.

While, there are now two new managers in place to manage this centre, the inspector found evidence that there was a lot of support and supervision was required for this service, for example; medical and social care assessments required review, risk assessments and managing risks were not appropriately completed, the availability of locum staff in the centre continued to be an issue and communication of staff between day and residential services required review to ensure personal plans were fully implemented. Previously communication between the manager and the staff was identified as an issue, particularly in relation to sending and receiving emails. However, this house did not have any computer, and this was negatively impacting on communication between management and staff.

There is no annual review of the quality and safety of care in the designated centre and this had not yet been completed. However, staff and managers told the inspectors that they are actively addressing the issues identified by the previous inspection and their priority had been on moving the residents to the new premises and in the future to work on updating the documentation and residents assessments of need following the transition to the new house.

The new joint person in charge role involved managing five designated centres, both person's in charge were supernumerary in their role as person in charge. Although, the second person in charge worked part-time as person in charge and part-time as team leader in one of the houses every second weekend. The joint persons in charge meet for one day each week to discuss ongoing management issues and to support each

other in their new role.

**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 person in charge had was not absent for more than 28 days, however, the joint person in charge position was notified to the Authority as to the proposed change in the management of this centre.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre was adequately resourced to appropriately meet the current and future residential needs of the residents.

**Judgment:**

Compliant

## **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:**

An action from the last inspection related to staffing was issued and following two action plans responses returned to the Authority failed to accept the action plan responses submitted and took the decision not to publish the action plan response. Since then the provider nominee took the decision to reduce the numbers of resident's receiving respite to from six to four and the residents that required significantly more staff support were offered respite in alternative houses. On this inspection the inspector found that there was adequate staffing in the centre to meet the assessed needs of the residents. However, the inspector was told that there was inadequate locum staff available to replace staff leave in the centre. This was an action from the last inspection and was still outstanding.

Previously staff had not completed mandatory training in adult protection, safe food hygiene, first aid, manual handling, to ensure they were capable of meeting the needs of residents and in accordance with evidence based practice. These have now been completed. However, staff were not appropriately trained in the administration of medication prescribed to residents, or in the physiotherapy treatment prescribed to residents, or in the assessment of risks in the centre.

### **Judgment:**

Non Compliant - Moderate

## **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 inspector found that there were systems in place to maintain records as outlined in Schedule 3 and 4 of the Regulations. Written operational policies and procedures were in place to inform practice and provide guidance to staff, and had been reviewed in the past three years. However, the inspector found that some of these policies and procedures were not always adhered particularly in relation to managing risk and medications in this centre and required review.

A directory of service users was maintained in the centre, and this contained all of the items required by the Regulations.

Resident's files were found to be complete and were kept accurately and up to date. For example, a record was maintained of all referrals/appointments and resident's notes were updated accordingly with the outcome of the appointment.

**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:**

Thelma O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# **Health Information and Quality Authority Regulation Directorate**

## **Action Plan**



### **Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0004466
<b>Date of Inspection:</b>	29 September 2015 and 30 September 2015
<b>Date of response:</b>	03 December 2015

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

Personal outcome reviews did not assess the effectiveness of the residents' personal goals.

##### **1. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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:**

The new residential managers/persons in charge are conducting a full review of keyworkers assigned to people supported. They will also be reviewing the individual planning process, as a new planning cycle is due to commence in January 2016. Managers or multi-disciplinary staff will attend all planning meetings.

**Proposed Timescale:** 18/01/2016

**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 tiles in the main bathroom are polished floor tiles and not reasonably non-slip when wet.

**2. Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Quotes are being sought to replace the floor tiles with a non-slip surface and work will be carried out in the New Year.

**Proposed Timescale:** 31/01/2016

**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:**

Resident's personal risks were not risk assessed and appropriate procedures put in place to manage risks.

**3. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Risk assessments are being completed and protocols are being put in place in conjunction with the relevant multi-disciplinary and nursing staff. Some training has been completed and further training is planned.

**Proposed Timescale:** 31/01/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no fire door between the kitchen and the hall

**4. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

A fire door will be installed between the kitchen and the hall.

**Proposed Timescale:** 31/01/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Residents health conditions were not appropriately assessed or managed and required review.

**5. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Protocols are being put in place in conjunction with the relevant multi-disciplinary and nursing staff. Some training has been completed and further training is planned.

**Proposed Timescale:** 31/01/2016

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Staff were not adequately training in the administration of asthma inhalers and spacer device.

The labels on the medication packaging was unclear and required review to prevent a medication error.

There were a number of incidents where staff had signed the medication charts incorrectly; this was attributed to a design of the medication charts and requires review.

The stock control procedures required review and training for untrained medical staff on health and medication issues requires review.

## **6. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

1. Training has been completed in the administration of asthma inhalers and spacer device.
2. All labels have been reviewed and are now clear.
3. Our MAR is currently under review.
4. Log books and stock control procedures are being reviewed.

Proposed Timescale: 1. Completed 18/11/2015; 2. Completed 05/10/2015; 3. 19/02/2016; 4. 18/12/2015

**Proposed Timescale:** 19/02/2016

## **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:**

Support and supervision required for this service, for example; medical and social care assessments required review, risk assessments and managing risks were not appropriately completed.

The availability of locum staff in the centre continued to be an issue and communication of staff between day and residential services required review to ensure personal plans were fully implemented.

Management systems were not fully in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Communication between the manager and the staff was an issue, particularly in relation to sending and receiving emails, as this house did not have a computer.

### **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:**

- 1.Two new residential managers/persons in charge have been appointed to this designated centre and have commenced working on reviewing all systems.
- 2.The new residential managers/persons in charge are conducting a full review of keyworkers assigned to people supported. They will also be reviewing the individual planning process, as a new planning cycle is due to commence in January 2016. Managers or multi-disciplinary staff will attend all planning meetings.
- 3.As assessment of the equipment required has been carried out by the I.T. department and costings have been submitted to our funding provider.

Proposed Timescale: 1. Commenced 11/11/2015; 2. 18/01/2016; 3. 31/03/2016

#### **Proposed Timescale:** 31/03/2016

**Theme:** Leadership, Governance and Management

#### **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There is no annual review of the quality and safety of care in the designated centre and this had not yet been completed.

### **8. 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:**

Annual review is planned.

#### **Proposed Timescale:** 03/02/2016

#### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

#### **The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

There was inadequate availability of locum staff available to replace staff leave.

**9. 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:**

The new residential managers/persons in charge are reviewing all rosters and regularising locum hours where possible in conjunction with the HR department. Recruitment is ongoing for additional locum staff, as required.

**Proposed Timescale:** 15/02/2016**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff required training in the administration of medications, physiotherapy treatments prescribe to residents, and the management of risks in the centre.

**10. 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:**

1. The safe administration of medication and risk management are part of our suite of trainings and refresher trainings and are on-going within the organisation.
2. Where appropriate staff will be supported by the organisation's physiotherapist with the delivery of physiotherapy treatments. In this instance, it was the community physiotherapist who was involved and she advised that the person himself had been shown and was capable of carrying out his own physiotherapy regime and staff supported this to happen.

Proposed Timescale: 1. Completed 18/11/2015 and ongoing;  
2. Completed 08/10/2015

**Proposed Timescale:** 08/10/2015

