

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004464
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:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 February 2015 12:30 To: 18 February 2015 19:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority. This designated centre is managed by the Brothers of Charity Services Roscommon. There were two houses in this designated centre and four residents availing of residential and day supports service. All residents attended school or work activities in the community, suitable for their needs and abilities. The Brothers of Charity Services owned the two houses in this designated centre. One house was a detached single-storey house with a garden and the second house was a two-storey semi-detached house in a housing estate.

On this inspection, the centre provided support and accommodation on a part-time basis, to male residents that had a moderate to severe intellectual disabilities. In one house, three residents received respite, up to eleven/twelve nights a month. In the other house, one resident received respite one weekend a month and all of the residents lived at home with their families the remainder of the time.

The provider had recently assigned a second person in charge to this centre. The person in charge role is now a joint role as the other person in charge had reduced their work hours. During this inspection, the inspector met with the two person's in charge and discussed the management of this centre. The inspector was told that the responsibility for the management of the two houses as well as one other

designated centre was divided between the two person's in charge. However, the inspector found that more effective monitoring and management of this centre was required to ensure effective delivery of service.

For example; the medication management practices required review as there were issues surrounding healthcare professionals administering an alternative sedative for insomnia. Also, there were risks identified in the use of bed-rails and residents having regular seizures while in bed that were not risk assessed. Physical restraint was used as a protective measure for self-injury and required regular monitoring; in addition proper care records were not maintained and applied in accordance with national policy and evidence-based practice. These and other issues are discussed in detail in the body of the report and non-compliances are actioned at the end of the 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 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):

This was the centre's first inspection by the Authority.

Findings:

Resident's personal outcome goals were individualised and person-centred. However, they were not achieved in a timely manner.

One resident had four personal outcome goals, however; three goals had not been achieved. For example; the resident was waiting months for safe bathing equipment and a new wheelchair. In addition; social activities were limited particularly at weekends.

Staff told the inspector that this was in response to the resident's family's wishes.

The inspector found that discussions regarding achieving social activities particularly at the weekends were required between the person in charge and the resident/ family.

This would ensure that the residents' were given the opportunities to have independence while considering all the risks.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found inadequate provision of safety and mobility equipment provided to the residents in this centre. For example, the Occupational Therapist in Oct 2013 found that the seat used to support the resident in the bath was inadequate to meet residents' needs. The use of the mechanical lift (Hoist) was recommended for safe access and egress from the bath and also that a new sling was required for moving and handling the resident safely. However, the resident did not receive a new seat and the recommended hoist sling was not received until 14/2/15 sixteen months following the initial assessment.

In addition; the occupational therapist had found that the shower table over the bath was a risk to residents and staff, and this equipment has not been adjusted or removed despite safety issues being identified. In addition; the ceiling hoist for a residents bedroom, a new wheelchair and a recliner chair had been recommended by the physiotherapist, however this equipment were not provided to the resident.

The inspectors found that the single toilet in the hallway was used as a storage room for cleaning equipment, such as; buckets and mops and cleaning chemical. This prevented the appropriate use of this room and created a risk by storing chemicals in an unsecured environment.

In the house accommodating the three residents, there was one sitting room, kitchen/dining room with an open plan design. The kitchen had an open fireplace. However, the inspector was told that it was not used and does not pose a fire risk. The kitchen had limited space, and the worktops were not user-friendly for children/wheelchair-users. There was no spare room available for residents' to meet family/visitors to have privacy or to have a quiet space in the house if presenting with behaviours that challenge.

The outside of the premises required a lot of maintenance work including, the removal of moss. There were inadequate outdoor recreational facilities which are age appropriate and wheelchair friendly for the residents. The garage to the rear of the house was used to store equipment and for washing and drying residents clothes.

The inspector was told that renovation works were due to commence in the next few weeks. This included planned structural work to include an en-suite bathroom and to increase space and privacy for the residents.

The second house was a three bedroom two storey semi-detached house, suitable to meet the needs of the resident living there one weekend a month.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

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

This was the centre's first inspection by the Authority.

Findings:

The centres fire safety procedures were detailed in the safety statement; however, these were found to be incomplete in the centre. For example; the fire evacuation plans were reviewed during the inspection and found that the procedure recommended removing the residents via a hoist during the emergency evacuation and this could have created a serious risk to residents and staff.

In addition; there were not sufficient smoke alarms in this centre and existing alarms were battery operated and required connection to the main electrical supply.

There was no risk assessment completed or protective measures in place for the child using bedrails. The inspector noted that one resident had five incidents of minor injuries from using bed-rails. The incidents occurred when the resident's leg/ arm had got trapped in their bed-rails and there were not adequate protective measures in place to protect the resident from injury in their bed following these incidents. In addition; the inspector found that the staff members bedroom was at the opposite end of the house to where the resident was sleeping and this created a potential risk to residents; as the residents may not be adequately supported at night should they require staff support.

There was a lack of space to adequately store moving and handling equipment. A hoist was stored in the resident's bedroom or the narrow hallway and blocked access to bedrooms which caused a hazard. In February 2014 two physiotherapists found that a ceiling hoist would be more suitable to meet the needs of the residents and also reduce the storage issues in the house. Although staff received a quotation for installing the hoist in the house on the 24/2/14 and to date the hoist had not been installed.

The inspector spoke with staff and they were knowledgeable about what to do in the event of a fire. Training for staff in fire safety was in date. Fire drills were carried out at least twice yearly the last recently completed on the 14/2/15. Servicing of the fire alarm and emergency lighting was outsourced to an external fire safety company. The fire alarm systems were last checked 12/12/14. The fire extinguishers were serviced on an annual basis and the inspector viewed the certificates. The fire training officer had visited one of the houses to familiarise himself with the layout of the individual house and individualised evacuation plans were in place for each resident. The emergency evacuation key was missing from the front entrance, and a safety box was required to ensure safe egress in the event of an emergency. One resident's individual risk assessments required review as their personal evacuation was not adequately identified, and there was no review date.

Staff had received training in driving adapted vehicles. This was important to ensure the residents safety in travelling in their wheelchair on the organisations vehicle. There was personal protective equipment and hygiene equipment available to maintain a safe environment. However, staff members were not trained in infection control procedures, and this was particularly necessary due to the risk of wound infections, as one resident

had a percutaneous endoscopic gastrostomy (PEG).

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):

This was the centre's first inspection by the Authority.

Findings:

There were arrangements in place to safeguard residents and protect them from the risk of abuse. There was no allegation of abuse reported to the Authority from this centre.

One resident had a behavioural support plan that had recently been reviewed by the behavioural support specialist. It highlighted the resident's physical, psychological, social, emotional, and communication needs that affected their self-injurious behaviour. The behavioural support plan identifies proactive and reactive strategies for managing the resident's self-injurious behaviour. However, one strategy used was to hold physically the residents hand to prevent self-injury. Although this physical restraint used was implemented as a protective measure against self-injury, it requires regular monitoring and reviews and the number of incidents should be notified to the authority on the quarterly notifications.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there was not sufficient oversight of residents' healthcare needs in this centre, particularly in relation to wound care, managing epilepsy and recording fluid balance charts in appropriate healthcare records. For example; On the day of inspection a nurse informed the inspector that one resident had a grade 2 pressure sore. On review of the resident's notes, there was no evidence that the resident had been seen by their General Practitioner (G.P.)

In addition; there was no pressure area assessment or nutritional assessment review. There was no care plan in place for the management of wound care or a referral sent to the occupational therapist for a review of the residents seating position. The inspector was informed that decisions regarding the resident's health care needs were generally made by the resident's family. The inspector reviewed the guidance on wound management in the intimate care policy and this required review as it does not give clear guidance to staff as to contemporary evidence based best practice, or their clinical responsibility in managing wound care.

Another resident was admitted to the centre a number of months earlier and the discharge information received from the other service area regarding the resident's health was not found to be accurate in relation to the staff supervision required at night. This has resulted in the staffing supports at night unable to adequately supervise this resident as they are sleepover staff and the resident usually has epileptic seizures at night. The resident's medication had been reviewed three times since admission by the consultant neurologist; however they continued to have nocturnal seizures. The inspector also viewed the record of seizures and found that they were not recorded in an epilepsy chart as per best practice in managing epilepsy.

Although the sleepover staff at night were available to support the residents in the event of an emergency the resident's dependency's at night required reassessed as staff were rostered on sleepover duty and the resident did not have epilepsy alarm to wake/ alert the staff that the resident is having seizure. In addition, as discussed under outcome seven, this resident has had five incidents of being caught up in the bed-rails during seizure, and this risk was not adequately risk assessed.

There were arrangements in place to support residents' health care issues in an emergency. The residents were cared for by a nurse-led team in this respite house, as two residents had significant medical needs and had severe intellectual disabilities. One resident had a percutaneous endoscopic gastrostomy (PEG) for receiving fluids and medications; however, they were capable of receiving their meals orally. The staff recorded the resident's fluid balance in the resident's daily notes; however, this did not clearly identify the resident's intake/output. Accurate recordings of the resident's fluid balance input and bowel output was necessary, as the resident had been admitted to hospital last year with a related condition.

Residents were able to express their wishes to staff through the use of non-verbal means of communication. Multi-disciplinary services were available in the centre and residents were supported and had appropriate access to the Speech and Language Therapist's (SALT) and dietician services.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found a medication administration issue that required review of a residents medication chart. The resident suffered from insomnia and was prescribed a "medicinal medication" by the G.P. as an "alternative sedative" as well as four other forms of medications (two for night sedation) via the peg tube at 10pm. The inspector was told that the mixture of the "medicinal medication" and the sedatives were effective in managing the insomnia.

However, the inspector found that there was no multi-disciplinary team meeting (MDT) to discuss this practice or a referral made to the human rights committee to discuss the consequences of administering "medicinal medication" to this resident, or the long term effects on the resident's health and welfare. In addition; the pharmacist had not been requested to assess if there was any risks, or contraindications to the resident by administering this "medicinal medication" via peg feed.

At the feedback meeting all of the above issues were discussed with the persons in charge and the inspector requested a review by the MDT and a report to be forwarded to the Authority with an update on the outcomes of their review into this practice. The Authority has received an update and discussions are continuing with the organisations in regard to this practice.

Resident's medications were sent into the centre from home and were kept in a locked medication press, and there were no controlled medications in use at the time of the inspection. However, medication that was stored in the fridge was not locked and there was no daily temperature records of the fridge recorded. This created a risk, as medication may not be kept at optimum temperature and there was unsecured access to medication.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The management team for the two houses in this centre consists of a Board of Management, Director of Services and two person's in charge sharing a fulltime position. One of the person's in charge was a qualified nurse and she told the inspector that she now had regular meetings with the Director of Services every few weeks.

The person in charge had reduced their hours to three days a week and had reduced their management responsibilities to three houses and one day service. A second person in charge (PIC) was promoted to this centre in October 2014 on a six-month contract. They worked opposite the other person in charge two days a week. This person was responsible for the day to day management of this centre and one other house and day service. This new person in charge has a social care background and had worked in the organisation since 2003. They had worked part-time in various roles and responsibilities such as a manager of the day services.

On this inspection, the inspector found that there was not regular support and supervision of staff and residents in this centre. For example; the new person in charge told the inspector that she has only had the opportunity to visit the house four times since commencing her role in October 2014 and stated that much of the interaction was via email or by phone. From the findings identified during this inspection more regular visits to the house by the persons in charge was required. This included meetings with staff on practice issues, following up on ordering the equipment recommended by members of the multi-disciplinary team, medication management practices reviews, communicating between family and staff, risk management, health and safety issues, and completing audits.

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):

This was the centre's first inspection by the Authority.

Findings:

The organisation was committed to providing on-going training to staff. Staff had attended training on protection and safety of vulnerable adults, epilepsy management, person centred planning. There was a training plan in place for the remainder of 2015.

The staff members on duty were pleasant and welcomed the inspector. The inspectors observed that the staff member knew residents well, were very caring and promoted the residents best wishes. There was a relaxed and homely environment in the home.

There was adequate staff support in this house during the day, most residents had one to one staffing during the day; however, night time staffing arrangements required review. One resident had regular seizures at night and when this resident is admitted for respite, two staff were rostered on sleepovers. However, due the risks identified; this may not provide adequate supervision and requires a review of the dependency needs of the resident.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004464
Date of Inspection:	18 February 2015
Date of response:	29 April 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:

Residents' outdoors social activities were not adequately being achieved. This requires review.

Action Required:

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

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

Meetings has commenced and a further planning meeting is scheduled with multi-disciplinary team involvement to finalise the review of the personal plan.

Proposed Timescale: 29/04/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Essential moving and handling equipment was not provided to the resident for 16 months following an occupational therapists assessment.

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:

This equipment has now been provided and the equipment ordering system has been reviewed to ensure this type of delay does not happen

Proposed Timescale: 27/02/2015

Theme: Effective Services

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

A ceiling hoist, a resident's wheelchair and a recliner chair were not provided to the resident as recommended by the physiotherapist.

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:

1. The ceiling hoist is being costed in the planning for the house renovations.
2. The physiotherapist has provided information on chair options to the staff for discussion with the family. The physiotherapist has done a follow up visit. A new wheelchair and cushion have been provided.

Proposed Timescale: 1. 31/03/2016; 2. Completed 08/11/2014 and 31/03/2015

Theme: Effective Services

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

The kitchen had limited space and the worktops were not user-friendly for wheelchair-users.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Neither of the current people who avail of respite have capacity to use the worktops. Renovation works are being planned for the house and further accessibility is part of the plan.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

There was no spare room available for residents' to meet family/visitors to have privacy or to have a quiet space in the house if presenting with behaviours that challenge.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

While the open plan space suits the people availing of respite, there are double doors between the sitting room and the dining/kitchen area and these can be closed for any private visits if required. Bedrooms are available for 'quiet space' as this is what suits the current people who avail of respite when they like to listen to music on their own.

Proposed Timescale: 18/02/2015

Theme: Effective Services

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

The single toilet was used as a storage room for cleaning equipment, such as; buckets and mops and cleaning chemical. This prevented appropriate use of this room and created a risk by storing chemicals in an unsecured environment.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

This has been cleaned and re-stored to use as a toilet.

Proposed Timescale: 29/04/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The outside of the premises required a lot of maintenance work including the removal of moss from the pathway.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The outside of the premises has been cleaned and the moss treated.

Proposed Timescale: 17/04/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The garage to the rear of the house was used to store equipment and for washing and drying resident's clothes and this created an infection control risk.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The washing and drying equipment are being returned to the utility room.

Proposed Timescale: 08/05/2015**Outcome 07: Health and Safety and Risk Management****Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was a lack of space to adequately store moving and handling equipment. A hoist was stored in the resident's bedroom or in the narrow hallway and blocked access to bedrooms which caused a hazard.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The hoist is now being stored in the staff bedroom during the day and in the sitting room at night.

Proposed Timescale: 29/04/2015

Theme: Effective Services

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

There was no risk assessment completed for the resident regarding managing risks during a seizure and there were not adequate protective measures in place to protect the resident from injury in their bed.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

A risk assessment is being carried out in conjunction with the physiotherapist and the epilepsy trainer and the Individual Emergency Plan is also being reviewed.

Proposed Timescale: 29/04/2015

Theme: Effective Services

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

The staff bedroom was a significant distance from the residents bedroom and this created a risk to residents that they may not be adequately supported at night should they require staff support.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

There are two staff bedrooms and staff sleep in the bedroom nearest the people in respite – opposite the two bedrooms.

Proposed Timescale: 04/03/2015

Theme: Effective Services

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

Staff were not trained in infection control procedures and this was required due to the risk to one resident that had a percutaneous endoscopic gastrostomy (PEG).

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a

healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Infection control procedures are being reviewed and training is being planned.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

There were not sufficient smoke alarms in this centre and existing alarms were battery operated and required connection to the main electrical supply.

The emergency evacuation key was missing from the front entrance and a safety box was required to ensure safe egress in the event of an emergency.

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Additional smoke alarms are being installed and wired in and the emergency key is installed in a safety box at the front door.

Proposed Timescale: 02/05/2015

Theme: Effective Services

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

One residents individual risk assessments required review as their personal evacuation was not adequately identified and there was no review date.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Risk assessments and individual emergency plans are being reviewed.

Proposed Timescale: 29/04/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Physical restraint used as a protective measure against personal injury. This practice

required regular monitoring and review. In addition; the Authority was not notified of all incidents of restraint on the quarterly returns.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

This behaviour support plan is up to date and is under regular review with the Behaviour Support Specialist. All restraints are notified quarterly.

Proposed Timescale: 31/12/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

One resident that was a risk of pressure sores did not have a care plan developed to prevent and manage wounds.

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:

The wound care plan has been written up by the nurse and keyworker

Proposed Timescale: 28/02/2015

Theme: Health and Development

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

Record of seizures were not recorded in an epilepsy chart as per best practice in managing epilepsy

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:

Epilepsy charts are now in place for recording seizures

Proposed Timescale: 28/02/2015

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:

Medication was stored in the fridge, and there was no daily temperature records kept and the fridge was not locked.

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:

A lock has been installed on the fridge and temperature records are being kept for when the respite house is open.

Proposed Timescale: 28/02/2015

Theme: Health and Development

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

The practice of administering "medicinal medication as an alternative sedative to a child requires review. In particular, side effects and possible interactions with other sedatives.

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:

The practice has been reviewed by the consultant in Temple Street hospital and an email from the CNS in the chronic pain clinic is attached explaining the rationale.

Proposed Timescale: 29/04/2015

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 was not regular support and supervision of staff in this centre.

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:

Regular support and supervision meetings are being scheduled for 2015 and ongoing

Proposed Timescale: 29/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Night time staffing arrangements required review.

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:

A planning meeting for the South Roscommon area is planned for the 5th May and this will be reviewed as part of that process.

Proposed Timescale: 05/05/2015