

**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-0004462
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:	5
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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
02 October 2014 11:00	02 October 2014 17:30

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

Outcome 05: Social Care Needs
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 Respite Service by the Brothers of Charity Services; Roscommon carried out by the Authority. It was an announced one-day inspection.

The designated centre provided respite accommodation and support services for adults with an intellectual disability. As part of the inspection, the inspector met with residents,' staff members, provider and members of the management team. Inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures.

The provider, Margaret Glacken who is the Director of Services, had responsibility for the governance and management of the whole organisation, as well as the additional responsibility of the person in charge for four of the eighteen designated centres in the organisation. These four designated centres provided residential and respite services in thirteen houses for thirty-five residents with an intellectual disability. One of the four designated centres inspected on this occasion comprised of two houses which together accommodated up to five residents. One house provided respite services during the week, for four people at any given time for up to 12 residents and the second house provided a day and respite service for one resident. There were no vacancies on the day of inspection.

The centre's two houses were situated on a detached private site and in a housing estate. The grounds were attractive and had secure well-maintained gardens for use by residents. Inspectors found that the houses were warm, homely, comfortable, clean, appropriately furnished and well maintained. The inspector found a person-centred approach being promoted to meet the health and social care needs of residents and found evidence of good practice in a range of areas.

Brothers of Charity Services Roscommon use the Council on Quality and Leadership's (CQL) Personal Outcome Measures (POMs) as the person-centred quality of life measurement. The residents' living in this designated centre were involved in the quality enhancement system and evidence of this was recorded in their personal outcome folders. All of the residents' had achieved their goals for the previous year and were actively working on the current personal outcome goals.

Staff interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual resident's needs, wishes and preferences. The Inspector found evidence that residents/families had been involved in decisions about their care; However, some non-compliances were identified in risk management, safeguarding and safety, medication management and these issues are discussed further in 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 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:

Each resident's well-being and welfare were documented in their personalised folder which included information about their backgrounds and their personal goals for the current year. Inspectors viewed a sample of resident's personal plans and found that they were individualised and person centred, for example; the resident's needs, choices and aspirations were clearly identified. There was also evidence of a multi-disciplinary team input documented in the resident's files.

There were opportunities for residents' to participate in meaningful activities appropriate to their interests and capabilities. For example, some resident's receiving respite were supported by staff to participate in recreational activities in the local community; such as digital photography and computer training courses. Another resident received a day service during the week and respite at the weekends and lived alone and was assisted and supervised with their needs on a 24-hour basis.

The inspector found that residents participated in their personal plan assessments and the developments of their outcome goals. These goals were reviewed at least annually, and there was evidence in some of resident's files that the family had attended personal outcome meetings or had been invited to be involved in personal planning meetings.

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):

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

Findings:

A risk management policy was in place and compiled with the Regulations of the Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with Disabilities) Regulations 2013.

There were risks registers in place in the respite houses, which identified different categories of risk, for example; physical, environmental or chemical hazards and the register was risk rated appropriately. In addition, there were risk assessments in place to assess and identify individual clinical risks; however, the inspector found that these risks were not consistently reviewed following serious incidents. For example; one resident had recently displayed several serious incidents of aggressive behaviours towards property and a staff member, however; risk assessments were not reviewed following these incidents. In addition, there was no evidence that the behaviour support team was requested to review the incidents, or that a review of the staffing or procedures in place following these incidents were completed by the person in charge/provider.

The Inspector observed that there were facilities in place for the prevention and management of infection control, including hand washing facilities and hand sanitizers and personal protective equipment. Inspector observed a colour coded system for mops to ensure the appropriate cleaning precautions were in place to prevent the spread of infections. The infection control policy was in place and informative on the appropriate procedures for hand and food hygiene.

The centres fire protection policy was identified in the safety statement. The house evacuation plans were centre-specific, and each resident had an individual personal egress and evacuation plan in place. Inspectors spoke with staff and residents, and they were knowledgeable about what to do in the event of a fire, and where to go should the house need to be evacuated. Training for staff in fire safety was in date. Fire drills were carried out at least twice yearly; inspectors viewed completed records. The fire extinguishers were serviced on an annual basis and inspectors viewed certificates. However, one house did not have the appropriate fire alarm system or emergency lighting in place, to ensure adequate means of escape, as per Regulation 28 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities 2013)

The Inspector checked the vehicles maintenance records to ensure that vehicles were roadworthy and they were found to be compliant. Inspectors reviewed staff training records and found that most staff had received training in safe moving and handling of

residents.

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:

Measures to protect service users being harmed or suffering abuse were in place. Examination of staff files demonstrated that staff had received training in the protection of vulnerable adults. Policies and procedures for the prevention, detection and response to allegations of abuse were in place. The policies gave guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse. The staff members on duty were aware of the name of the designated contact person and confirmed that they were aware of the policy, and of their responsibility to report any allegations or suspicions of abuse. Residents informed inspectors that they felt safe and well cared for by staff and could talk to staff if they had any concerns. Procedural guidelines were available to staff on the appropriate provision of personal care to residents, including; respecting the individual's privacy and dignity. There had been no allegations of abuse reported to The Health Information and Quality Authority to date at this centre.

One resident in this centre has a history of displaying significant behaviours that challenge, and receives a one to one staff support at all times. This individual lives alone and the accommodation provided offers a suitable environment to meet the needs of the resident. The Inspector found that appropriate medical assessments had taken place, such as physical examinations, and medical tests such as eye tests and dental examinations were completed to ensure that there was no physical causes for the aggressive behaviours displayed. In addition, assessments had taken place by the behavioural support team and an individualised support plan was in place. The Inspector reviewed behavioural incident reports and found that accidents and incidents were accurately recorded. However, the inspector found that this resident had displayed a number of serious incidents of aggressive behaviour towards a female staff member, and there was no evidence of a review of the incidents, or follow up by the person in

charge.

The inspector found that there was very good team support in this house and staff supported each other following any accident/ incidents. The inspector found that the behavioural support plan had identified specific triggers that may cause the resident to be aggressive and preventive strategies to use in such situations. However, the behavioural support team had suspended actively reviewing the resident last February as this resident was quite settled at this time, however; no request had been re-submitted by the person in charge to the behavioural support team, to review the recent incidents of aggressive behaviour.

In addition, the inspector found that this resident had a history of absconding, or running away from staff while out socialising in the local community. Although there was a protocol in place to advise staff of the risks, and the procedures to follow should this situation occur; the inspector found that an emergency response system was not in place to ensure immediate support was available to the staff on duty, should the need arise.

The inspector viewed the resident's behavioural risk assessment, and it identified some steps to avoid incidents of aggressive behaviour. However it did not include all of the known triggers, for example; when their computer was not working effectively. The inspector did not find evidence that this incident had been reviewed by the person in charge or the behavioural support team, or that appropriate procedures were put in place following these incidents to ensure that the resident's computer works efficiently to eliminate the resident's frustrations, and possibly further incidents of behavioural outbursts.

Judgment:

Non Compliant - Moderate

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 resident's healthcare needs were mostly attended to by the resident's families. There were appropriate arrangements in place to support residents' health care needs while in residential care and residents' had appropriate access to General Practitioner (GP's), Speech and Language Therapist (SALT), Physiotherapist, and Psychiatrist.

Residents support plans were regularly reviewed and updated, and guided contemporary evidence-based practice. For example, a number of residents had attended their General Practitioner (G.P.) for medical reviews, and the resident's health plans were appropriately kept under review. The Inspector found that one resident who displayed behaviours that challenge had regular and ongoing monitoring of antipsychotic medications, and mental health reviews by the psychiatric team.

Residents received their lunch in different locations during the week depending on their daily routine; for example, some residents attended day services and received their meals at work, other residents received their dinner at their home. Residents' had a good choice of meals and were fully involved in the planning of the weekly menu with alternative options if they so wished. The Inspector found that there was an ample supply of fresh and frozen food, and residents could have snacks at any time. The inspector found that the mealtime experience was an unhurried and social occasion

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):

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

Findings:

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administering medicines to residents. The inspector reviewed the prescription record and medication administration record and found that it was clearly written and complied with best practice.

Some service user's prescribed medication at the time of inspection were administered via blister pack, other residents were self medicating and additional appropriate storage facilities were required for these residents to safely store their medications in their bedrooms . There were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors.

Judgment:
Non Compliant - Minor

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 provider also had the role/responsibility as the person in charge of this designated centre; Margaret Glacken had the required skills, qualifications and experience to manage the designated centre. The provider had responsibility as Director of Services for the whole organisation, as well as the role of the person in charge for four designated centres. These four centres included thirteen houses, and provided services for thirty-five residents with an intellectual disability. Previous inspection findings had identified the need to recruit a person in charge for these centres.

The inspector was notified prior to this inspection that interviews had taken place for the position of the person in charge of this centre. Two managers had been selected to work in the shared role of persons in charge of this centre. The inspector met with both of the managers and found that they had the required qualifications and experience to work as a person in charge of this centre.

The centre inspected on this occasion, comprised of two houses accommodating five residents. The staff members working in these houses were permanent or regular part-time staff. Staff members spoken with on the day of inspection were very competent in their roles and aware of their responsibilities. The inspector spoke with staff and residents, and noted that staff were aware that the provider was the person to whom they should report directly. They were also aware that two new managers had been recently assigned to the dual role of Person in Charge of this centre, and they were to commence their new roles in early October.

Meetings between staff and the provider had taken place and minutes of the meetings recorded. The inspector found that staff required more day to day management support in the individual houses, particularly out of hour's emergency support, and supervision and reviews of incidents; however the inspector was assured that these issues would be addressed following the appointments of the new persons in charge of the centre.

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):

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

Findings:

The Inspector reviewed the recruitment practices and found there were robust systems in place to ensure all the required documentation for staff employed in the centres' was in place. The Inspector reviewed staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in compliance.

The management team was committed to providing ongoing training to staff. There was a training plan in place for 2014 which included health and safety and risk management, protection and safety of vulnerable adults, epilepsy awareness, and medication management. Training records were held centrally which outlined the planned and actual training for all staff.

There was an actual and planned staff rota in all of the houses. The Statement of Purpose identified the allocated staffing hours for each unit in the centre, however; the inspector found that the allocated staffing in the Statement of Purpose and the actual staff rosters did not correspond. For example; the Director of Services was identified as working full-time in this designated centre, which is not accurate. In addition, the Statement of Purpose identified that one house had an allocated whole time equivalent (WTE) staffing ratio of 2.34 hours per week which equalled to 90.09 hours based on a 39 hour week; however, the actual rostered hours scheduled were only 64.5 hours, resulting in a difference of 25.59 hours per week. The staffing allocation in the Statement of Purpose requires review, to reflect the actual staff WTE.

Judgment:

Non Compliant - Minor

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-0004462
Date of Inspection:	02 October 2014
Date of response:	28 November 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was no evidence that risk assessments, behavioural supports plans or protocols, were reviewed following serious incidents of assault by the resident.

Action Required:

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

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:

New Person in Charge has commenced on 11/11/2014 and has meetings scheduled with the staff team and the behaviour support team

New Senior Behaviour Support Specialist has commenced – 28/11/2014

Review of all risk assessments and the behaviour support plan and protocols is underway and will be completed by 31/12/2014.

Proposed Timescale: 11/11/2014; 28/11/2014 and 31/12/2014

Proposed Timescale:

Theme: Effective Services

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

There was no emergency lighting provided in one of the houses, and the smoke alarms were battery operated and not connected to the mains power supply.

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:

Emergency Lighting and new smoke alarms connected to the mains power supply are being fitted.

Proposed Timescale: 15/12/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no procedure in place to ensure that the resident's computer system was sufficient to meet his needs and was working appropriately.

Action Required:

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

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

Broadband speed to be checked and upgraded package to be purchased if required – 05/12/2014

People supported are responsible for their own I.T. equipment costs and any support or repair costs per Individual Service Agreements. Direct support staff to seek funds from person's own money, if any repairs or upgrades are required.

Proposed Timescale: 05/12/2014

Theme: Safe Services

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

There was no evidence of a debriefing session following serious incidents by the managers with the resident or with the staff member.

The behavioural support team were not requested to review the current procedures to minimise the risk of the incident reoccurring.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

MAPA training to be completed by all staff – 09/12/2014

New Person in Charge in conjunction with new Senior Behaviour Support Specialist to draw up a clear procedure for all staff to refer all incidents to the Manager and the Behaviour Support team – 31/12/2014

Proposed Timescale: 09/12/2014; 31/12/2014

Proposed Timescale:

Theme: Safe Services

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

An emergency response system was not in place to ensure immediate support could be sought by the staff on duty, should they require additional staff support while out socialising in the community.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Behaviour support protocols are in place for all behaviour incidents. However, these will be reviewed with all support staff to ensure they are fully aware of the correct procedures – 15/12/2014

An emergency response system is being set up by the new manager – 31/12/2014

Proposed Timescale: 15/12/2014; 31/12/2014

Proposed Timescale:**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:

There was no locked medication box in the resident's bedroom to store their medication securely.

Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

New manager and support staff are putting a system in place whereby each person availing of respite services will bring their own medication in a securely locked box when coming to stay in the respite house

Proposed Timescale: 05/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

1. The Director of Service was detailed in the Statement of Purpose as working full-time in the designated centre.
2. The whole time equivalent (WTE) detailed in the Statement of Purpose and the hours that staff were rostered to work, were inconsistent and 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:

The Statement of Purpose has been corrected to reflect accurately the staffing complement in the designated centre.

Proposed Timescale: 14/11/2014