

**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-0004460
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:	8
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 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:
01 December 2014 10:00	01 December 2014 18:00
02 December 2014 10:00	02 December 2014 18:00

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 inspection 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, Roscommon. As part of the inspection, the inspectors met with residents, staff members, the Person in Charge (PIC) and the Provider nominee. Inspectors observed care practices and reviewed documentation such as personal plans, risk management documentation, medical records, as well as policies and procedures.

This centre provided residential and respite accommodation and support services for nine adults (five females and two males and two respite beds) with mild to severe intellectual disability. In one of the houses, respite was offered to six individuals on a rotational basis throughout the year. The centre comprises of three community residences situated in two housing estates in a town in Co. Roscommon. Two were modern purpose built bungalows, and the third was an older style bungalow. Two of these three houses were rented from the Roscarra Housing Association and the third house was privately rented by the Brothers of Charity.

Staff interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences. All residences were open five days a week and one weekend per month. The houses and grounds were well maintained and offered a comfortable homely environment for the residents.

The person in charge was present during the inspection and provided an overview of the residential and respite services, as well as the provision of accommodation through the Housing Association arrangements. The inspectors found that there were a wide range of responsibilities attached to his role. This included responsibility for nine residential houses and six day care facilities. The findings of this inspection indicate that the role of the person in charge required review to ensure that the post holder could carry out their responsibilities in accordance with regulatory requirements. There were deficits identified in the arrangements for staff supervision particularly for locum staff, inadequate resources available on a daily basis to ensure that resident choices and personal goals could be achieved, medication practices were not rigorous to ensure safe administration and there was an inadequate allocation of staff to meet the needs of all residents in living in the centre.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards. The Inspector followed-up on the actions outlined in the report of the inspection conducted on 16 and 17 April 2014 and few had been fully addressed. All of these actions are repeat for attention in this report. Other areas that required improvements were risk management, fire safety management and staff training in subjects such as food hygiene and infection control and out of hours on call support for staff. Policies such as the adult protection policy required review to include the staff training and Garda Síochána vetting requirements for new staff. Improvements were required in relation to notifications in accordance with regulation 31- Notification of Incidents.

These issues were discussed at the feedback meeting with the provider nominee and the person in charge. A small amount of staff resources was sanctioned by the provider during these discussions to address the immediate staffing shortages and risks to the residents. These and other findings are discussed in more detail in the report and included in the Action Plan at the end of this report. On the 28/4/15 at 9.35am two inspectors visited the house with the aim to complete a follow-up inspection of the action identified in this report. However, all the residents and staff had left the premises to attend work for the day and inspectors were unable to access the premises to complete the follow-up inspection.

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:

The inspector found that residents were consulted about their daily routine in the centre and that residents' rights and dignity were promoted. For example, residents' meetings were held every week, and the minutes of these meetings showed that resident's rights and choices were being addressed. For example; if a resident requested a specific food or drink, steps were taken to ensure these items was made available to the residents.

Residents' religious, civil and political rights were respected with most residents were registered to vote and attended mass weekly. Residents received their day service from a number of centres, and the staff members in day and residential services displayed a positive and supportive attitude to provide individualised activities outside the centre.

The Brothers of Charity Services Roscommon had revised their complaints policy in November 2014. It identified the organisations ethos and outlined the various types and stages to follow when making a complaint, including; when, how and to whom a complaint should be made. The person in charge was identified as the complaints officer in this centre, and the provider nominee was identified as the designated complaints review officer. However; there were a number of issues that were unclear in this policy. There was no standardised complaints log template used and the inspector found there were different procedures for recording complaints in each house. The inspector also found that complaints logged prior to the previous inspection remained unresolved. The inspectors saw that considerable time had elapsed in some instances between the time the complaint was made and remedial action taken. In one instance a complaint regarding respite accommodation had been outstanding since the last

inspection and it was difficult to determine from the records what remedial actions had been taken to support the resident while the issue was being resolved; there was also no time-scale set out for managing different stages of the complaint.

A non-compliance identified in the last report indicated that complaints received had not been adequately managed and this was reviewed on this inspection. The inspector found that it was not clear from the complaint records what actions had been taken to resolve outstanding complaints, or if any learning had taken place as a result of the issues raised to prevent a similar issue arising again. For example; there was no information available to indicate that the provider had a system in place to ensure complaints were appropriately managed.

In addition; the complaints policy stated that that residents could access advocacy services when making a complaint; however, an action issued from the previous inspection required that an independent advocate would be provided to support a resident with his complaint, however, this service had not been provided to the resident and the complaint remains unresolved. This action is repeated in the action plan of this report.

The inspector also reviewed the systems in place to ensure residents' financial arrangements were safeguarded and found that there were guidelines in place for managing residents' personal property and possessions. However, these guidelines were not fully implemented in practice, as there was not appropriate monitoring of resident's money or record keeping of transactions maintained to protect resident's finances. For example, there was no daily monitoring of the petty cash kept in the house. The inspector also found that there was no regular or random audit of the residents financial records carried out. In addition, there were different practices and procedures in place in different houses in the centre. For example, in one house each resident was charged €5.00 petrol money for social outings but this charge was not levied in other houses.

Judgment:

Non Compliant - Moderate

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:

Effective and supportive interventions were provided to residents to ensure their communication needs were met. For example, each resident's communication needs were assessed and documented in their individual care plans. Some residents' care plans documented the recommendations from the Speech and language therapists to ensure

resident's needs were met.

Some residents had pictorial daily timetable schedules and communication books that went between day and residential services with some residents having a communication book for at home. Documentation was in place to support the decisions taken at the personal planning meetings and inspectors viewed evidence of this in the resident's files.

Residents had easy access to television and radio, residents' preferences in terms of what programmes or music they preferred were facilitated. Some resident's had access to Ipads and social media. In addition, inspectors saw picture notices were on display as an aide memoir for residents. For example, photographs of the staff on duty were on display in the kitchen/dining room.

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:

Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community. Residents had families that were actively involved in their care, and families were encouraged to participate in the lives of the residents, and the inspector saw that they were regularly consulted and kept up to date. Care plans were in place to support and enhance this process; also, residents had photographs of their family members in their bedrooms. Residents were supported to attend the local community events and visit local shops regularly.

The inspector found that the houses were open to visitor's at all reasonable times and residents stated that their friends and families were welcome in the centre and were free to visit. In two of the three houses, a private room could be made available for residents to meet their visitors. The organisation had a National Visitor's Policy, which was implemented in each designated centre in the organisation. It was an easy to read document with pictures prompts. However, it requires review as it recommended that visitors should contact the centre before they visit and it also suggested that residents could meet their visitors in private in their bedroom. This policy does not adhere to the Care and Welfare Regulations 2013 which state that residents should be free to receive visitors without restrictions being imposed and that suitable communal facilities should be available to receive visitors in the centre.

Judgment:

Non Compliant - Minor

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:

The referrals/ admissions/ transfers and discharge policy for the Brothers of Charity Services Roscommon was reviewed in December 2014. It identified the organisational policies and procedures in place in the organisation to guide the admissions and discharge process. The admissions and transfers of residents to residential services were directed by the admissions and discharge team in the Brothers of Charity services. This involved several members of the senior management and multi-disciplinary team meeting every four months and reviewing the applications for admissions or discharges in the Roscommon area. However, there were no guidelines in the policy stating when a resident could be discharged from the service or what notice they would be given prior to discharge.

Each resident had a contract of care completed and they outlined the services provided to the resident, including the costs of the services. Additional costs occurred by the residents were not clearly identified in the contract of care, for example, G.P. costs. Also, the Housing Association (the landlord) was providing residents with their food with no oversight by the provider as to the cost, quality and quantity of food provided. These issues had been identified to the provider and the person in charge at previous inspections.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Recreational activities were available for residents during the day five days a week, and there were some opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. For example, some residents attended bodhran classes and had recently played in concerts, in Sligo and Athlone, other residents like table tennis and dancing classes. It was also evident that residents were very much part of the local community. Residents visited the local businesses and community facilities in the town, such as; local pubs, restaurants, library and church as well as taking part in household activities, such as cooking as well as arts and crafts.

The inspector found that each resident had a personal plan in place, and these plans were reviewed annually. There was evidence that residents and some families were involved in personal plan meetings. Inspectors viewed a sample of resident's personal plans and found that they were individualised and person-centred. Also the resident's abilities, needs and aspirations were clearly identified in the personal plans for the year. Inspectors saw that most of the residents goals identified for the previous year were viewed and most had been realised. However, three of the residents personal plans did not reflect their changing health and social needs and the person in charge had not implemented recommendations from the psychologist and the social worker on improving their environmental and social care needs. In addition, the inspector found that some residents participated in, or attended social activities they did not choose, as they could not be left unsupervised at home for safety reasons. This was due to the inadequate staffing levels in this centre.

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):

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

Findings:

This centre had three community houses. These houses consist of two social houses, managed by the Roscarra Housing Association and were purpose built, beautifully decorated and situated next door to each other; the third house was rented by the

Brother of Charity Services and was situated approximately 4km away. The houses were all detached single storey houses with a garden to the front and rear of the premises. They were situated in a residential area in proximity to a town . It was within a short drive of the day services that the residents attend, as well as other local social amenities. Seven residents five female and two males were living in the houses. The inspector found that colours were tastefully co-ordinated; rooms were personalised, and attractive paintings hung on the walls. All rooms had adequate provision for storing resident's clothes. The premises were clean, comfortable and had a homely atmosphere.

House one; this house had an open plan kitchen/dining/sitting room, utility room, main bathroom, three bedrooms, one en-suite, and a second sitting room/visitors room. It accommodated two residents. The two individuals living in this house were said to be independent and required no staff support. However, on both inspections the inspector identified that there were risks associated with not providing staff support for these residents. This is discussed further under risks in outcome 7. Externally; there was a front and back garden attached to these premises. However, the inspector found that there was no gate to the side of the premises to increase security for the residents that were living unsupported in this house at night. In addition, the inspector found there was poor accessibility between the two houses that were built side by side to allow easy access to the staffed house at night, in the event of an emergency.

House two: Was a similar design as house one. There was an open plan kitchen/dining/sitting room, utility room, main bathroom, three bedrooms, one en-suite, and a second sitting room/visitors room. Four individuals (three residents and one staff) were accommodated in this three bedroom house. This house had a sleepover staff. At the time of the last inspection, in May 2014, one resident had been moved into the staffed house next door as a safety precaution, as there were no staff allocation/funding available to support them to continue living in their house. Inspectors were told that this was considered as a short term emergency arrangement until the provider resourced the centre with appropriate staffing and day services. An action was issued following the last inspection to address this issue; However, on this inspection; inspectors observed that this arrangement was still in place. The provider acknowledged to the inspector that she had not sought funding to resolve this situation, as she had stated in her response to the action plan submitted to the Authority in June 2014. Following discussion with the person in charge, it was agreed that the resident would be offered the en-suite bedroom currently used by staff until alternative accommodation arrangements were put in place for this resident.

In the third house there were five bedrooms, one living room, kitchen/ dining room, a utility room a recreational room, two toilets and one shower room. There was also an outside toilet and garage. Inspectors found that the house was comfortable and clean and that some interior painting had been completed within the house prior to the inspection; specifically, in the resident's bedroom and games room. However, despite the rooms being repainted, there remained a significant smell of dampness in these rooms and the staff member and person in charge confirmed that dampness had been an issue in these rooms but were unable to find the source of the dampness. Outside in the large yard to the rear of the premises there was an old bus that was no longer in use and the door of the outside toilet was hanging off the hinges.

In two of the houses, residents required handrails in the bath to ensure safe access and egress and ensure residents could maintain their independence as long as possible; however, no referral had been sent to the occupational therapist for an assessment.

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:

Effective Services

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

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

Findings:

The Brothers of Charity Services Roscommon had a Risk Management policy; however, this policy did not include clear guidance on the management of risks. The organisation had a safety statement for guidance on issues such as; identification, recording, investigation and learning from serious incidents. However, the inspector identified issues requiring clarification in relation to health and safety, particularly the arrangements for recording of incidents in the centre.

During the registration inspection, the inspector identified that a serious incident had occurred in one of the house's, a number of weeks previously when two residents were cooking food in the kitchen late one night and set off the fire alarm and the trip switch resulting in the electricity going off. When the residents sought assistance from the emergency panic alarm system, it failed to work and one of the residents' had to go outside in the dark to seek help from the staff next door. However, there was no record of this incident recorded in the resident's daily notes and there was no incident form completed. Although the person in charge confirmed that that this incident occurred, there was no evidence that the incident was investigated by the person in charge and no evidence of learning from this incident by residents or staff to prevent future risks to residents.

There was an organisational risk register in place, in each of the three houses; which identified different categories of risk, for example; physical, environmental or chemical hazards. The risk register identified some of the specific risks in each of the houses and these risks were appropriately risk rated. However, since the last inspection, individual risks had not been addressed as agreed in the action plan response.

The inspector viewed a number of individual risk assessments for residents. Some related to social activities and residents medical conditions, they showed that staff had taken a proactive approach to controlling risks to residents whilst ensuring that residents could still take part in their chosen activity. However, the inspector found that some risk assessments were not signed or risk rated and review dates were not documented. The

risk management policy did not include that residents living in a boil water area should be provided bottled water to wash their teeth.

As stated in outcome 6, two residents were identified as requiring support with daily tasks such as cooking, personal hygiene and social activities. The inspector saw that the risks associated with this lack of supervision had not been included in the centres risk assessment. The provider was requested at the last inspection to carry out an assessment of staffing needs. During discussions with the person in charge, he stated that these risk assessments had not been completed and residents continued to receive no allocated staffing for their house.

Most staff had training in safe moving and handling of resident's; however, a number of staff did not have up to date training in risk management, first aid and basic food hygiene.

Vehicles used by residents were appropriately maintained and were checked monthly for safety issues by the services' vehicle safety officer.

The infection control policy was included in the safety statement and there were appropriate facilities in place for the prevention and management of infection control, including hand washing facilities, hand sanitizers and personal protective equipment. The policy did not give clear guidance on the control of infection, for example; the use of aprons when attending to residents personal hygiene.

Appropriate fire equipment was located throughout the centre, and there was evidence that this and the emergency lighting and alarm system were regularly serviced. Weekly and monthly fire safety checks were recorded in the centres fire register. All fire exits were unobstructed, and staff took part in regular fire evacuation drills which were documented. Fire safety training for all staff had taken place and included evacuation procedures. The procedure, to be followed in the event of fire, was displayed in the centre but in one of house the procedure displayed did not identify where the residents should evacuate to in the event of an emergency. In addition, there was no emergency pack available for such events with equipment such as a torch; spare car key and key's for day centre/relief house to be used for the evacuation. This was necessary given that relief staff were sometimes on duty and some residents lived alone.

A personal evacuation plan (Peep's) was documented in each resident's personal plan. The inspector found that one of the residents personal evacuation plan did not detail their mobility issues and therefore could cause a risk in the event of an emergency evacuation. The inspector verified that regular fire drills took place, however; when the fire alarm and electricity went off, only one resident evacuated the building and the other resident remained in the house, which indicated further training on fire evacuation were necessary for residents. This is particularly important when residents are living independently and responsible for their own emergency evacuation.

There were also no handrails in place in the bathroom in one of the houses, despite a number of residents requiring assistance to safely use the bath. Monthly safety audits had been carried out to ensure a safe environment, yet these risk had not been identified on the monthly audit list.

There was also a CCTV system available in two of the houses to monitor the front of the

houses at night. Staff informed inspectors that they were unable to use it; therefore, training was required for staff as this was recorded as part of the safety precautions for the residents living alone

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The policy on the prevention, detection and response to abuse required review, as it did not give clear guidance as to the frequency that training on safeguarding of vulnerable adults should take place. In addition it did not clearly state that all staff should have Garda clearance prior to working with vulnerable adults in this organisation.

Inspectors spoke with staff on duty and they were aware of what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. There was a named designated person in the centres policy, and staff members were aware of her role. All staff had completed training in protection of vulnerable adults. There were no incidents or allegations of abuse reported to the authority from this centre.

Residents were provided with appropriate support to help promote a positive approach to behaviour that challenges. The inspector reviewed the behavioural support plan of one resident. Efforts were made to identify and alleviate the underlying causes of behaviour and any triggers that caused the behaviour. The inspector also saw that multi-disciplinary input was sought when planning interventions for residents; for example, one resident with autism had been assessed by the behavioural support team and had received assessment and support from the mental health team.

Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The person in charge said a restraint-free environment was promoted. There were no physical or chemical restraints in use at the time of inspection.

Judgment:

Non Compliant - Minor

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:

The inspector reviewed the notifications in relation to this designated centre and found that there were incidents when the Chief Inspector should have been notified; for example, the fire alarm sounding, the unexpected loss of electricity.

Judgment:

Non Compliant - Major

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, 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.

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):

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

Findings:

Staff and residents described good access to their local General Practitioner's (G.P.'s) and Psychiatrist and there was evidence available of this in files reviewed. An out of hour's (G.P.) service was also available. There was good evidence of medical reviews such as monitoring resident's blood regularly for medical conditions, such as; thyroid levels.

At the last inspection resident's medical diagnosis and treatment were recorded in the resident's communication book by care staff and valuable medical information was being lost, as it was not recorded in one medical file. The inspector found that significant improvements had occurred in the recording of resident's medical information in the centre. For example; clinical diagnosis were now being recorded in the resident's medical notes and the clinical nurse manager in the day services had followed up on doctor's medical diagnosis and doctors appointments. The inspector reviewed a 'hospital passport' document in the resident's files; this document was available when resident's required transfer to hospital. It contained information on aspects of the residents' care including their emotional needs and nutritional preferences and was regularly reviewed.

Allied health services including dental, physiotherapy, speech and language therapy and chiropody were available to the residents as required. For example, one resident was assessed by the speech and language therapist for swallowing difficulties and their recommendations had been followed up, risk assessed and risk rated. However, the inspector identified that there was limited input by occupational therapy services to assess resident's environmental concerns and identify assistive equipment to promote independence such as handrails and aids for cooking.

Most resident's food and nutritional requirements were well assessed and monitored and residents were given the opportunity to express their preference regarding the food they liked. Staff members told inspectors that residents often added to the shopping list, and some residents went with the staff when they were going food shopping. Residents stated that they liked to help choose some of the food items. Inspectors spoke with all of the residents and staff with regard to the food provided in the centre. Residents stated that they enjoyed the food provided and were supported by staff to complete the weekly grocery shop for the houses. The Inspector observed resident's being given the opportunity to choose the food they wanted to eat. There were sufficient quantities of nutritious food available but it was evident that the two residents living alone required additional support purchasing, preparing, and cooking food. However, inspectors observed that one resident living independently was severely over- weight and had a BMI of 39. This resident had been seen by their General Practitioner and was referred to a dietician for an assessment. However, an appointment had not been received at the time of the inspection to address this risk. In addition the G.P. had recommended

exercise, however; this medical advice was not implemented as there was no staff member allocated to support this resident.

Most resident's health needs were assessed, planned, implemented and evaluated in a co-ordinated and efficient manner. At the last inspection, the inspector identified that in some cases; there were no specific plans in place to meet the long term physical, social, or psychological needs of residents with dementia or age related complications in this centre. This inspector had issued the provider with an action plan to address this issue for one particular resident. Although medical, psychological, and social assessments and had been completed for this resident the recommendations made by a professionals were not implemented in practice. There was no meeting held to discuss with the staff team or family members the recommendations by the Multi-disciplinary team (MDT) and there was no records of transitional planning for this individual who was in emergency accommodation for six months since the last inspection. The inspector also noted that this resident's personal outcome goals had been suspended. Staff stated that they had decided not to pursue the resident's person centred plan due to the resident's ill health; as they did not have the staffing resources to continue with the personal outcome goals or to review the resident's personal outcome plan.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were processes in place for the handling of medicines in accordance with current guidelines and legislation. Protocols were in place for the safe administration of medication for epilepsy. There was a monthly record of all medication stocks kept in the centre and additional stocks received from the pharmacy were added to this record. Inspectors found that this stock control measure was accurate. There were no medications that required strict control measures (MDA's) at the time of the inspection. There were no chemical restraints in use at the time of inspection.

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administering medicines to residents. The medication management policy required review to direct practice and to provide guidance to staff and managers. For example; the policy does not distinguish between a serious medication error and a clerical error. The policy currently advises staff that the doctor should be contacted immediately when a medication error occurs. The inspector found seven (six in one house) clerical medication errors that had been

recorded and they had not been reported to the General Practitioner or to the resident's families as per organisation policy. Clarification is required in the policy to identify clearly different types of medication errors and the procedures to follow in each event.

In addition there was no evidence that the person in charge had reviewed these medication errors, or that staff had been re-trained in safe administration practices. While reviewing one resident's medication prescription books it came apart as it was not properly sealed which was not in keeping with good medication recording practices or accordance with guidelines of An Bord Altranais agus Cnaimhseachais Na hEireann

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose (SOP) was submitted prior to inspection and was reviewed by inspectors. It detailed the aims of the centre and described some of the facilities and services which were to be provided for residents.

The SOP identified that there were four houses rather than three. It did not accurately identify that actual staffing needs or supports being provided in the centre. The SOP stated that there was an additional allocation of .36 whole time equivalent staffing in this centre since the last inspection; however, the inspector found no additional staff had been recruited for this centre. The statement of purpose also requires revision to adequately describe the dependency levels of the residents and to clarify the number of residents who are accommodated in each house in this centre and the night support staff on duty in each house.

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):

No actions were required from the previous inspection.

Findings:

Castlerea residential services are governed by Brothers of Charity Services Ireland. A board of directors consisting of thirteen members oversees the operation of the organisation. There is a senior management team with personnel who have a variety of roles and responsibilities. Margaret Glacken is the Director of Services for Roscommon Brothers of Charity Services and she is supported by a person in Charge of the Castlerea services.

The person in charge was appropriately qualified to fulfil this role. He was a psychiatric nurse and had many years experience in the areas of social care including the management of social housing schemes. The person in charge had responsibility for nine residential houses and six day care services. The responsibilities, lines of authority and accountability of the person in charge needed to be clearly defined to ensure that the post holder can meet their legislative responsibility as defined by the regulations.

A team leader working in this centre had been put forward as a person participating in the management of this centre, however/ the Authority has since been notified that this person no longer wishes to be identified as a person participating in the management of the centre. This has weakened the management structure in this centre and the governance and management structure is currently inadequate.

The inspector found that whilst one action plan from the previous inspection had been addressed, twelve of the thirteen actions were not addressed or not complete and there were no systems in place to monitor or review improvements or changes being made to meet legislative requirements.

During discussions with the person in charge and other senior staff, they demonstrated a commitment to providing a good quality service that sought to meet legislative requirements and the needs of residents. There was evidence that regular staff meetings had been introduced since the last inspection to strengthen communication and governance arrangements.

However; Inspectors found that there was not clear governance and management structures within the service and there were problems with how roles were defined and how management responsibilities were communication between staff working in the centre. This was confirmed by matters identified during the inspection that had been brought to the attention of the person in charge who had the statutory responsibility for supervising staff and the care of residents. For example, medication errors described previously had been highlighted to the person in charge but had not been appropriately reviewed.

The inspector found that the role of support workers who were requested to take on additional tasks such as arranging locum staff were impacting on services provided to residents. This matter was not addressed by the person in charge who has responsibility

for the supervision of staff or the provider nominee who has responsibility for resource management.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

To date there had been no instances where the person in charge had been absent for 28 days or more notified to the Health Information and Quality Authority.

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):

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

Findings:

The Inspector identified that the centre was inadequately resourced to safely meet the needs of all of the residents. As discussed under outcome 1, 5, 6, 7, 11, 12, 17, this centre was not sufficiently resourced to ensure adequate support was provided to residents despite risks identified during both inspections. In addition; the families of a number of residents' in receipt of respite care, had requested a full-time placement over a number of years, but resources were not available to offer this service to the families.

Judgment:

Non Compliant - Major

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:

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. Three staff files were reviewed and the inspector found that all 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 present. However, these files were not well organised and to allow easy retrieval of all schedule two documents.

There was evidence that staff received some training to meet the needs of residents and records of training were documented on staff files. Inspectors saw that training on medication management, personal care planning, protection and safety of vulnerable adults, epilepsy awareness and manual handling had been provided to staff. However, as discussed under outcomes 7 and 12, refresher training was required for some staff in risks management, medication management, first aid and food safety.

The inspector found that there were not sufficient staff members rostered to meet the needs of the residents. Inspector identified non compliances with the regulations and serious risks as identified under outcomes 1,5,6,7, and 11 as a result of residents not being adequately supervised.

The inspector reviewed the staff rotas and compared staffing allocations from the last inspection with the current rotas. There was no additional staffing allocated to the unstaffed house since the last inspection. In addition; there was no staffing needs assessment carried out in this house to identify the personal and collective needs of the two residents, particularly in the evening and at night as actioned in the last inspection.

Judgment:

Non Compliant - Major

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. However, they were not always complete and accurate. Records were paper-based, and some were securely maintained and easily accessible but some documentation required for the registration inspection were not readily available including vehicle registration documentation, accident and incident forms, and medication documentation.

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. The inspector found that some of these policies and procedures were not always adhered particularly in relation to managing risk and staffing in this centre and required review. The inspector found it difficult to effectively assess risk in this centre, due to the inadequate recording of serious incidents and accidents. Therefore, the inspector found in one house in particular; that due to the fire and safety risks identified a staff was required to supervise in the evening and sleepover at night to safeguard these residents. These concerns were addressed with the provider at the feedback meeting and she did sanction a small number of staffing hours in the evening to supervise the resident's as an immediate response to the risks identified, pending full review.

A directory of service users was maintained in the centre, and this contained all of the items required by the Regulations. Most of the resident's files were found to be complete and were kept accurately and up to date. A record was maintained of all referrals/appointments and resident's notes were updated accordingly with the outcome of the appointment. However, a record of resident's assessments of needs was not available. The inspector found that records of care provided to the resident including any treatment or intervention were mostly maintained. As discussed under outcome 11 one resident's personal outcome goals were suspended by staff due to their ill health and therefore there was no up to date person centre plan directing the care needs for this resident.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thelma O'Neill
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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-0004460
Date of Inspection:	01 and 02 December 2014
Date of response:	24 March 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The person in charge did not ensure that organisational guidelines were adequate and procedures for managing personal property and possessions were appropriately implemented to safeguard resident's money.

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

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

1. External auditors have checked accounts in houses during an interim audit.
2. Further staff training in financial management is planned

Proposed Timescale: 1. 22/01/2015; 2. 31/08/2015

Theme: Individualised Supports and Care

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

Complaints were inadequately investigated or resolved and resident's rights to appeal were not addressed by the person in charge or the provider.

Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

1. All people supported and staff have been briefed on the complaints procedure and the necessity for prompt action. Complaints are an agenda item at all team meetings.
2. A new complaints book is being developed.

Proposed Timescale: 1. 12/02/2015; 2. 31/03/2015

Theme: Individualised Supports and Care

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

There was no access to an independent advocate to support residents making a complaint.

Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

1. Staff contacted the National Advocacy Service to seek an independent advocate for the person and the person is on a waiting list for this service. Staff will continue to advocate for the person and follow up with the National Advocacy Service on a weekly basis.
2. Workshops for the county have commenced with independent advocates from the

National Advocacy Service to brief staff on the services available.

Proposed Timescale: 1. 29/11/2014 and ongoing follow-up; 2. 13/02/2015 and ongoing

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

The organisation's National Visitor's Policy advised that all visits should be announced visits and residents could meet visitors privately in their bedroom which is not in keeping with the National Standards and Regulations.

Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

A suitable private area is available for people to receive visitors.

Proposed Timescale: 05/12/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

In the referrals/discharges/ transfers and discharges policy, there were no guidelines in the policy stating the procedures for managing a resident's discharge from the service.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Discharge is referred to in the policy. The policy will be further reviewed if required.

Proposed Timescale: 09/02/2015

Theme: Effective Services

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

Additional costs incurred by the residents were not clearly identified in their contracts

of care, for example, medical charges.

Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

Charges for medical services are outside of the remit of our organisation. People pay for these in the same way as other citizens in the community. Our Individual Service Agreements are being reviewed and this fact is now noted

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

There was not clear and transparent procedures in place for monitoring the cost, quality and quantity of food provided to the residents in this centre by the provider.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The individual service agreements have been reviewed and clarity on items being charged has been provided.

Proposed Timescale: 22/12/2014

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 could not exercise choice over their daily lives and had to attend social activities as a group even if they would have preferred to remain at home.

Action Required:

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

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

1. A re-structuring and re-deployment plan for staffing has been looked at. Two part-time additional support staff will be provided to support some individual activities for

people in both houses. Internal recruitment of these will take place immediately and locum staff will be sought to cover during the recruitment process.
2. We are escalating the resourcing issue to our Service Level Arrangement monitoring meeting.

Proposed Timescale: 1. 31/03/2015; 2. 24/03/2015

Theme: Effective Services

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

Three residents' personal plans did not reflect the residents changing health and social care needs and the actions from the last inspection were not implemented.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Annual medical checks are carried out. Multi-disciplinary staff have also been working with the staff team, as required, to ensure these are reviewed on a regular basis.

Proposed Timescale: 13/02/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was a significant smell of dampness in one of the houses with no action taken other than cosmetic repairs, to locate and repair the dampness in this house.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Repairs have been carried out to remove the dampness.

Proposed Timescale: 09/12/2014

Theme: Effective Services

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

There was no gate to the sides of one the premises, to increase security for the residents that were living unsupported in this house at night.

Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

Gates have been installed at the sides of the premises.

Proposed Timescale: 22/12/2014

Theme: Effective Services

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

There was poor accessibility between the two houses that were built side by side, to allow easy access to the staffed house at night in the event of an emergency.

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:

Due to a staff resignation, re-structuring is taking place and the roster is being re-defined for two of the houses in this designated centre. A waking night staff will replace the sleepover staff thus ensuring support and access for people between houses.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

One resident continued to be accommodated in the sitting room/ visitor's room and no steps had been taken to move this resident to a house that had appropriate accommodation and staffing to meet their needs.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The person has moved into a bedroom with en-suite.

Proposed Timescale: 05/12/2014

Theme: Effective Services

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

In the yard to the rear of one of the premises, there was an old bus parked that was no longer in use.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

This bus has been removed

Proposed Timescale: 05/12/2014

Theme: Effective Services

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

The door of the outside toilet was hanging off the hinges and there was a risk of this door falling and causing an injury to a resident/ staff.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

This door has been repaired.

Proposed Timescale: 05/12/2014

Theme: Effective Services

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

In two of the houses, residents' required handrails to access and egress the bath. No request for an assessment had been sent to the occupational therapist to determine the residents' equipment needs

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:

The physiotherapist has assessed the facilities and equipment and has given a report to the Person in Charge. Handrails are being fitted.

Proposed Timescale: 20/02/2015

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:

Risk management policy on the health and safety of residents was not adequate. For example; it did not advise staff on how to learn from accidents and prevent further accidents/ incidents occurring in this centre.

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:

The Risk Management Policy is under review to ensure that all of the above are covered.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

Resident's risk assessments were not signed, risk rated, and there was no review date put in place by the staff member completing the assessment.

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:

1. The risk assessment template has been updated. All risk assessments are being reviewed and re-done to ensure that signatures, ratings and review dates are in place.
2. Refresher Risk assessment training is being planned.

Proposed Timescale: 1. 13/02/2015; 2. 23/04/2015 and ongoing

Theme: Effective Services

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

There was a CCTV system available to monitor the front of two of the houses at night however; staff were unable to use same.

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:

Staff have been shown how to operate the system.

Proposed Timescale: 05/12/2014

Theme: Effective Services

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

A number of individual risk assessments did not identify appropriate, measures, actions or controls in relation to risks identified in some houses; such as; no allocated staff support, cooking unsupervised, personal hygiene assistance, clothes management, social activities support, financial management and transport assistance.

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:

Assessments are being carried out with the staff team and multi-disciplinary staff and these will be reviewed on a regular basis. Individual Emergency Plans, Missing Persons' Profiles and an Emergency Plan have all been completed.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Serious accidents, incidents and near misses were not recorded in the incident/ accident books and residents notes.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

Incidents/Accidents are agenda items for all team meetings. The Person in Charge reiterates the importance of documenting and notifying such incidents immediately at all team meetings.

Proposed Timescale: 02/12/2014

Theme: Effective Services

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

The risk management policy did not include that residents living in a boil water area should be provided bottled water to wash their teeth.

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:

The Health & Safety Statement covers this.
The Risk Management Policy is under review.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

In one of the houses, the emergency evacuation plan did not state the name of the day service where the residents' should evacuate to in the event of an emergency. In addition, there were no emergency keys available, should such an event occur.

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:

The Emergency Plan has been amended and the information required has been added. Emergency keys are now available.

Proposed Timescale: 19/12/2014

Theme: Effective Services

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

One of the residents personal evacuation plans (PEEP's) did not detail their mobility issues and therefore, this resident could be at risk in the event of an emergency

evacuation.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

1. The person's Individual Emergency Plan has been amended
2. All Staff have received Fire Safety training

Proposed Timescale: 1. 20/12/2014 2. 16/02/2015

Theme: Effective Services

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

Resident's fire evacuation skills were not adequately assessed.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Further fire drills have been completed and these are completed on a quarterly basis to ensure people supported remember the routine for evacuation.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

Previous actions in relation to the risks of residents cooking unsupervised continued not to be adequately risk assessed, including the risks of residents getting burnt when there is no staff supervision.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

1. Further fire drills have been completed and these are completed on a quarterly basis to ensure people supported remember the routine for evacuation.
2. A re-structuring and re-deployment plan for staffing has been looked at. Two part-

time additional support staff will be provided to support some individual activities and ongoing training in living skills.

Proposed Timescale: 1. 31/12/2014; 2. 31/03/2015

Theme: Effective Services

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

The emergency panic alarm system failed to work and one of the resident's had to leave their house in the dark to seek assistance from the staff next door.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

1. The alarm system is being checked and serviced.
2. The new staffing rosters will ensure that staff are on duty to assist people supported.

Proposed Timescale: 1. 20/02/2015; 2. 30/04/2015

Theme: Effective Services

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

The fire alarm failed to notify the neighbours and staff living next door that the resident's had a fire and electrical emergency.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

The fire alarm system is being checked and additional alarm points are being installed

Proposed Timescale: 20/02/2015

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 not clear guidance in the policy for "The protection of vulnerable adults", as to how often training on client protection for staff should take place. In addition it is not clear in the policy that staff should have Garda clearance prior to working with vulnerable adults in this organisation.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

- 1 It is the policy of the organisation that all staff receive Garda clearance before they commence employment – see Recruitment Policy
- 2 Safeguarding of vulnerable adults training is provided and refreshed every 3 years – see Staff Training Policy.

Proposed Timescale: 03/11/2014

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The inspector reviewed the notifications in relation to this designated centre and found that there were incidents when the Chief Inspector should have been notified; for example, the fire alarm sounding, the unexpected loss of electricity.

Action Required:

Under Regulation 31 (1) (c) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.

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

Incidents/Accidents and HIQA 3-day and quarterly notifications are agenda items for all team meetings. The Person in Charge has met with the staff team and re-iterated the importance of documenting and notifying such incidents immediately.

Proposed Timescale: 05/12/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents were not supported to adhere to recommended medical treatment such as exercising to lose weight.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

People are encouraged and supported to lead healthy lifestyles bearing in mind free will and the rights of people to choose. Any restrictions on people supported are referred to the human Rights Review Committee. Staff will continue to promote best possible health for people and will liaise with the Health Psychologist for further support in this area.

Proposed Timescale: 31/03/2015

Theme: Health and Development

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

The person in charge failed to review or implement the recommendations of environmental assessments completed by the social worker and psychologist or to make the necessary changes to address resident's needs.

Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

Work with the multi-disciplinary team is on-going and will continue to be reviewed

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:

There was no access to an occupational therapist in this centre.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

All people supported have access to apply to the services in the community such as an occupational therapist. People are supported with making referrals, as required. The organisation's physiotherapist has assessed some parts of the environment and a referral to the community occupational therapist will be made for other assessments.

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:

There was no end of life care planning strategy in place in this centre. This was an action from the last inspection and there was no evidence that actions had been taken to plan for residents futures in this centre.

Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

All personal plans are reviewed on a 6 monthly basis.

A multi-disciplinary team has developed a guidance document and resources for Transition Planning and Aging Supports and training workshops have commenced with staff in the county and will be on-going.

Proposed Timescale: 31/05/2015

Theme: Health and Development

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

Two residents living independently in this centre required staff supervision and additional training in food hygiene and cooking skills.

Action Required:

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

1. A re-structuring and re-deployment plan for staffing has been looked at. Two part-time additional support staff will be provided to support some individual activities for people in both houses. Internal recruitment of these will take place immediately and locum staff will be sought to cover during the recruitment process.
2. We are escalating the resourcing issue to our Service Level Arrangement monitoring meeting.

Proposed Timescale: 1. 31/03/2015; 2. 24/03/2015

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:

There was not clear guidance in the medication management in relation to managing medication errors.

1. Two resident's medication prescription books fell apart in the inspector's hands.
2. There was no evidence that the person in charge had reviewed the medication

errors, or taken action to investigate the cause of these errors.

3. The staff members that had made a number of these clerical errors had not been re-assessed or re-trained in safe administration practices.

4. There was no evidence that any learning or reviews had taken place with the staff members working in this centre.

5. Organisational practices within the centre had not been reviewed or monitored regularly to improve medication management practices.

Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

1. The MARs have been replaced.
2. Medication audits are carried out regularly
3. Safe Administration of Medication and Refresher training is provided.
4. An analysis of medication errors will be undertaken

Proposed Timescale: 1. 01/12/2014; 4. 30/05/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The Statement of Purpose (SOP) did not clearly describe all of the areas required in schedule 1 of the regulations.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose has been amended.

Proposed Timescale: 06/02/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There were a significant number of unresolved management issues and actions from the previous inspection not addressed by the person in charge, for example; managing

identified risks to residents and staffing issues.

Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The Registered Provider Nominee has scheduled additional management meetings with Persons in Charge throughout 2015.

Proposed Timescale: 17/12/2014

Theme: Leadership, Governance and Management

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

There was inadequate support and supervision provided to the staff working in this centre in areas such as risk, fire prevention, medication management, financial management, healthcare, maintenance of premises, complaints, documentation and staffing.

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:

The Person in Charge has a structure in place and has regular staff support and supervision meetings planned for 2015

Proposed Timescale: 06/02/2015

Theme: Leadership, Governance and Management

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

There was no evidence that annual staff appraisals had taken place for all staff and the person in charge.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Employee Development Plans (EDP) were completed by the Person in Charge on all staff in 2014. These will be completed again for 2015.
The Registered Provider Nominee will complete an EDP with the Person in Charge.

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

The provider had not undertaken an unannounced visit to this centre or produced a written report as to the safety and quality of care and support provided as required by the regulations.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Annual reviews are being planned for 2015

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

The provider had agreed in the action plan response following the last inspection, that an on call rota system would be set up, to ensure that staff would receive a quick response out of hours from a manager and this action had not yet been completed.

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:

An on-call rota has been set up.

Proposed Timescale: 06/02/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was inadequately resourced to sufficiently meet the current or future service needs of the residents. Resource shortages were particularly evident in relation to staffing as all houses closed most weekends. Residents currently receiving respite care, were unable to receive a full-time placement.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

1. A re-structuring and re-deployment plan for staffing has been looked at. Two part-time additional support staff will be provided to support some individual activities for people in both houses. Internal recruitment of these will take place immediately and locum staff will be sought to cover during the recruitment process.
2. Additional funding will be sought from the H.S.E. to provide full support in these houses and to provide 7-day supports, as opposed to the current 5-day supports

Proposed Timescale: 1. 31/03/2015; 2. 28/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were not sufficient staff members rostered to meet the needs of the residents.

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:

1. A re-structuring and re-deployment plan for staffing has been looked at. Two part-time additional support staff will be provided to support some individual activities for people in both houses. Internal recruitment of these will take place immediately and locum staff will be sought to cover during the recruitment process.
2. Additional funding will be sought from the H.S.E. to provide full support in these houses.

Proposed Timescale: 1. 31/03/2015; 2. 28/02/2015

Theme: Responsive Workforce

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

A sleepover staff was required in one of the houses to support residents in the evening and at night with their physical, social, and environmental needs.

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:

1. Due to a staff resignation, re-structuring is taking place and the roster is being re-defined for two of the houses in this designated centre. A waking night staff will replace the sleepover staff.
2. We are escalating the resourcing issue to our Service Level Arrangement monitoring meeting

Proposed Timescale: 1. 30/04/2015; 2. 24/03/2015

Theme: Responsive Workforce

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

Refresher training should be provided to staff in relation to medication management, the management of risks such as fire, first aid and food safety.

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:

Refresher training is available to all staff in medication management, fire safety, first aid and food safety.

Proposed Timescale: 12/02/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies and procedures were not always adhered to; particularly in relation to managing risk, medication management and staffing in this centre.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All policies are reviewed on an on-going basis and at least every 3 years.

Proposed Timescale: 09/02/2015**Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Resident's assessments of needs were not completed as agreed in the action plan response previously provided to the Authority.

Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

Assessments are being carried out with the staff team and multi-disciplinary staff and these will be reviewed on a regular basis.

Proposed Timescale: 31/03/2015**Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Residents personal outcome health goals were not maintained in the residents personal plans.

Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

The Person in Charge has re-iterated with staff the need to keep all records correctly under the appropriate outcomes in Individual POMs folders. Staff will receive Record Keeping training.

Proposed Timescale: 30/09/2015

