

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004462
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

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:
26 May 2015 10:00	26 May 2015 18:30
28 May 2015 09:00	28 May 2015 11:30

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 by the Brothers of Charity Services Roscommon. This inspection forms part of an application to register this centre with The Health Information and Quality Authority. (The Authority). It was an announced two-day inspection.

The designated centre provided day and respite accommodation and support services to fourteen adults with an intellectual disability; five adults were supported at any one time. Staff interacted with residents in a warm and friendly manner and displayed an understanding of individual resident's needs, wishes and preferences.

The inspector found evidence of resident's being involved in decisions about their care.

The centre's comprises of two houses, these were situated on detached private sites in and around Co. Roscommon. One house provides respite services for one resident and the other house accommodated up to four people The inspector found that the houses were warm, homely, comfortable, clean, appropriately furnished and well maintained. However, one house was small and this impacted on the rights and dignity of the residents.

The inspector met with residents, staff members, provider representative and members of the management team. The inspectors observed practices and reviewed documentation such as, personal plans, risk management documentation, medical records, policies and procedures

The inspector found evidence of a person-centred approach being promoted to meet the health and social care needs of residents. The inspector found evidence of good practice in a range of areas. However, non-compliances were identified in relation to the premises, governance and management of the centre.

At the last inspection 7 outcomes were inspected and the inspector found that three were complaint, two were non-compliant moderate, and two were non-compliant minor. On this inspection the inspector reviewed the previous actions and all were complete.

Since the last monitoring inspection the provider nominee had stepped down as dual provider nominee and person in charge of five designated centres. The provider had promoted two senior nurses to managers positions as joint person's in charge of this centre.

However, the inspector found that the roles and responsibilities which were originally outlined to the Authority in October 2014 were changed and the persons in charge's responsibilities had increased. The joint persons in charge were managing nine designated centres . (six centres in Roscommon, two in Athlone and one Children's centre) and seven day services . While the inspector found that there was good compliance with the regulations on this inspection, the support and supervision of the centre was limited and this required review. The findings of this inspection are recorded in the body of the report and non compliances are actioned at the end the report.

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

Outcome 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):

No actions were required from the previous inspection.

Findings:

Residents were consulted about the operation of the centre and they were aware of their rights. Staff members were observed interacting with residents in a respectful manner and residents' choices were facilitated. Residents' meetings were held weekly in the centre, and residents were involved in the day to day planning for the house. For example, residents were consulted about the menus for their evening meals, the week's social activities and personal shopping; which were all agreed at the resident's weekly meetings.

The inspector reviewed the systems and documentation in place for the management of complaints. The complaints policy identified the responsible persons to contact if a person wished to make a complaint. Complaints were addressed and records maintained. There was an advocacy service available to residents and residents had access to this service when required.

The privacy and dignity of residents was an issue in one of these houses. There were only two twin bedrooms available to accommodate four residents. There was a shower room and WC and bathroom available for five people in this house, however, the shower room was difficult to access as residents had to access this room through the kitchen/dining room. There were no visitors' room available for residents wishing to meet friends while in respite and all residents had to share the same sitting room as there was no alternative room available to them or a quiet place to relax.

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:

All residents living in this centre was able to communicate verbally and make their wants and needs known to staff. Effective and supportive measures were provided to residents to ensure their communication needs were being met. Resident's individual communication requirements were highlighted in their personal plans. Residents had access to television, radio and a computer as they wished.

Judgment:

Compliant

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

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

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

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

Family members were encouraged to participate in the lives of the residents and the inspectors saw that they were regularly consulted and kept up to date. Care plans were in place to support and enhance this process, and residents had photographs of their family members to view in the sitting rooms and their bedrooms.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

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

There were recently two new admissions to the centre for respite one weekend a month. One of the admissions was a person under the age of 18. This centre was notified to the Authority as an adult service and as such, cannot accommodate children. The person in charge had advised the inspector of the emergency admission and that they are reviewing this respite placement and looking at long term options for these two residents.

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):

No actions were required from the previous inspection.

Findings:

Staff members had created detailed client profiles which were comprehensive and individualised to each resident. Examples of details covered were a background history of the resident, details on the family and support network, their day service or employment, their health care and dietary needs. Each resident's well-being and welfare were documented in their own personalised folder which included information about their backgrounds and their personal goals for the current year. There was evidence of a multi-disciplinary approach in the individual files. For example, one resident had a behavioural support assessment completed since the last inspection and staff told the inspector that this support had reduced the number of behavioural incidents over the past number of months.

Residents' personal plans were completed and kept under regular review. Personal plans were in a format accessible to their individual assessed needs. Each resident had a copy of their personal plan in an accessible format, with pictures to show the types of activities they liked to participate.

Plans were created using a person centred process of assessment. The inspector spoke to a number of residents in both the respite units of the centre. Residents explained their personal plans which demonstrated their participation and agreement with goals and support plans in place for them.

Goals were created from issues and aspirations identified by the resident, their representatives and their key workers collectively. Goals identified were realistic; they had achievable steps and were geared towards further enhancing the resident's independence, actualisation of their potential and catering to specific interests, skills and talents. Action plans for resident's goals had detailed steps with realistic time-scales.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of one of the houses were suitable for the needs of the resident's as set out in their personal plans. However, the second house did not ensure privacy and dignity for the residents due to the limited bedroom and communal accommodation, which required residents to share bedrooms and the main bathroom while admitted into respite care.

The kitchen and dining space available for residents to participate in preparing a meal and enjoy a comfortable dining experience was suitable in one house, but was limited in other house due to the small kitchen area. This limited choice for all residents to access the kitchen at the same time. Similarly, the living room was spacious and comfortable in one setting, but small in the other house; where four residents resided and there was no alternative sitting room, or space for residents to go and relax for some quiet time alone.

The resident that lived alone had ample space and room for furniture and to display personal belongings. However, in the second house residents shared two twin bedrooms and this impacted on whether they could display personal possessions and belongings. There were also limited showering/bathing facilities in this house. In general the residents used the main bathroom for showering as the other shower room was small had to be accessed through the kitchen/dining room. The external grounds were clean, well maintained with an adequate supply of waste disposal and recycling equipment at both settings.

Records were available to indicate that equipment in the centre had been serviced as required. Logs to the organisation's maintenance manager, by the staff, showed evidence of prompt actions in response to premises issues identified shortly before the inspection

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 health and safety of services users, visitors and staff was adequately provided for in the centre. Fire equipment had been serviced on 25 March 2015. There was an up to date record of fire drills. Fire drills had been carried out in Feb, March, and May 2015. There were no issues of concern documented after completing fire drills, for example, if a resident refused to move during the evacuation. The fire alarm system had been serviced in both residential units on a quarterly basis. Fire extinguishers had also received a service and were up to date in both residential units. Each resident had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre and staff were aware of these plans. The centres fire protection policy was identified in the safety statement. Fire evacuation procedures were detailed and specific to each residential unit. Residents spoken with indicated what they would do in the event of a fire, demonstrating knowledge of and an understanding of using the fire doors within the premises they lived in. However, the inspector found that the emergency exit doors were locked and there were no keys available to exit the house in the event of an emergency. The installation of emergency key boxes on all fire exit doors was done by the second day of the inspection after it was identified as an immediate action by the inspector.

Infection control measures were sufficient given the purpose and function of the centre. Alcohol hand gels were also located in both residential units. Colour coded mops and buckets were in use in each residential unit and designated to clean specific areas to prevent cross infection. Potential risks and hazards in the centre were documented in a 'risk register'. This identified and documented potential risks. Each documented risk had an assessment of the level of risk in the centre and risk reduction strategies were recorded in the register..

The risk management policy was in place which was currently under review by the National Board of the Brothers of Charity Ireland. There was risks register in place, in each of the respite houses; which identified different categories of risk, for example; physical, environmental or chemical hazards and the register and both were risk rated appropriately.

At the last inspection, there was no evidence of risk assessments being review following serious incidents. On this inspection the inspector found that resident's risks were regularly reviewed and risk rated as required. Inspectors reviewed accident and incident reports and no reported accidents or incidents occurred in the centre since the last inspection.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There were measures in place to safeguard residents and protect them from abuse. There was a policy and procedures for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. Staff working in the centre had received training in the prevention, detection and response to abuse. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date.

There were three actions issued following the last inspection and these actions were complete. The inspector reviewed the behavioural support measures and restrictive practices in place in this house. There were environmental restrictive practices in place within one house in the centre which were used in conjunction with an associated behaviour support plan and ongoing input from a behaviour support team that comprised of allied professionals such as psychologists and psychiatrists.

The inspector reviewed a behaviour support plan. It identified the underlying causes of behaviour that was challenging for the resident. Specialist and therapeutic interventions were implemented and reviewed regularly by the person in charge and relevant Allied professionals for example, clinical Psychologist and Psychiatrist.

There was a policy and procedures in place for the provision of intimate care and residents had individual intimate care plans which identified the supports residents required with a focus on maintaining residents' independence and enhancing self help skills as much as possible.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Record of all incidents occurring in the centre was maintained and where necessary notified to the Chief Inspector. The inspector reviewed incidents and accidents documented in the centre and found that incidents requiring notification had been submitted to the Authority as per the regulations. The person in charge and person participating in management demonstrated knowledge of their regulatory responsibility in regard to notifiable events.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' general welfare and development needs were pro actively supported in the centre. 'Circle of support' meetings and a person centred planning process were some of the methods used to establish residents' educational, employment and training goals. Residents had choice and autonomy in making decisions of how they wanted to spend their day. Some residents were supported to engage in social activities with the assistance of a staff member.

Residents had opportunity to attend personal development activities suited to their interests and capabilities, for example some residents attended day services, training centres or supported employment. Residents engaged in social activities within and out of the centre for example, some residents liked to go to "Hyde park" in Roscommon to watch the local football team and visit the local train station to see the trains. Another resident liked to go bowling and attend a disco when in the centre on respite. Residents were regular attendees at local music concerts and were avid fans of some country and western singers. There were photographs in the residential units which evidenced residents had attended concerts, plays, musicals and had enjoyed holidays and nights out.

Judgment:

Compliant

Outcome 11. Healthcare Needs*Residents are supported on an individual basis to achieve and enjoy the best possible health.***Theme:**

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents healthcare needs were supported by their family members and General Practitioner, as all residents lived at home and only received respite a few nights during the month. The inspector found that while on respite admission, residents were supported as required and had appropriate access to General Practitioner (G.P.), Speech and Language Therapist (SALT), Physiotherapist, and Psychiatrist. Residents also had access to Opticians, Dentists and Behaviour Support staff.

Inspectors found that resident's healthcare needs were mostly attended to by the resident's families. There were appropriate arrangements in place to support residents' health care needs while in residential care. Residents support plans were regularly reviewed and updated, and guided contemporary evidence-based practice. For example, one resident that displayed behaviours that challenge, had regular and on-going monitoring of anti psychotic medications, and mental health reviews by the psychiatric services.

Residents participated in choosing their weekly mealtime menu options and had the opportunity to eat their meals in pleasant surroundings. The dining and kitchen facilities met the needs of residents, however, in one house space in the kitchen and dining room is limited. Fridges and presses had a good supply of frozen and fresh produce. There was a good choice of condiments for the preparation of fresh meals. Residents enjoyed healthy freshly prepared meals in the centre. Staff supported residents to understand healthy and unhealthy food options and were encouraged and supported to make healthy choices.

Judgment:

Compliant

Outcome 12. Medication Management*Each resident is protected by the designated centres policies and procedures for medication management.*

Theme:

Health and Development

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

There was one action from the last inspection regarding the safe storage of medication in the centre. This had been actioned and residents now bring their medication into the centre and store it in a locked box and staff members hold the keys to this medication box while residents are in respite.

Medication management, storage and administration practices adhered to the organisational policies and management systems in the centre. In particular, staff supports residents with self-administration of insulin medication and staff spoken with demonstrated knowledge and understanding of safe medication and nutritional management of residents with insulin dependency. A risk assessment was completed dated 21/1/15 for the resident, who self-administered medication.

The inspector found that while the staff supporting the resident was very familiar with managing the residents diabetes, the protocols around the management of diabetes was not clearly documented in the residents notes, staff immediately documented the daily procedures surrounding food requirements and medication checks as well as the procedures to follow if blood glucose readings were not within the normal range. Also, the inspector found that staff were checking the residents blood readings at 3 am every night in fear that the residents may become hypoglycaemic, although this had never happened at night. This practice was not a recommendation of the medical or nursing team that was supervising the residents care and the inspector found this practice maybe disruptive to the residents sleep and a review of this practice was required. This is actioned under outcome 17.

Staff spoken with, outlined the manner where medications which were out of date or dispensed to a resident but no longer needed, were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

In one house there were two medication audits completed dated 24 April, and 22 May 2015 and recommendations outlined in the medication audits had been complete prior to the inspection and shows good governance and reviews of medication practices in this centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the service provided in the centre. The statement of purpose was changed due to the change in use from an Adult only respite service to a mixed Children's and Adult Service. This was to accommodate a crisis respite admission for one child and one adult to allow respite for two siblings one weekend a month.

The services and facilities outlined in the Statement of Purpose, and the manner in which care was provided, reflected the diverse needs of residents.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

New arrangements had been established since the last inspection in response to an action plan, as the dual role of the provider nominee as a person in charge of 13 houses had been considered unsustainable. The new person's in charge (PIC) were suitably qualified nurses who were appropriately experienced in the area of intellectual disability. The post holders had taken on their duties on 6th October 2014. They had the responsibility to cover each other's absences and both persons in charge reported to the provider nominee, who in turn reported to the Board of Management.

Staff were aware of the new arrangements and a system for regular meetings between the person in charge and the staff team in each house had been established. Staff confirmed that the person's in charge was contactable via phone or email when they needed advice, and were approachable and supported them in their role. The inspector found that the PIC's were knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs of the residents accommodated. However, since their initial appointments as Joint Person's in Charge of this centre in Oct 14, their responsibilities have been extended from five designated centres to nine designated centres and seven day and community services. (19 residential houses, seven-services) These services are provided in Co. Roscommon and Athlone.

PIC one: Is responsible for seven designated centres. She is contracted to work 60 hours per fortnight. This includes working 39 hours per fortnight as a Person in Charge and the remaining 21 hours per fortnight as a senior staff nurse in another designated centre in Boyle Co. Roscommon. Her management routine is as follows:
39 hrs per fortnight, she manages three designated centres (5 houses) which includes this designated centre and four-day services as well as being available for the three other designated centres in her shared role. An application to extend her role to manage a 7th centre was also submitted to the Authority on the 29/4/15 to be Person in Charge of a Children's Respite Centre, which has one house.

PIC Two: is contracted to work 70.2 hours a fortnight. This person told the inspector that she works nine days a fortnight since April 2015. She works five days as a lead person in charge for three designated centres (8 houses) and is support PIC for three other designated centres (five houses, usually managed by PIC one) as well as four day services in Roscommon. The other four days a fortnight, she manages two designated centres (5 houses) and six day services in Athlone in another shared PIC role.

The person's in charge of this centre were interviewed as part of the registration inspection and had a very good knowledge of the responsibilities of their role and the requirements of the Regulations and Standards. The lead person in charge told the inspector that she meets with senior staff every six weeks and holds a staff meeting with all staff from the two houses every three months. However, despite the PIC's attempt to manage this centre within their time available, the person in charge told the inspector that they were not engaged in the day to day management as they had inadequate time and opportunity to meet staff due to the breadth and extent of their responsibilities.

The inspector found that there was not adequate support for the staff in the governance, operational management and administration of the centre on a regular and consistent basis.

The inspector told the provider and persons in charge at the feedback meeting that the roles and responsibilities of the shared PIC role were too broad and did not meet the Care and Welfare Regulation 2013.

The provider did not comply with the process of completing the application to register this centre promptly. The Authority has had to send out incomplete application letters to the provider to inform her that the required documentation was not complete. A representative for the provider has carried out bi-annual unannounced visit to prepare

a written report on the safety and quality of care and support provided in the centre. However, this was not made available to the inspector on the inspection.

The inspector met with the provider on 2 April 2015 to discuss governance and management arrangements of all of the designated centres in the Brothers of Charity Roscommon. The provider was given evidence showing consistent non-compliance in some of the centres managed by the persons in charge and that a robust governance of centres across the organisation was required. The provider was requested to review all of the action plan responses for all of the centres including the governance arrangements for this centre and to submit an action plan response to the Authority following this review. This was returned on the 1 May 2015 but did not adequately address the governance and management issues identified during the inspections.

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:

The person in charge was not absent for more than 28 days.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was suitably resourced to meet the needs of residents'. Staffing resources and skill mix were based on the assessed needs of residents.

Maintenance issues were addressed promptly and the centre was suitably resourced with equipment and furnishing to meet the needs of the residents that lived there

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that there was enough staff working in the centre during the two days of inspection. The person in charge maintained a planned and actual duty roster.

Staffing numbers and skill mix were appropriate to resident's assessed needs. Staffing in the centre was allocated for times when residents were in the centre. There were also allocated sleepover staff in one residential unit to meet the needs of residents.

A sample of staff files were reviewed as part of the inspection, staff files reviewed met the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Training records showed on-going staff training for all staff working in the centre. They had received training and fresher training in areas such as client protection, managing behaviours that are challenging, fire safety, medication management; however, staff require up to date training in management of diabetes.

Judgment:

Substantially Compliant

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:

Written operational policies were in place to inform practice and on review the inspector found that all policies set out in Schedule 5 were in use. The statement of purpose and resident's guide were available in the centre and the most recent inspection report was available to residents, their family and visitors. The centre was insured and this was up to date.

Information relating to residents and staff were securely maintained in the office of the centre and were easily retrievable. A directory of residents was up to date and met the requirements outlined in Schedule 3. The inspector found that records maintained in the centre met with requirements but some policies in place required review in order to guide staff in best practice procedures relating to health care.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thelma O'Neill

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004462
Date of Inspection:	26 May 2015
Date of response:	27 August 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents' privacy and dignity was not protected as they had to share their personal living space, such as their bedrooms and bathroom with other residents.

Action Required:

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Alternative housing will be sought for this respite service to ensure that people have individual bedrooms and additional communal space. However, our current service level agreement will not cover this additional rent. Funding will be sought from the funding body, for this additional cost.

Proposed Timescale: 31/12/2015

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:

A Child was admitted to this centre and this admission was not in compliance with the Statement of Purpose.

Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

This arrangement was to facilitate siblings to avail of respite together – one of whom was 17. There were no other people in respite with this family. HIQA were notified of the change and the Statement of Purpose was amended to reflect this change. However, the person in question is now an adult so the Statement of Purpose has now been re-amended and HIQA have again been notified.

Proposed Timescale: 11/08/2015

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 not adequate private and communal accommodation for residents in this centre.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6

(Matters to be Provided for in Premises of Designated Centre) are met.

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

Alternative housing will be sought for this respite service to ensure that people have individual bedrooms and additional communal space. However, our current service level agreement will not cover this additional rent. Funding will be sought from the funding body, for this additional cost.

Proposed Timescale: 31/12/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The persons in charge could not supervise staff to ensure effective governance and operational management and administration of the centre.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

Additional funding has been sought from the funding body, to increase the number of hours for the person in charge for this designated centre.

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 annual review of the quality and safety of care in the designated centre was not available in the centre.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual review has been carried out on behalf of the registered provider.

Proposed Timescale: 14/04/2015

Theme: Leadership, Governance and Management

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

The provider did not comply with the process of completing the application to register this centre in a prompt and timely manner and there were documents remaining outstanding for the application to register.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

All documentation has now been provided

Proposed Timescale: 22/07/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff required an update in professional development training in managing diabetes

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:

Staff are in ongoing consultation with the Clinical Nurse Specialist in UCHG with regard to the specific management of the individual's diabetes for when they support the person in respite. Diabetes training was also delivered to staff on 08/12/2014. However, further training can be arranged if required.

Proposed Timescale: 27/11/2015

