

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carrick Rooskey Services
Centre ID:	OSV-0003363
Centre county:	Leitrim
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Bernadette Donaghy
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal 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:
19 September 2017 11:45	19 September 2017 19:30
20 September 2017 08:45	20 September 2017 17:00

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

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

Summary of findings from this inspection

Background to the inspection:

The purpose of the inspection was to inform a registration decision and to monitor the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with six residents, one staff member, the person in charge, the senior clinical nurse manager for the service and the provider nominee during the

inspection process. Of the six residents who met with the inspector, five spoke directly with the inspector. The inspector reviewed practices and documentation including residents' personal plans, incident reports, complaints registers, health and safety assessments, policies and procedures, fire management related documents and various risk assessments.

Description of the service:

This centre is managed by the Health Service Executive (HSE) and is located close to a town in Co. Leitrim. The centre comprised of two houses providing residential and respite services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service accommodates male and female residents, from the age of 18 years upwards. One house provides full-time residential services to three female residents, while the second house provides respite and residential services to a maximum of four male and female residents at any one time.

The person in charge has the overall responsibility for the centre and is based in the centre on a full-time basis. She is supported in her role by a senior clinical nurse manager for the service and by the provider nominee. The person in charge holds an administrative and operational role and regularly meets with residents and staff. Each house was found to have a communal kitchen and dining area, sitting room area, bathroom facilities, single bedrooms and well-maintained garden areas.

Overall judgment of our findings:

Overall, the inspector found that this was a well-maintained centre, that provided residents with individualised care in a comfortable and homely living environment. Staff were found to be very knowledgeable of residents needs and wishes, and the person in charge had implemented effective systems to monitor and oversee the care delivery to residents. However, this inspection identified significant failings in relation to the premises, fire safety, some governance systems and staffing resources.

Of the 18 outcomes inspected, ten were compliant, three were in substantial compliance and one was in moderate non-compliance. Four outcomes were found to be in major non-compliance, and these related to health safety and risk management, governance, workforce and premises.

Details of these findings can be found in the body of the report and in the action plan at the end.

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:

The centre had no actions in relation to this outcome from its last inspection.

Residents' meetings were held on a weekly basis and residents were involved in the scheduling of weekly activities, planning for grocery shopping, menus and general routines. Residents had access to advocacy services, and the contact details and photograph of the advocacy officer for the centre was prominently displayed in both houses. The inspector observed staff interacted with residents in a respectful manner and residents were found to be very familiar with staff. One resident told the inspector of how staff recently helped her to personalise her newly decorated bedroom with her personal photographs on the wall of her bedroom.

There was a complaints procedure in place, which detailed how to make a complaint, how complaints are responded to and managed by the centre. A copy of this procedure was displayed in an easy-to-read format in each house, and also outlined the names and contact details of those responsible for responding to complaints, as well as those responsible for managing any appeals, if required. There were no active complaints at the time of this inspection, however, the inspector observed the provider had systems in place for the recording of complaints received. Staff who spoke with the inspector were knowledgeable of their responsibility in the local management of complaints. Residents who spoke with the inspector said that if they had a complaint, they would not hesitate to talk to a staff member or to the person in charge.

Some residents' money was maintained in a locked cabinet in the centre and accessible upon the residents' request. A record was maintained by staff for all money lodged and

withdrawn by residents. A spot check of residents' accounts was completed by the person in charge and the inspector, and no errors were found. A policy was in place which guided on the storing, recording and counter-signing of residents' accounts. The inspector observed this policy was recently updated to include guidance on the safeguarding of residents' money where lone-working arrangements were in place.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

No actions were required from the centre's previous inspection.

No residents living in the centre presented with specific communication needs at the time of inspection. However, the inspector observed the provider had continued to put in measures in place to support residents' ability to effectively communicate and understand all information relevant to the centre.

Since the last inspection, easy-to-read versions of documents for residents were developed including the statement of purpose, residents' guide, written agreements and the complaints procedure. Where residents were involved in the completion of household chores, picture format chore schedules were displayed in kitchen areas. No residents were in use of assistive technology at the time of inspection; however, residents had access to internet and electronic tablets if they wished to do so. Each resident had a communication passport in place which detailed residents' preferred communication styles.

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:

No actions were required from the centre's previous inspection.

Relationships between residents and their family member were supported. Residents were able to receive visitors to their home, with no restrictions on family visits. One resident told the inspector how she has regular stays at home, in accordance with her respite agreement with the provider. Other residents showed the inspector photographs of their family which staff had helped residents to display. Family members were also invited each year to participate in residents' annual reviews, and regular communication is maintained between families and staff members.

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):

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

Findings:

Two actions were required from the centre's previous inspection, one action was satisfactorily completed, while the second action was not fully implemented. Improvements were still required to the fees outlined in easy-to-read written agreements for residents.

Since the last inspection, the centre ensure signed written agreements were in place for all residents. Residents' written agreements were recently reviewed by the provider to ensure they clearly detailed the fee each resident was to pay each night, what services were covered by this fee and how often they were required to make this payment. Easy-to-read versions of these written agreements were in place for residents to reference; however, the inspector observed the fees outlined in these agreements were different to the fees outlined in the original agreements.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Two actions were required from the centre's previous inspection, and these were found to be satisfactorily completed.

Residents' needs were assessed for on a minimum annual basis, and more frequently where required. A sample of assessments were reviewed by the inspector and found to be up-to-date. The provider had a suite of assessment tools available to staff to ensure residents' biological, psychological and social care needs were assessed for. Residents and their representatives were invited to take part in annual reviews, if they wished to do so. Where specific needs were identified using this assessment process, personal plans were developed to guide staff on how they were required to support residents' meet these.

Personal goals were in place for each resident and these were reviewed on a regular basis throughout the year. Goals were found to be varied, reflected residents' interests and were set out in an achievable manner for residents. Each goal had a plan in place which outlined the actions required to achieve the goal, the person responsible for supporting the resident and the timeframe for when the goal would be reviewed. Since the last inspection, a large emphasis was placed on the recording of residents' progress towards achieving their goals. The inspector reviewed a sample of progress notes, and found these clearly detailed the actions completed to date, and were maintained in a manner that easily demonstrated the progress made towards achievement.

No residents were planning to transition to or from the centre at the time of this inspection.

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):

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

Findings:

Two actions were required from the centre's previous inspection, and these were satisfactorily completed. Overall, the inspector found both houses within this centre provided a warm, comfortable and homely environment for the residents living there. However, the provider did not have a secure lease arrangement in place for one house.

One house within the centre was a bungalow dwelling, while the other house was a two-storey dwelling. Each house had spacious kitchen and dining areas, sitting rooms, shared bathrooms and utility areas. Every resident had their own bedroom, and one bedroom in each house had en-suite facilities. Both houses had access to manicured garden areas which were maintained to a high standard. Both houses were observed to be clean and tastefully decorated. Internet access was available to all residents, and the inspector observed recreational facilities available in one house to include exercise equipment and a pool table.

During the inspection, the inspector was informed that, the lease agreement in place for one of the houses in the centre was no longer secured. The provider's representative informed the inspector that this was a recent development, and that all efforts were being made to secure alternative accommodation, with an appropriate lease arrangement for residents to move to.

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):

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

Findings:

Two actions were required from the centre's previous inspection, and these were found to be satisfactorily completed. However, during this inspection, the inspector found significant improvements were required to the centre's fire safety arrangements. In addition, some improvements were required to the recording of severity ratings for some risk assessments.

Since the last inspection, the provider had completed a number of fire drills across both houses, and the records maintained now included the names of those who participated. Some of these drills were observed to occur during night-time hours, to ensure the residents could be evacuated when minimum staffing levels were present. Personal emergency evacuation plans were also in place for each resident, which detailed residents' understanding of an evacuation and the level of staff support they would require. Regular fire checks were occurring within the centre, and a daily, weekly and monthly schedule of these checks was in place. Fire equipment was available in both houses and serviced on a six monthly basis. All staff had received up-to-date training in fire safety at the time of this inspection. The inspector spoke with one staff member who demonstrated their understanding of their role in evacuating residents from the centre and of their responsibility to alert the emergency services.

The inspector observed the fire procedures for the centre guided staff in the event of a fire, where residents residing in upstairs accommodation could not gain access to the downstairs fire exits, that residents were to be evacuated from their bedrooms. However, the inspector found the provider had not put measures in place to ensure the containment of fire in upstairs accommodation. An immediate action was issued to the provider to ensure appropriate fire containment measures were in place for residents residing in upstairs accommodation. The provider made arrangements for residents' bedroom doors to be measured for intumescent strips and smoke seals, to be fitted the next day. In addition, the provider ensured a waking staff member was present in the centre at night. Following the inspection, the provider provided the inspector with a satisfactory written confirmation of the arrangements which were put in place.

During the inspection, the inspector was provided with individual fire risk assessment reports, which were completed in 2015 for each house within the centre. Recommended actions from these reports were rated as low, medium and high risk actions, with each action having a specific timeframe for completion. However, at the time of this inspection, a number of medium and high risk actions were not completed. For instance, of the total 19 actions identified for the centre, eleven actions were not complete in line with the recommended timeframe for completion. Of the eleven actions not completed, five were red rated actions, which were recommended to be completed within three to six months of when they were identified in May, 2015. Similarly, six of the eleven actions were medium rated actions which were recommended to be completed within 12 months from the time they were identified in May 2015. The provider nominee informed the inspector that plans were in place to complete these outstanding actions within three weeks of the day of the inspection. The provider nominee was requested to submit a plan to the authority, detailing the works planned for completion and the

timeframes that these would be completed by.

The centre had a system in place for the assessment, monitoring and review of resident and organisational risks. Each house had a health and safety folder in place which identified the risks specific to each house. The inspector reviewed a sample of these risks and found that they described the risk identified, the control measures and additional control measures in place, those responsible for monitoring the risk and the date by which the measures were next for review. However, the inspector observed inaccuracies in some of the severity ratings associated with specific risks. For example, the centre's fire risk assessment indicated that the risk of fire in the centre was low. However, a separate fire risk report identified actions required of medium to high risk. Furthermore, during a review of residents' falls risk assessments, the inspector and person in charge identified a miscalculation in the falls risk rating for one resident. In this instance, the resident was calculated at medium risk of falls; however, upon recalculation by the inspector and person in charge, it was identified that the resident was high risk of falls. This severity rating was reviewed and amended by the person in charge on the day of the inspection. In addition, where capacity assessments were completed, to assess if residents had the capacity to take responsibility for their own medicines, these assessments did not provide staff with guidance on whether residents would be suitable to self-administer their own medications.

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:

No actions were required from the centre's previous inspection.

One chemical restraint was prescribed within the centre, and the inspector found this had an appropriate risk assessment and protocol in place to guide staff on its appropriate application. Upon review of the records available, the inspector observed this restraint was last applied in April 2017. Staff practice was also guided by an up-to-date policy on the management of restrictive practices.

Some residents living in the centre presented with behaviours that challenge. These residents had behaviour support plans in place, which outlined effective proactive and reactive strategies specific to the resident. Staff were supported in the management of behaviours that challenge by multidisciplinary input, which included a behavioural support therapist and psychiatrist. All staff had received up-to-date training in the management of behaviours that challenge at the time of this inspection.

No active safeguarding plans were in place at the time of this inspection. All staff were found to have up-to-date training in safeguarding. Staff who spoke with the inspector were aware of their responsibility to report any safeguarding concerns to the person in charge.

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:

A record of all incidents occurring in the centre was maintained, and where required, notified to the Chief Inspector. No gaps in the reporting of notifiable incidents was found during this inspection.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to participate socially in activities suitable to their age, interests and needs.

Residents were engaged in social activities, internal and external to the centre. Residents regularly engaged in day-services, local community groups, day trips and personal appointments. Residents were supported to attend local leisure facilities, while other residents were supported to attend local age action programmes. The person in charge informed the inspector that some residents had completed various courses to include soccer training courses, safeguarding, risk and abuse and advocacy workshops. Other residents were involved in representation groups to attend local council forums and various walking groups.

No residents were in employment at the time of this inspection.

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):

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

Findings:

One action was required from the centre's previous inspection and this was found to be satisfactorily completed. Overall, the inspector found that where residents had specific healthcare needs, they were supported to achieve the best possible health. Residents had timely access to allied healthcare professionals and health services. Annual residents' assessments were completed and up-to-date for all residents. However, some improvements were required to personal plans available for residents with specific nutritional care needs.

The provider had a comprehensive assessment process in place to identify residents' healthcare needs. The inspector observed that residents' nutritional, elimination, mobility, intimate care and skin integrity needs were regularly reviewed. Some residents living in the centre presented with mobility needs, and these residents were found to have appropriate assessments in place, and personal plans to guide staff on how to support these residents when mobilising. Other residents presented with specific neurological healthcare needs, and these residents also had personal plans in place to

guide staff on what they were required to do if residents experienced a seizure. However, the inspector observed gaps in the guidance available to staff, where residents presented with specific nutritional healthcare needs. In one instance, the inspector observed irregularities in the blood sugar levels recorded for a resident. Although the person in charge had guidelines in place on what normal blood sugar levels were, there was no guidance available how to recognise or respond a high blood sugar reading.

Kitchen and dining spaces were available to residents within each house. Mealtime options were determined by residents and residents were given an opportunity to discuss what meals they wanted each week at residents' meetings. Some residents told the inspector that they regularly dined out, and that staff supported them to cook during the week.

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):

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

Findings:

Two actions required from the last inspection were found to be satisfactorily completed. However, some improvements were required upon this inspection to the guidance available to staff on the administration of as-required medicines.

Medicines within the centre were administered by healthcare assistants and staff nurses. The inspector observed that where medicines were administered by healthcare assistants, they had received up-to-date training in the safe administration of medicines. Since the last inspection, the provider had put secure arrangements in place for the storage of medicines. Some medicines were administered from a blister pack system, while other medicines were administered from original packaging. Each resident had a medication file in place which detailed residents' identification details, allergies, prescription charts and administration records. Prescription and medication records reviewed were found to be clear and no recording gaps were found in administration records. Since the last inspection, the provider put in place a system for the recording of any medicines returned to pharmacy. Each resident had a capacity assessment completed to assess their suitability to take responsibility for their own medications. No residents were self-administering their own medications at the time of this inspection.

The provider had clear written operation policies in place relating to the ordering,

prescribing, storing and administering of medicines. This policy also guided that where a resident required an as-required medicine, healthcare assistants were required to seek advice from a staff nurse prior to any administration taking place. However, upon review of some medication administration records, the inspector observed that these guidelines were not applied the administration of all 'as-required' medicines. This was brought to the attention of the person in charge who told the inspector that for low risk medicines, healthcare assistants were not generally required to seek the advice of a staff nurse. However, it there were no clear guidelines in place to identify what as-required medicines did not require the advice of a staff nurse prior to administration.

Judgment:

Substantially 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:

The action required from the last inspection was not satisfactorily completed. Improvements were still required to the centre's statement of purpose to ensure it contained all information as required by Schedule 1 of the regulations.

Since the last inspection, an easy-to-read copy of the statement of purpose was made available to residents. The provider submitted a copy of the centre's statement of purpose to the Chief Inspector. The inspector reviewed the copy received and found the following information was not outlined in the document:

- the size of the rooms in the designated centre.
- the admission criteria does not outline the arrangements in place for an emergency admission to the centre
- the total staffing complement to include the full-time equivalent of all members of management.
- the arrangements for residents to access education, training and employment.
- the arrangements made for residents to attend religious services of their choice.
- the arrangements made for contact between residents and their relatives, friends, representatives and the local community.
- the updated fire precautions and associated emergency procedures in the designated centre.

Judgment:

Substantially 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):

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

Findings:

The action required from the previous inspection was found to be satisfactorily completed. However, improvements were required to some governance systems and to the capacity of the person in charge to fulfil her role.

The annual review of the service was completed in November, 2016. This review identified 14 actions required, with all completed within scheduled timeframes. The six monthly unannounced provider visit was completed in July 2017. This identified 22 actions required, eight were not yet due to be completed, ten were completed and four were overdue. Of the actions overdue, the person in charge told the inspector that these were relating to outstanding fire safety works and that she was awaiting a date for completion from senior management. A number of audits were completed by the person in charge in both houses to include monthly medication management audits, care plan audits, monthly finance audits and hygiene audits.

Since the last inspection, the centre was re-configured from five houses to two. The person in charge had the overall responsibility of the centre and was supported in her role by the senior clinical nurse manager for the service and by the provider. The inspector met with the person in charge who demonstrated a clear understanding of her role and legislative responsibility. However, the inspector found gaps in the supports and resources available to the person in charge to fulfil the duties of her role. The person in charge held both an administrative and operational role in the centre, and was regularly rostered to work directly with residents where agency cover was not available. The person in charge was the only staff member rostered in the service with a nursing qualification and was required to oversee the care delivery in one of the houses, due to the nursing care needs of the residents living there. Upon review of the roster, the inspector found that due to the lack of rostered nursing support, the person in charge spent 80% of her working week in the house which had high nursing needs, and 20% of her working week in the other house. The person in charge told the inspector that given the current staffing resources available, this placed a challenge to have sufficient

management time and capacity to fulfil her managerial duties.

There was evidence that some governance and management systems were in place. Regular meetings were in place including fortnightly management meetings and monthly governance meetings. However, the inspector found these meetings addressed general organisational issues, with no effective system in place to identify, discuss, review or monitor specific issues relating to Carrick Rooskey Services. During this inspection, the inspector identified specific issues in the centre to include overdue fire actions and regular inconsistencies in the availability of staff resources. The person in charge told the inspector that she and the management team were aware of these issues, and that these issues were escalated to senior management level.

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:

No actions were required from the previous inspection.

Since the appointment of the person in charge to the role in June 2016, she was not absent for more than 28 days. However, in the absence of the person in charge, the provider had put arrangements in place that a senior clinical nurse manager for the service would be responsible for the management of the centre.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found the centre was resourced to ensure the effective delivery of care and support of residents.

The centre had access to two full-time vehicles for each house to transport residents to various services. Each house was found to be fully resourced with all appliances and facilities required by residents. There were no resource issues identified that impacted on the delivery of appropriate service or provision of suitable care to residents at the time of inspection.

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 two actions required from the centre's previous inspection report were satisfactorily completed. However, significant improvements were required the staffing arrangements to meet the assessed social care needs of residents.

Planned and actual staff rosters were available in each house of the centre. Rosters were found to be well maintained and showed the full name of staff who were on duty, and the start and finish times of each shift. All staff had received up-to-date training in fire, manual handling, safeguarding, management of behaviours that challenge and safe administration of medications. Staff supervision was in progress by the person in charge, with only one staff member left to receive supervision. The centre used regular agency cover and the inspector observed consistency in the agency staff provided to the centre.

Overall, the inspector found gaps in the staffing arrangements in place to meet the social care needs of residents living in this centre. The provider had recently tried to provide four additional staff hours each weekend to increase the social care support

available to residents. However, the inspector observed that these additional hours were not consistently provided, and were regularly deployed to cover staff shortages. Staff who spoke with the inspector said that residents' social care opportunities were largely reliant on the availability of staff. For instance, in one house, staff told the inspector that where the person in charge was based in the house for administration duties, this was when social care could be provided to some residents, while the remaining residents were in the care of the person in charge. Staff also said that although they can bring residents on drives, where additional staff were not available, staff were unable to disembark the bus with residents, due to residents' mobility needs. The person in charge also informed the inspector that due to the current staffing arrangement, group social activities are the only option available to some residents as the staffing resources are not currently. This meant residents were unable to choose to engage in a different activity or to remain in the centre, if they were not interested in the planned activity. The provider's representative informed the inspector at the close of the inspection that arrangements were being put in place to provide a more consistent staffing arrangement to meet residents social care needs; however, no date for when this would occur was available.

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:

Overall, the inspector found documentation records were accessible, legible and well maintained.

The inspector reviewed a sample of Schedule 5 policies and procedures available at the centre during the inspection. These were found to be up-to-date, accessible to staff and met the requirements of Schedule 5 of the regulations.

There was a directory of residents in place for each house which contained all

information as required by Schedule 3 of the regulations.

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:

Anne Marie Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003363
Date of Inspection:	19 & 20 September 2017
Date of response:	09 October 2017

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 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:

The provider failed to ensure easy-to-read written agreements detailed the exact fees to be paid

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

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:

- Easy read contracts of care revised to include charges for each service user as outlined in original agreements.

Proposed Timescale: 06/10/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider failed to put in place secure lease arrangement for one premises within the centre

2. 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:

- Four viewings have been carried out since inspection and there is another two viewings lined up through the estates department in the next 2 weeks.
- All families and service users were informed by 20/09/17.
- The landlord has agreed on keeping the HSE as tenants until 18/03/18.

Proposed Timescale: 18/03/2018

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:

The provider failed to ensure risk assessments were accurately risk rated to include:

- capacity assessments for residents to take responsibility for their own medicines
- risk ratings for organisational risk assessments within the health and safety folder

3. 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:

New risk assessments detailing capacity to self medicate are being rolled out for all service users and will be fully completed by 13/10/17.

All organisational risk assessments are currently under review to ensure the correct risk ratings are in place and to ensure timely reviews of risks are carried out.

Proposed Timescale: 13/10/2017

Theme: Effective Services

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

The provider failed to put in place fire safety management systems in accordance with the centre's fire risk reports.

4. 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:

-Some fire works were completed by 22/09/17 and a full audit of these works was carried out by fire consultant.

-All fire assessments will be completed and works recommended will be completed as outlined.

-Additional waking night staff remain in place until all recommendations from fire report are completed.

Proposed Timescale: 31/10/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure personal plans adequately guided staff on how to respond where residents presented with high blood sugar levels.

5. Action Required:

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

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

Care plan reviewed and updated to provide a more comprehensive guidance to staff to inform them on irregular blood sugar levels.

Proposed Timescale: 06/09/2017

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:

The person in charge failed to ensure appropriate guidelines were in place for the administration of as-required medications.

6. Action Required:

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

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

Appropriate guidelines are in place for the administration of as-required medications.

Proposed Timescale: 13/09/2017

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 provider failed to ensure all information as required by Schedule 1 of the regulations was available in the statement of purpose.

7. 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 is currently under review to include all of the information required in schedule 1 of the Health act 2007 to include all areas as outlined in the report..

Proposed Timescale: 13/10/2017

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 provider failed to put in place sufficient resources the person in charge to fulfil their role

8. 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:

Approval was received for an additional nurse within the centre. This person has been identified and they are in the final stages of recruitment into the centre.

Proposed Timescale: 31/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure adequate staffing arrangements were in place to meet the assessed social care needs of residents.

9. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Additional staff are in the process of being approved and arrangements are being put in place to provide a more consistent staffing level to meet residents social care needs.

Proposed Timescale: 23/10/2017

