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-0004463
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):	Mary McCann;
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 August 2014 10:00	18 August 2014 18:30
19 August 2014 09:30	19 August 2014 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority. The designated centre is managed by the Brothers of Charity Services Roscommon.

As part of the inspection, inspectors met with the person in charge, quality enhancement manager, residents, and staff members. Inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures.

The Brothers of Charity Services managed three houses in this designated centre. There were five residents living in three houses and availing of residential and day supports service. All residents either attended work in the community or accessed day services, suitable for their needs and abilities. The designated centre provided support and accommodation on a mostly full-time basis, to both male and female residents, who have mild to moderate intellectual disability. Three tenants were in residence from 4.30pm until 9.30am, Monday to Friday and all day Saturday and Sunday, and the other two residents lived in separate houses and received a similar services, although they went home to their families one night at the weekend.

All of the houses were privately rented by the Brothers of Charity Services. Residents were tenants with long stay tenancy agreements and were supported with transport to attend day activities in the Athlone area. The houses varied from detached single-storey houses with a garden to, a two storey mid terrace house in a housing estate.

Inspectors requested and received the consent of the residents to enter their home and to review personal plan and care support files. Staff interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences. One resident spoke with the inspectors during the visit and confirmed that they were happy living in their house and lived an active life.

The inspectors found some good examples of care and support; however, there were a number of areas where risks were identified that need urgent attention in this centre. For example, staffing shortages, unsuitable accommodation causing risks to residents, governance and management of the centre, and support and supervision of staff.

The Person in Charge and the Quality Enhancement Manager were informed of these findings at the end of the inspection during the feedback meeting. They agreed to immediately review staffing in this centre and the housing needs for one resident, as well as other risks identified during this inspection.

There were four major non-compliances identified during the inspection in this centre, including, but not exclusively, in relation to staffing, risk management, and governance and management. The remaining outcomes were all identified as moderately non- compliant and are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that residents were consulted with and participated in the decisions about their care and that the privacy and dignity of residents, with regard to personal care, were respected. However, inspectors found in one house; the residents' privacy and dignity were not maintained. The resident's sitting/dining room, and kitchen was open plan design, and there was no other sitting room available for residents to meet family/visitors to have privacy or to have space or time alone in the house.

There were organisational guidelines in place to advise staff on the appropriate management of resident's personal property but the residents' finances were not maintained in accordance with organisational guidelines. For example; there were no recent checks on the cash balances documented in the resident's books, and resident's cash book balances and cash in hand did not reconcile. Inspectors found that proper record- keeping and procedures were not in place to ensure resident's money was kept safe.

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):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors met with one resident that lived on her own, and was supported by the organisation to achieve her wish to live independently. The resident had a job in a hairdressers for a few hours one day a week and she also attended an independent women’s group one other day during the week, and she participated in activities such as knitting, arts and crafts. The resident informed inspectors that she enjoyed these activities very much as well as the opportunities for social integration with members of her local community.

All residents had personal outcome folders detailing their individual goals for the upcoming year and a "work -book" that detailed all areas of the individual's life, for example; health issues, individual rights, safety concerns, personal choices, family contact, and personal goals. Inspectors found that some of the resident's personal goals promoted independence and choice. However, in some of the personal plans viewed, the actions required to achieve residents goals, such as staff support, or the time frame when the goals were expected to be achieved were not identified.

In addition, there was no evidence in the files viewed that the resident's or their families had participated in choosing their personal outcome goals. Some residents had no progress notes or a monthly activity chart recorded to show if goals had, or had not being achieved. Inspectors were unable to evaluate the individual plans for the previous few months, as staff informed inspectors that they had been archived.

Inspectors were informed by staff members that one resident displayed regular self-injurious behaviour's (SIB) and staff found that incidents of SIB reduced when the resident saw flashing lights, or, if they had some quiet time alone. However; quiet time was difficult to achieve, due to the fact there was only one sitting room, and it was an open plan design, with open access to the kitchen/ dining room. Inspectors noted that there was no alternative space within the house, for a second sitting/sensory room for the resident to relax. Although this resident only moved to this house over a year ago, the resident's personal goals for this year were to move again to a bigger house and to have access to a private sitting room and a bedroom with en-suite. There were no details in this resident's personal plans as to the actions taken or progress to date in

achieving his personal goals.

Another resident lived alone, due to their "behaviours that challenge" and they received one to one staff support at all times. The resident's quality of life had improved significantly since they moved house and now lived alone. The move to live alone, with staff support had been a very positive step for this resident and the organisation supported the family in weekly home visits as requested. There was a good record of family contact/ visits documented in the resident's files.

Inspectors reviewed the social activities of residents in their personal files, and although there was good evidence via photographs of many social outings occurring in the past, inspectors found limited social activities while residents were on holidays from day services for the three weeks in August. For example; in one of the houses, where three residents resided, two of the residents were not being transported on the bus, due to safety concerns. Staff informed inspectors that, one resident could not be transported on the bus until all staff received transport training, and the other resident was unable to be transported on the bus until approval was received by the rights review committee prior to using a safety harness.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors met with the staff members that supported the residents in their day and residential services and found that the staff members knew the residents extremely well and were very supportive to them.

The infection control policy was included in the safety statement, which was informative on hand hygiene and food hygiene. There were appropriate facilities in place for the prevention and management of infection control, including hand washing facilities and hand sanitizers and personal protective equipment.

Inspectors reviewed staff training records and found that all staff had received training in safe evacuation procedures, safe moving and handling of residents and safe administration of medications. However transport training was not complete, as well as the management of actual or potential aggression (MAPA) due to a change in training provider and staff training is planned shortly.

The organisation had a Risk Management Policy which was up to date, and which referenced the Health and Safety Statement when managing some of the risks in the organisation. There was a risk register in place, in each of the three houses which identified different categories of risk, for example; physical, environmental, and chemical hazards, and the register viewed was risk rated.

The organisation utilised the "Make it happen" risk assessment tool to assess individual risks, however; inspectors found that the template did not guide staff to accurately evaluate safe moving and handling risks for the residents. For example, resident's individual risk assessment did not contain any questions relating to mobility or any specific criteria to assist staff identify the level of risk to residents or staff. Inspectors also noted in a number of completed individual risk assessments that actions identified to control risks were incomplete, and there were no staff members named on the risk assessments as being a responsible person for following up on the risks identified. In addition, there were no review dates set on the risk assessments viewed.

Inspectors found that although risks were identified in some resident's care plans, procedures to minimise risks were not in place. For example; during the inspection, inspectors observed a resident being physically supported down the stairs by staff members, as the resident was very unsteady and fearful of using the stairs. Staff told inspectors that management were aware of the risks of using the stairs, and were looking for suitable alternative accommodation for a number of months to relocate the resident; however, no suitable accommodation in the area was available. Inspectors also observed that the bathroom facilities in this house, and found that the facilities provided did not meet the needs of this individual, due to the deterioration in the resident's mobility. Inspectors were concerned that due to the resident's recent history of falling, there was a risk of further falls, and there were no handrails to aid the resident's access into or out of the bath.

There was no alternative risk prevention procedures put in place in the interim until suitable accommodation was found. In addition, the staffing allocation had been reduced from this resident, to support residents in another house in the locality getting up in the mornings. As a result this resident was unsupervised in the house for approximately 16 hours per week with concurrent risks as they had full access to the kitchen, stairs, and bathroom.

Fire evacuation plans were individualised and centre-specific. Inspectors spoke with staff and residents, and they were knowledgeable about what to do in the event of a fire. Training for staff in fire safety was in date. Fire drills were carried out at least four times yearly, and inspectors viewed records of completed fire drills. The fire alarm systems were reviewed on a six monthly basis, and the fire extinguishers were serviced on an annual basis and inspectors observed certificates. The fire evacuation procedures were in place in the centre and servicing of the fire alarm, and emergency lighting was outsourced to an external fire safety company.

Inspectors viewed a number of completed fire drills, which identified that it took between 7-10 minutes for one resident living alone to exit the house with staff support. Although there was a Personal Egress and Evacuation Plan (PEEPs) in place for this resident, it had not documented the resident's mobility difficulties, or the need for staff

assistance and the support of two hand rails on the stairs. In addition, there was also no reference to the need for extra fire evacuation equipment, such as a fire evacuation blanket, or manual stair lift.

Inspectors checked a number of vehicles records/certifications to ensure that vehicles were roadworthy, and vehicles inspected were found to be compliant.

One resident that displayed behaviours that challenge posed a risk to himself and the staff while travelling in the car as he had a history of banging his head off the car seats, windows and doors. Staff had advised the resident to sit in the back row of seats of the vehicle, for safety reasons; to avoid access to the driver's seat. However, risks were identified as to the possibility of the resident hitting the glass and breaking it. Inspectors were informed that a safety harness to protect the resident was being assessed to use while travelling in the car and it will be reviewed by the rights review committee prior to use.

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):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors reviewed the policies and procedures for the prevention, detection and response to allegations of adult abuse in the organisation. The policy and governance documents described clear guidance for staff, as to their responsibility if they suspected any form of abuse, and procedures outlined clear guidelines for managing allegations or suspicions of abuse.

The abuse prevention policy also included the name and contact details of the designated contact person, should staff members or residents wish to make a complaint or speak with them. Staff members interviewed confirmed that that they were aware of this policy, and where to locate it in the centre. Examination of staff training certificates demonstrated that staff had received training in the protection of vulnerable adults and that refresher training is repeated every three years.

The organisation had policy guidelines on "responding to challenging behaviour." Supportive strategies in place. However the staff had not received up-to-date training in MAPA (Management of Potential or Actual Aggression) as the trainers were being retrained on a new training programme.

There were a number of residents living in the centre that displayed behaviour's that challenge, and there were two individuals living in this centre that had significant behaviours that challenge, such as; self-injurious behaviour's. One resident had a behaviour support plan in place, and the other residents plans were out of date and were being reviewed.

Inspectors noted that the behaviour support team had recently recommended that staff implement an alternative method of communication for a resident by introducing "object cues" as an aid to communicating and help reduce self-injurious behaviour. There was no evidence that there was an environmental assessment completed of the resident's current living environment to determine if the resident's behaviours was contributed as a response to environmental triggers. The other resident had a long history of self-injurious behaviour, and had shown a reduction in self-injurious behaviour and an improvement in the quality of their life since moving to a new community house, and receiving one to one staff support. Although two residents in this centre displayed daily severe self-injurious behaviour, inspectors found that the staff had not the required up-to-date training in the management of behaviour that challenge.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that there were arrangements in place to support residents' health care issues. Inspectors were satisfied that residents were supported, and had appropriate access to General Practitioner's (GPs), Speech and Language Therapist's (SALT), Physiotherapist's and Psychiatrist's. A number of residents had attended their General Practitioner's and Dentists for their yearly reviews, and follow-up appointments were in place, as required. There were preventative health screening checks in place in the resident's files that were well completed. There was a hospital passport completed for the residents, should they need to go to the hospital, and it identified personal contact details, medical history and personal likes/dislikes such as foods and drinks.

Inspectors found that residents had good access to the mental health clinic for medication reviews and psychiatric health assessments. However, referrals for medical tests were not followed through in a timely manner, for example, a request for bloods and a C.T scan had not been sent to the hospital by staff for four weeks after the psychiatrist had made the request.

One resident was diagnosed with PICA (pica is the persistent craving and compulsive eating of non-food substances). There was no written protocol in place, to ensure that risks identified were documented in the resident's files so that all staff were informed of the risks of leaving certain items, such as plastics in the resident's vicinity. Other residents had epilepsy and were prescribed anti-convulsion's medication, however; inspectors noted that there was no seizure records maintained on the resident's file, despite the inspector observing in one residents daily notes two seizures documented over a recent two-week period.

There was evidence that residents had access to a physiotherapist, and inspectors found that the physiotherapist had completed mobility assessments for two residents and assisted them in getting new wheelchairs and proper seating as required. Staff had received training in safe moving and handling of residents, to ensure that the appropriate care and support were provided to the residents. However; the moving and handling risk assessments were incomplete and required review, as discussed previously in outcome 7.

Some residents received their lunch In different locations during the week, and alternative arrangements were in place for the individuals to receive their lunches at their day programmes. Residents' received a good choice of meals and were involved in the planning of the weekly menus with alternative options if they so wished. Inspectors found that there was an ample supply of fresh and frozen food in the houses, and residents could have snacks at any time. The inspectors' found that the mealtime experience was an unhurried and social occasion.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a comprehensive medication management policy in place, and staff spoke with were knowledgeable regarding medication management policies and practices. There were appropriate arrangements for ordering, prescribing, and administrating medicines to residents. However; there were a number of medications stored in the medication press that had no labels to identify the name of the resident, or the instructions for administering the medication as prescribed. In addition, medication that had been discontinued had not been returned to the pharmacy

All medications were individually prescribed on the medication kardex. Inspectors reviewed a sample of prescriptions/administration charts and staff administered medications to the residents using pre-prepared blister packs, by the pharmacy every week. Staff kept a receipt for medication received, and a log of medication returned to the pharmacy. Inspectors observed that there were no medications that required strict control measures (MDA's) at the time of the inspection.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The person in charge of this designated centre was a qualified nurse and had the management qualifications to manage the designated centre. The person in charge was responsible for two designated centres, one adult residential service and one childrens/ adults respite service. The management team for the three houses in this centre consists of the Acting Director of Services and the Person in Charge; in addition, there were three social care workers identified on the statement of purpose, as being persons participating in the management of this centre. These three social care workers were senior staff with experience working in the services that had a very good knowledge of the residents. However from speaking to one of these staff members, they did not consider themselves to be officially part of the management team or having any responsibility for decision making in the centre, other than the normal day to day staff responsibility.

Inspectors also viewed the minutes of meetings between staff and the person in charge, and found that staffing shortages had been raised as a serious issue. The PIC stated that there was a high rate of permanent staff on long term sick leave, and she had found it very difficult to cover the required staffing shifts within the existing locum panel. Inspectors found evidence of this in the centre, for example; a family member was asked by the staff to take their loved one home twice in a two-week period, due to insufficient available staff to care for the resident.

Inspectors found that a locum staff had worked 136 hours in a two-week period due to staff shortages. The person in charge told inspectors that she was usually not contacted outside normal working hours unless there is an emergency. She told inspectors that the on call procedure was for staff to contact other houses first if they needed assistance, and this system worked well. However, many of the staff working in these houses were locum staff, and had not the required skills or experience to be responsible for supervising and maintaining staffing rosters. In addition, the day to day management of services provided to the residents were not being appropriately maintained as identified in the lack of follow-up in medical appointments, monitoring resident's finances, and serious environmental risks identified for one of the residents living in this centre.

Judgment:
Non Compliant - Major

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

Findings:
Inspectors found that this centre was not resourced in accordance with the statement of purpose. In the allocation of staffing for one of the houses in this centre, the stated whole time equivalent (WTE) was 1.67. On reviewing the staff rosters, and speaking to staff working in the house the actual WTE was 1.13, which was a reduction of 21.06 hours between staffing support allocated for the resident living alone in this house and what the resident was receiving.

The person in charge confirmed that the allocated resources for this centre were under pressure to meet the staffing needs of the residents. The person in charge informed inspectors that she had opened an additional house, within the existing centre resources to meet the residential needs of one resident that displayed severe behaviours that challenge. Although this decision was beneficial to the resident, it had put severe financial strains on the centres budget, as the funds for one house are now being used

to support two houses in this centre.

Judgment:
Non Compliant - Major

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The staff members on duty were pleasant and welcomed the inspectors. Inspectors observed that the staff members knew residents well, and there was a relaxed environment in the homes. Regular staff meetings were held where staff met with the Person in Charge. There were minutes of the meeting kept in the centre for the inspectors to view.

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspector reviewed five staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place.

The organisation provided on-going training to staff. Staff had attended training on protection and safety of vulnerable adults, safe moving and handling, safe evacuation training, epilepsy management, first aid; person centred planning, report writing and dementia training. There was a training plan in place for 2014. Inspectors found that refresher training was required in relation to planning individual personal goals, as some goals were not individualised or person centred, and retraining may help staff up-skill in this area.

Inspectors reviewed the staff rotas in the three houses. Inspectors were informed that it was each staffs responsibility (including locum staff) to ensure that there was sufficient staff on the roster to cover the next shift, and to book relief staff as required. Staff told inspectors that this was consistently difficult as there was a lack of locum staff available in the centre. Inspectors viewed a number of complaints from family members regarding shortage of staff in this centre.

Inspectors also found in one house; staff members were leaving a resident unsupervised for six hours throughout the week, to assist getting residents up and dressed in another community house. The hours when the resident was unsupervised were not indicated on the staff roster, and therefore did not give an accurate reflection of the staffing allocation provided to this resident. Inspectors noted; there were inconsistencies of approximately 21 hours between the allocated hours stated on the statement of purpose and the actual hours received by the resident in this house. Inspectors were concerned, for the safety and welfare for this resident being left unsupervised, and the fact that this residents family was asked to take them home twice in a fortnight, as there was no staff available to work the shifts. A staffing needs analysis is required for this individual living alone in this house, as it was evident from the resident's medical records, personal notes and risk assessments that they required more staff supervision.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004463
Date of Inspection:	18 August 2014
Date of response:	23 October 2014

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In one of the houses there was no access to a visitors room for residents to meet their families in private.

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

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

Please state the actions you have taken or are planning to take:
a. All residents on Housing Association list for purpose built accommodation. Completed 18/08/2014
b. Source alternative suitable accommodation in the area in consultation with people supported and families (28/02/2015)

Proposed Timescale: 28/02/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Proper procedures were not been maintained to ensure residents money was kept safe through appropriate practices and record keeping. There were no recent balance checks on the transactions documented in the residents books, and residents cash book balances and cash in hand did not agree.

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

Please state the actions you have taken or are planning to take:
a. Audit of all residents money to be conducted. 30/11/2014
b. Refresher training for all staff in financial record keeping. 30/11/2014
c. PIC to do regular monthly checks. Began 03/11/2014

Proposed Timescale: 30/11/2014

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were limited opportunities for residents to participate in social activities during their two weeks summer holidays,

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

Please state the actions you have taken or are planning to take:
There is now 2 volunteers in place, Volunteers add value to people's lives by supporting them with activities such as cooking, dancing and social outings.

Proposed Timescale: 31/10/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not clear that personal outcome goals were individualised and person centered. There was no evidence that there was a meeting with the residents and their family to discuss personal goals for the coming year.

Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
Key workers meet regularly on an informal basis with families and discuss plans. More formal circle of support meetings are planned on a yearly basis in conjunction with another agency that provides day services to the residents. Meeting dates have been planned for 19th, 20th and 26th November with all people involved in circles of support. Actions on chosen priority outcomes are reviewed on a six monthly basis.

Proposed Timescale: 26/11/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Individual plans for the previous 6 months had been archived and were not readily retrievable in the centre.

Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
All archived documentation has been returned to centre

Proposed Timescale: 22/08/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The house swap between two community houses did not meet the assessed needs of all of the residents living in this designated centre, and staff informed inspectors that they were looking to moving house again. However, there was no evidence that this goal was actively being pursued.

Action Required:
Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

Please state the actions you have taken or are planning to take:
a. Discussions to take place with residents and families 30/11/2014
b. Source alternative suitable accommodation in the area in consultation with people supported and families 28/02/2015
c. All residents are on Housing Association list for purpose built housing. Completed 18/08/2014

Proposed Timescale: 28/02/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
(A) The "Making it happen" risk assessment template does not guide staff to precisely evaluate moving and handling risks for the individuals. There are no questions or specific criteria to help staff appropriately assess residents mobility needs.

(B)A number of residents risk assessments did not clearly identify actions required to control risks identified, and there were no staff named on the risk assessments as being responsible person for following up on the risks identified.

(C) There were no review dates set on the risk assessments viewed.

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

Please state the actions you have taken or are planning to take:
a. TILE Risk Assessment template is available and is being used by staff to evaluate moving and handling risks. This is covered in Manual Handling and People Moving training with all staff. 25/08/2014

b. All risk assessments are being reviewed to include the above. 31/10/2014
c. Risk Management and Manual Handling Policies are in place in the organisation.
d. Protocols are in place for responding to emergencies in all houses.

Proposed Timescale: 31/10/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident's accommodation was found to place the resident at risk of falls, alternative accommodation had not yet been found and no alternative risk prevention procedures were put in place.

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:
The accommodation has been reviewed – the person has moved her bedroom downstairs and full staff support is in place at all times. Procedures are in place in the event of an emergency.

Proposed Timescale: 28/08/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The bathroom facilities in one of the houses did not meet the needs of the individual, due to the deterioration in the resident's mobility. There was no up-to-date risk assessment completed or actions in place to protect the resident from falling when using the bath.

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

Please state the actions you have taken or are planning to take:
a. Risk assessment carried out on use of bath in consultation with physiotherapist. Completed 02/09/2014
b. The person has full staff support at all times. Completed 19/08/2014
c. The person has chosen to move to a new ground floor apartment that has been identified as more suitable to the change in needs and this move will take place as soon as the apartment is ready. 19/12/2014

Proposed Timescale: 19/12/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident's dependency level had significantly increased in recent months; however, the resident continued to be unsupervised in their house for a minimum of 16 hours a week with full access to identifiable risks such as the stairs and the bath, and kitchen.

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

Please state the actions you have taken or are planning to take:
Full staffing support has been reinstated.

Proposed Timescale: 19/08/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
(A) Inspectors viewed the personal evacuation plan (PEEPS) for a resident and found that it did not identify the difficulties that may present when evacuating the resident from the building in the event of a fire.

(B)There was no fire evacuation equipment in places, such as the use of a fire evacuation blanket, or a manual stair lift to assist staff with evaluating the resident from the building in the event of a fire.

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

Please state the actions you have taken or are planning to take:
a. All staff are trained in Fire Safety and Manual Handling & People Moving - 20/10/2014, 21/10/2014 and 03/09/2014
b. The accommodation has been reviewed – the person has moved her bedroom downstairs and full staff support is in place at all times. Procedures are in place in the event of an emergency. 28/08/2014
c. The person has chosen to move to a new ground floor apartment that has been identified as more suitable to the change in needs and this move will take place as soon as the apartment is ready. 19/12/2014
d. The person's Individual Emergency Plan has been reviewed - 28/08/2014

e. PIC – to review all IEPs and ensure all difficulties identified and the safe environment of residents is documented. 31/10/2014

Proposed Timescale: 19/12/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not the up to-date training required for the management of behaviours that challenge

Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
a. All staff are being trained in MAPA
20/10/2014, 21/10/2014, 08/12/2014 & 09/12/2014.

Proposed Timescale: 09/12/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident's behaviour support plans was out of date.

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

Please state the actions you have taken or are planning to take:
Behaviour Support Team are currently supporting staff to with assessment and writing up a new plan.

Proposed Timescale: 30/11/2014

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that an assessment had been completed regarding the suitability of a residents current living environment, taking into account the residents "behaviours that challenge"

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:
a. Source alternative suitable accommodation in the area in consultation with residents and their families - 28/02/2015
b. Behaviour support to carry out assessment - 30/11/2014

Proposed Timescale: 28/02/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not forwarded the request for bloods or a C.T scan to the hospital for four weeks after the psychiatrist had made the request.

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

Please state the actions you have taken or are planning to take:
Follow up has been completed and the PIC has made all staff (including locum staff) aware of their responsibility in this regard.
PIC will ensure that all staff (including locum staff) report and follow through with medical treatment referrals in line with protocol that has been written up.

Proposed Timescale: 25/08/2014

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident diagnosed with PICA (Pica is the persistent craving and compulsive eating of non-food substances) and there was no written protocol in the residents files

documenting the risks of leaving non food items unsupervised around this resident, or the types of items that maybe eaten if left unsupervised.

An required assessment by Speech and Language therapist had not been undertaken.

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

Please state the actions you have taken or are planning to take:
Speech & Language Therapist is scheduled to do the assessment on Tuesday the 21st October 2014 and protocol will be written up and put in place.

Proposed Timescale: 24/10/2014

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors could not locate a epilepsy seizure monitoring record on the resident's file, despite two seizures being documented in the daily notes over a recent two-week period.

Action Required:
Under Regulation 06 (2) (e) you are required to: Support residents to access appropriate health information both within the residential service and as available within the wider community.

Please state the actions you have taken or are planning to take:
An epilepsy chart is now on file and staff have been directed to record all such information

Proposed Timescale: 31/10/2014

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were a number of medications stored in the medication press, that had no labels to identify the name of the resident that the medication was prescribed for, or the instructions for administering the medication.

Medication that had been discontinued had not been returned to the pharmacy.

Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
Medical Audits have been completed in all residents in the centre. All remedial actions have been taken to ensure all regulations are complied with.

Proposed Timescale: 07/10/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not appropriate governance and management systems in place in this centre, to ensure that the service provided was safe, and met the needs of the residents. Arrangements were not in place to ensure that there were appropriate, consistent, or effective monitoring in relation to staffing, clinical governance, financial management, and social care needs.

Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
A new PIC has been recruited to work alongside existing PIC

Proposed Timescale: 31/10/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors found that there were no appropriate deputising arrangements in place to support and promote the delivery of safe, quality care services at the time of inspection

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:
New PIC recruited as stated 31/10/2014
Regular meeting structure to commence from 03/11/2014

Proposed Timescale: 03/11/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The was no effective management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored

Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
a. New PIC recruited 31/10/2014
b. Supervision and monitoring of PIC role by Director of Services monthly. 29/10/2014

Proposed Timescale: 31/10/2014

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was not resourced in accordance with the statement of purpose. There was an staffing allocation of 1.67 WTE for one of the house in this centre yet the actual WTE was 1.13.

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

Please state the actions you have taken or are planning to take:
Roster and Statement of Purpose have been amended.

Proposed Timescale: 19/08/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient available staff to meet the assessed needs of residents. Some locum staff worked in excess of their contracted hours.

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

Please state the actions you have taken or are planning to take:
The moratorium on recruitment has impacted on the numbers of staff available to fill rosters. A recruitment process for new locum staff in now in process and two new locum staff have been identified for South Roscommon.

Proposed Timescale: 01/12/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident living alone was unsupervised for approximately 16 hours per week and the staff roster did not give a true reflection of the staffing allocation being provided to the resident.

Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
Original staff roster has been reinstated.

Proposed Timescale: 19/08/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training was required for staff in relation to supporting resident's choose their personal goals, Management of Potential or Actual Aggression (MAPA) and the safe transport of residents on the organisation's vehicles.

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:
a. All staff in the centre are now being trained in MAPA and Wheelchair clamping - 20/10/2014, 21/10/2014, 8/12/2014, 9 /12/2014
b. POMs & EE training planned - 31/03/2015
c. PIC to supervise and coach staff in relation to staff supporting residents to choose personal goals - 01/12/2014

Proposed Timescale: 31/03/2015