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A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon

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**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-0003480
Centre county:	Roscommon
Email address:	poconnor@roscommon.brothersofcharity.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Roscommon
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	Marie Matthews;
Type of inspection	Announced
Number of residents on the date of inspection:	19
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 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:
14 May 2014 09:00	14 May 2014 18:00
15 May 2014 09:00	15 May 2014 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of this Residential Service by the Brothers of Charity Services Roscommon, carried out by The Health Information and Quality Authority. It was an announced two-day inspection.

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

The provider representative, who was the Acting Director of Services, had responsibility for the governance and management of thirteen residential and day services. In addition, she was Acting Person in Charge, for four of the thirteen designated centre's in the organisation. The designated centre inspected on this occasion comprised of five houses and accommodated 19 residents.

The centre's five houses were situated on detached private sites and in housing estates. The houses accommodated a maximum of six residents, and there were no vacancies on the day of inspection. The grounds were attractive and had secure well-

maintained gardens for use by residents. Inspectors found that houses were warm, homely, comfortable, clean, appropriately furnished and well maintained.

Overall, inspectors found evidence of a person-centred approach being promoted to meet the health and social care needs of residents. Inspectors found evidence of good practice in a range of areas.

Brothers of Charity Services Roscommon have embraced the Council on Quality and Leadership's (CQL) Personal Outcome Measures (POMs) as the person-centred quality of life measurement. The residents' living in these designated centres were involved in the quality enhancement system, inspectors viewed evidence of this in their personal outcome folders. Staff interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual resident's needs, wishes and preferences. Inspectors found evidence of resident's being involved in decisions about their care. However; many of the residents' had expressed difficulty in achieving their goals on an individual basis due to the lack of staffing. For example; in one house, one-staff member was allocated per shift to care for up to six residents.'

Non-compliances were identified in a range of areas due to the lack of staffing, governance, and risk management; these 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 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

Findings:
Residents' were consulted with and participated in decisions in relation to their health and social care, and in the planning and organisation of the centre. Residents' were enabled to make choices about how they lived, in a way that reflected their individual preferences and diverse needs.

Inspectors viewed the organisation's guidelines on managing resident's money, and found that that there was regular recording of income and expenditure transactions in

the resident's accounts as per guidelines. However; inspectors found that there was no consistent approach to managing resident's money across the range of community houses. Difficulties were found where locum staff were unsure of the financial procedures to follow in specific houses, and there were no house specific procedural guidelines in place, to support staff. Training was required for staff on managing resident's finances and household money, to comply with regulations and good financial management practices. In addition, there was no evidence of independent auditing of resident's money. Inspectors were informed that there were some audits of resident's accounts held at the central office.

The Roscarra Housing Association provided social housing to the residents' and tenancy agreements and rent books was provided to each resident. The rental agreement indicated that payments were made weekly or monthly to the Housing Association for rent and services provided, and receipts were maintained in the individual's rent book. However; rental agreements did not individualise each charge incurred by tenants, for example; oil, lighting, and food were all included in a set fee, and all residents' living in social housing paid the same amount per week regardless of their use of such services.

The Statement of Purpose for the centre stated; that the provision of food was included as part of the service provided by the Brothers of Charity Services; however; it was evident from reviewing residents finances, that residents were paying and receiving food from the Housing Association. This arrangement was not in keeping with the organisation's Statement of Purpose or the Contacts of care with the residents.

The organisation had a complaints policy in place, and inspectors viewed the complaints book in some of the houses and found that all complaints were dealt with swiftly. However; one tenant had complained that their sink was too small for the purpose, and requested a larger sink from the Housing Association; however, this had not yet been actioned.

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

Findings:

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

Inspectors found that there were opportunities for residents' to participate in meaningful activities appropriate to their interests and capabilities. Recreational activities were available in day services, five days a week, and some resident's received a wraparound service from their home, which included individual staff members assisting the resident's with their needs on a 24-hour basis.

Inspectors noted that although residents' personal plans were individualised person-centred goals, most resident's activities or social outings involved individuals that lived together socialising together in groups. Inspectors found some resident's had limited choice other than to participate in group activities, due to staffing shortages, for example, in some houses; there was only one-staff member rostered to care for six dependent residents. There was no second-staff member available to support residents; should they wish to remain at home. Staffing is discussed further under outcome 17.

There were good evidence of positive risk taking for example; where residents remained alone at home, or went out alone. These activities had been risked assessed, and deemed to be of minimum risk and promoted the individual independence to live an active and supportive lifestyles.

Residents were actively involved in the assessments and developments of individual outcome goals, which were reviewed at a minimum annually, however; there was no evidence of residents or family attending personal outcome meetings, or being invited to be involved in personal planning meetings.

The personal plans of older residents did not reflect any planning for their future, or for a change in their circumstances. There was no transition plan drawn up to support residents' should their needs change, for example; reduced mobility, deterioration in physical health, dementia or other common associated problems.

Judgment:

Non Compliant - Minor

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

Findings:

The five houses in this designated centre were owned by the Roscarra Housing Association and residents were tenants with long stay tenancy agreements. The five houses operated seven days a week, and all tenants had individual bedrooms with communal use of the kitchens, sitting rooms, bathrooms, and visitors' rooms as part of their tenancy agreements. Inspectors observed that houses rented to tenants were of varying levels of standards. For example one house was purpose build, very suitable for persons with mobility needs and fully equipped with ceiling hoists, however; this house was rented to individuals that were independent. In another house, residents that had significant mobility needs were living in houses that had steps, and in another house a tenant had a number of incidents of tripping over a door saddle.

The houses were in a good state of repair, however; one of the houses required renovations as it lacked proper space and bathroom facilities to meet the resident's physical needs, due to their deteriorating health problems. The provider informed inspectors that discussions were in place to relocate the resident to more suitable accommodation in the near future.

Judgment:

Non Compliant - Minor

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Findings:

The risk management policy requires review to comply with regulation 26 of the Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with Disabilities) Regulations 2013.

There was a risk register in place, in each of the five houses; which identified different categories of risk, for example; physical, environmental or chemical hazards and the register was risk rated appropriately.

The "Make it happen" risk assessment tool was used to assess individual clinical risks. The risk assessments were kept in each of the resident's individual folders. However; a number of individual risk assessments did not provide appropriate measures and actions to control risks for the residents. For example, infection control procedures required to control risks relating to resident's medical conditions, or risks prevention strategies required to prevent residents falling.

A Health and Safety Statement was in place, however; it was not robust enough and required review, to address risks specific to the centre, for example; wheelchairs

restraint in buses and transport safety training for staff.

The statutory requirement to notify The Health Information and Quality Authority (HIQA) of serious accidents was omitted from the statement.

Inspectors observed that there were facilities in place for the prevention and management of infection control; including hand washing facilities and hand sanitizers and personal protective equipment. The infection control policy was informative on hand hygiene and food hygiene. However, the policy did not include the appropriate management for the prevention or control of health care associated infections; for example, procedures for laundering clothes in the event of an infectious disease outbreak. There was also no recommendation regarding training for staff in relation to infection control, documented in the risk management policy.

The centres fire protection policy was documented in the safety statement; however, this requires a review as it does not sufficiently guide practice, or inform staff as to the reporting responsibilities to the Health Information and Quality Authority in the event of a fire.

The evacuation plans were 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 are carried out at least twice yearly; inspectors viewed completed records. Servicing of the fire alarm and emergency lighting was outsourced to an external fire safety company, and the fire alarm systems were checked on a six monthly basis, and the fire extinguishers were serviced on an annual basis and inspectors viewed certificates. However; one house had no emergency lighting or directional signage to assist residents in the event of a fire.

Inspectors checked a number of vehicles maintenance records to ensure that vehicles were roadworthy and found to be compliant. Some staff had not received the appropriate training for driving adapted vehicles.

Inspectors reviewed staff training records and found that most staff had received training in safe moving and handling of residents, or were in the process of having refresher training.

Inspectors reviewed accident and incident reports and found that accidents and incidents were being recorded. Inspectors noted that there were no procedures to guide staff when residents had an unwitnessed fall and possible head injury, for example; some residents were not reviewed by their General Practitioner, and no neurological observations were being monitored for 24hrs post falls

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Findings:

There were organisational policies in place, for the welfare and protection of vulnerable adults 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 of their responsibility, if they suspected or witnessed any form of abuse. Staff members interviewed confirmed that they were aware of this policy, and where to locate it in the centre. Staff training was completed every three years, in the protection of vulnerable adults and inspectors viewed certificates of the staff that had training.

The organisation's policy included the name and contact details of the designated contact person, and inspectors viewed some of the residents designated files stored in head office regarding residents' confidential information. However; there was no reference to these files in the resident's working file in their home.

Inspectors found that some residents were socially and physically vulnerable, and should receive ongoing education on self-awareness and protection. In addition, lone workers should be trained on the organisation's intimate care guidelines and good practice guidelines.

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

Findings:

Overall, inspectors found that there were appropriate arrangements in place to support

residents' health care issues. Inspectors were satisfied that residents were supported as required, and had appropriate access to General Practitioner's (G.P.'s), Speech and Language Therapist's (SALT), Physiotherapist's, and Psychiatrist's,

Health support plans in resident's files were regularly reviewed and updated, and guided contemporary evidence-based practice. For example, a number of residents had attended their General Practitioner for medical review, and regular bloods had been taken, and results reviewed. A number of residents' were also treated by their dentists, and follow-up appointments were in place. The resident's health support plans were appropriately kept under review, and inspectors found that residents had access to medical treatments when required. These included ongoing monitoring of anti-psychotic medications and mental health reviews by the psychiatric services as required.

Inspectors found that residents had access to a range of allied health services and viewed recommendations by the speech and language therapist, optician, and behavioural support staff. Some residents that had epilepsy were prescribed, daily and emergency anti-convulsion's medication and inspectors noted that protocols were in place as per the organisation's medication management policy, to guide staff in the management of epileptic seizures.

There were a number of notifications reported to the Authority of residents falling in this centre. Inspectors found that interventions had been implemented to minimise the risk of falls or injury to residents or staff. A physiotherapist was available to assess resident's needs and recommend suitable equipment to assist resident's with poor mobility, for example; a resident with a recent history of falls was assessed by a physiotherapist and a falls prevention plan was put in place.

Residents' had a good choice of meals and were fully involved in the planning of the weekly menu with alternative options if they so wished. Inspectors found that there was an ample supply of fresh and frozen food, and residents could have snacks at any time. Inspectors spoke with some of the residents regarding grocery shopping, and they stated that they found it difficult to go shopping with all of the residents in the house. Staffing will be discussed in more detail under outcome 17. The inspectors' found that the mealtime experience was an unhurried and social occasion.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Findings:

There were comprehensive medication management policy in place, and staff spoke with were knowledgeable regarding medication management policy and practices. All medications were individually prescribed by the General Practitioner (G.P.) Inspectors reviewed a sample of prescriptions/ administration charts and medical instructions for staff to administer medications; inspectors found that instructions suitably guided staff practice and met the requirements of the Regulations.

Non-nursing staff had completed medication training, and the pharmacist delivered on-going medication management support in the centre. The centre had minor recording errors, and had been reviewed by the clinical nurse manager, and a medication audit had taken place.

Inspectors found that the centre was substantially compliant with current legislation in this area. Residents were protected by the centre's policies and procedures for medication management and practices were good.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

Findings:

The provider representative had responsibility as Acting Director of Services for the whole organisation, as well as the dual role of the Person in Charge for four designated centres; which included thirteen houses, and the day to day services for thirty-five residents. The centre inspected on this occasion, comprised of five houses accommodating 19 residents. Inspectors spoke with staff and residents, and noted that staff members were aware that the Acting Director of Services/ PIC was the person to whom they should report directly.

Meetings between staff and the provider were reported to have taken place and minutes of recent meetings recorded. However, more time was required to support staff in the individual houses, to ensure good governance and management. The dual position of Acting Director of Services and Person in Charge was found to be unsustainable by the inspectors as identified by the number of non-compliances in this centre.

Judgment:

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

Findings:

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

The management team were committed to providing ongoing training to staff. There was a training plan in place for 2014 which included health and safety and risk management, protection and safety of vulnerable adults, epilepsy awareness, and medication management. Training records were held centrally which outlined the planned and actual training for all staff. Training already provided in 2014; included areas such as, emergency evacuation procedures, person-centred planning, medication management, and safe moving and handling.

There was an actual and planned staff rota in all of the houses, however; on a number of rosters, the name of the staff, and hour's staff had worked in the centre were not clearly identified.

Inspectors visited all of the houses and viewed the staffing allocation for the centre as stated in the statement of purpose, and found that in some houses, there was not sufficient staff to meet the assessed needs of residents. For example, in four of the five houses, there was only one-staff member rostered per shift to support up to six residents. Inspectors viewed evidence that residents were not achieving personal outcomes, in areas such as, personal care, social, spiritual, financial and transport needs, due to staff shortages

Inspectors found that two residents (both near 80 years of age) were attending the day services five days a week, due to no allocated staffing in their homes during the day. There was no evidence of a transitional plan drawn up to support to residents of older age, despite evidence of resident's health deteriorating in recent months. There was also no "waking" staff in any of the houses at night and staff slept in the houses with the residents despite evidence of medical needs requiring more staff support at night.

Judgment:

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0003480
Date of Inspection:	14 May 2014
Date of response:	02 September 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The organisation's policy and procedures did not ensure good governance of the resident's money. Clear and transparent procedures for payments, between the tenant and the housing association, should be in place, and in accordance with the contracts of care and the statements of purpose.

Action Required:

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

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

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

Review of petty cash, clients personal assets and Roscara Housing accountancy procedures and systems in order to attain clarity and standardisation across the services. Standardised procedures will be available in each house.

Proposed Timescale: 28/11/2014

Theme: Individualised Supports and Care

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

There was no evidence that auditing of residents personal accounts had taken place, or that consent was sought from the residents to manage their personal finances.

Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

Audits of residential personal accounts are take place annually on a number of residences chosen randomly. The results of the audits are reported centrally to Board and Senior Managers.

Random selection "Money Management"; "Money Skills" and Where my Money/Assets are Kept" forms are kept on each service user folder.

Include consent to manage personal finances with existing forms.

Proposed Timescale: 19/12/2014

Theme: Individualised Supports and Care

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

Ensure that resident's complaints are investigated and responded to as per organisational policy.

Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

Large sink has been installed.

Will continue to raise awareness of organisation policy on complaints with service users, families, staff and volunteers. Complaints to be included as an agenda item in all house meetings. Director of Services and Complaints Officer review complaints bi-annually to ensure compliance.

Proposed Timescale: 31/12/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

Arrangements were not in place to provide individualised support to implement resident's personal plans.

Action Required:

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

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

1. Review of work practices, through Enabling Excellence to support people to avail of community resources.
2. Reduction of outreach service to existing people in the community and re-configuration of outreach staffing to accommodate the needs in residential services in the interim period.
3. Crisis funding has been sought from the H.S.E. to meet the unfunded needs.
4. Lack of resources an agenda item for all meetings with HSE including Service Level Agreement Meetings.

Proposed Timescale: (1) 30/05/2014
(2) 30/09/2014
(3) Completed 10/06/2014
(4) 22/09/2014

Theme: Effective Services

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

The personal plans of older service-user's did not reflect any planning for their future, or for a change in circumstances. There was no transition plan drawn up to support service-user's should their needs change, for example; poor mobility, deterioration in physical health, dementia or other common associated problems.

Action Required:

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

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

Working Group of multidisciplinary and frontline staff established to develop a strategic plan appropriate supports and services for our ageing population.

Proposed Timescale: 20/11/2014 Working Group to present Plan to Service Directorate

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 premise lacked appropriate bathroom facilities to meet the needs of the residents.

Action Required:

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

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

Planning in progress to assess housing and staffing supports required for the elderly population.

Proposed Timescale: 30/10/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Risk assessments did not include appropriate measures and actions to control risks for the residents'.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Risk Management Policy has been amended.
Risk Assessment Training will be arranged for frontline staff.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

The risk management policy, including the Safety Statement, requires review; to include managing specific risks, such as clamping wheelchairs into vehicles.

The statutory requirement to notify The Health Information and Quality Authority of serious accidents was omitted from the safety statement.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Risk Management Policy and Safety Statements have been amended.

Proposed Timescale: 31/07/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some staff had not received the appropriate training for driving adapted vehicles.

Action Required:

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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

Training sourced and initial training planned for July 2014. Schedule of training on this subject will be continued.

All vehicles are regularly serviced, insured and driven by properly licensed staff.

Proposed Timescale: 31/07/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no procedure to guide staff when a resident had an unwitnessed fall and possible head injury, for example; no neurological observations were being monitored for 24hrs post falls.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Measures and actions to control accidental injury to residents, visitors or staff will be included in Health & Safety Statement.

Proposed Timescale: 26/09/2014

Theme: Effective Services

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

There was a lack of guidance in the risk management policy on the management and prevention of infectious diseases, for example; staff training on the appropriate procedures to follow, in the event of an infectious outbreak, such as laundering service-user's clothes, was not included in the policy.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Separate Policy available on Hygiene Infection Control and signposting to this from Risk Management Policy.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The fire policy did not sufficiently guide staff as to the regulatory responsibility to notify The Health Information and Quality Authority in the event of a fire.

Action Required:

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

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

1. Included in Health & Safety Statement.
2. Included in "In the event of Fire" notices in all houses in the designated centre

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

One house had no emergency lighting or directional signage in place, to assist service-users' or staff in the event of a fire.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape,

including emergency lighting.

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

Emergency lighting will be installed.

Proposed Timescale: 29/08/2014

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:

Ensure all residents and staff are protected in line with the organisation's intimate care and good practice guidelines, for example; male staff not providing intimate care for female residents without another staff support.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

Female staff have been allocated for specific intimate care needs.

Proposed Timescale: 16/05/2014

Theme: Safe Services

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

Individual residents that were vulnerable and required protection from abuse, should receive ongoing education on self-awareness and protection.

Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

Relationships and Sexuality training will commence again in October. Individuals who require specific ongoing education on self awareness and protection will continue to receive this support from multidisciplinary staff.

Proposed Timescale: 31/10/2014

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:

The governance and operational management of this centre, was not sufficient monitored to meet the needs of residents.

Action Required:

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

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

Posts advertised for Mid Roscommon Management role

Proposed Timescale: 23/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was not sufficient staff support in place to attend to the individual needs of the residents.

Action Required:

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

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

1. Crisis funding has been sought from the H.S.E. to meet the unfunded needs.
2. A proposal on extra funding required to support individual needs will be presented to the H.S.E. also.

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

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

There was no staff available for residents that had reached retirement age and wished to remain at home during the day.

Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

1. A proposal on extra funding required to support individual needs will be presented to the H.S.E.
2. Restructuring of resources will continue as and when required to support individual situations.

Proposed Timescale: 30/09/2014**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Ensure there is an actual and planned staff roster maintained in each house, clearly detailing the name of the staff and hours worked over a 24hrs period.

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:

Actual and planned staff rosters in a standardised format will be available in each house.

Proposed Timescale: 29/08/2014