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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-0003492
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):	Damien Woods;
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	3

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 1 day(s).

The inspection took place over the following dates and times

From: 21 May 2014 09:30 To: 21 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 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 was managed by the Brothers of Charity Services Roscommon.

During the inspection, the inspectors met with the provider representative/person in charge, residents and staff. Inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures.

This centre has three houses; two houses were rented to the tenants by the Roscarra Housing Association and were situated next door to each other, and one house was rented by the Brothers of Charity Services, and was situated approximately 4km away. The houses were all detached single storey house with a garden to the front and rear of the premises. The residential houses were in proximity to the town of Castlerea. There were within easy access of the day services and social amenities that the residents attended.

The designated centre provided support and accommodation five days a week and one/two weekends per month, for up to ten individuals with a mild to moderate intellectual disability Services were provided to five females and two males and there were three respite places. During the inspection, inspectors obtained the consent of the residents to enter their home and reviewed personal plan and care files. Some

residents requested the inspectors to view their bedrooms; inspectors accepted their invitation and accompanied the residents to their bedrooms. Inspectors sat with the residents in the dining room while reviewing their person centred plans.

Staff and residents knew each other well, and individuals spoke with by the inspectors confirmed that they were happy living in the house and lived active lives. Staff interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences. Inspectors found evidence of residents being involved in decisions about their care and were supported to promote independence and exercise choice in their daily lives.

Brothers of Charity Services Roscommon have embraced the Council on Quality and Leadership's (CQL) Personal Outcome Measures (POMs) as the person-centered quality of life measurement. Personal outcome measures enhance the organisation to focus on quality from the perspective of the individual's receiving services. The residents living in these designated centre's were involved in the quality enhancement system, and inspectors viewed evidence of this in their personal outcome folders.

Inspectors found that that one house in this designated centre was not sufficiently resourced to ensure the effective delivery of care and support to the residents. For example; the total allocated staffing for the ten residents living in the three houses in this designated centre was 2.76 WTE. (Excluding PIC) Inspectors found that this did not provide adequate staffing resources for the current staffing requirements by the residents in this centre.

There were major non-compliances identified in staffing allocation for this centre, and moderate and minor non-compliances were identified in social care, premises, and risk management, which 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:

Inspectors found that residents were consulted about how the centre was managed, and there were policies and procedures in place to manage complaints in the centre. Inspectors found on one occasion, that a resident was receiving a five day residential service during the week and two weekends per month; however, on one of those weekends the individual had to move to another community house as their house was closed, due to lack of staffing. The resident was unavailable to speak with the inspectors; however the resident was reported to have made a number of complaints to management regarding this practice. Inspectors noted that no independent advocate was made available to represent the views of the resident. As this resident has made numerous submissions with regard to his dissatisfaction with this arrangement a referral to an independent advocate is urgent.

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:

Inspectors found that the residents were empowered to take control over their lives, and residents expressed satisfaction with the support received from staff, and informed the inspectors that they felt safe in the centre.

There was evidence of a person-centred approach in place, to ensure that the health and social care needs of residents were being met. Inspectors found that each resident had a personal file, including daily notes that detailed the resident's daily activities. The daily notes were documented in the individual's communication books that were transferred between day and residential services.

Each resident's personal plan contained a comprehensive assessment of their health, personal and social care needs. Inspectors found that residents and their relatives were involved in the development and review of their personal files. Residents confirmed that their plans were reviewed annually or more often if required.

Some of the files viewed; contained photographs of some social activities undertaken by residents. Residents were eager to show the inspectors their personal plans and could relay to the inspectors some of the information that was contained in their file.

Consideration had taken place in some of the files to make the person centred plans more user-friendly and accessible to the residents, for example; by use of pictures.

Inspectors viewed a number of personal outcome plans and found that there was no transition plan in place to support residents with conditions such as dementia. For example; one resident had recently been moved to another community house; as they required staff support, and this was not available in their house. There was no evidence of a long-term plan for this resident. Inspectors also found evidence, that this move had impacted on the rights of the existing residents living in the house. For example, as the second sitting room/visitors room was been occupied as a bedroom, and their day and night routine has been affected due to the admission of this resident. There was no documented evidence to show that a meeting was held by a person in charge, with the residents to discuss the new admission to the house, and what affects this may have had on their, or other resident's quality of life.

Inspectors also noted in the two houses situated beside each other that social activities were participated as a group, and residents from both houses attended the same social outings together. Staff stated that some residents were risk assessed to be able to stay at home alone; other residents always were brought with the staff, as they required staff supervision.

Some residents told the inspectors that they enjoyed cooking, and residents were given the opportunity to assist with cooking the evening meal. Inspectors observed that consideration was given to promote resident's independence, and to ensure their highest possible level of functioning. However, residents living in the semi-independent house had not been risked assessed for cooking their meals independently. This caused concern for inspectors as there was no allocated staff to care for these residents.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

Findings:

This centre had two social houses, managed by the Roscarra Housing Association. Two of the houses were award winning, purpose built, beautifully decorated and situated next door to each other; the third house was rented by the Brother of Charity Services, and was situated approximately 4km away. The houses were all detached single storey houses with a garden to the front and rear of the premises. They were situated in a

residential area in proximity to the town of Castlereagh. It is within easy access of the day services that the residents attend and social amenities. Seven residents five female and two male are currently living in the houses.

In two of the purpose built houses, all residents except one were accommodated in large single bedrooms. There were three bedrooms in each house, and this had been a suitable arrangement until recently when one resident was moved into the staffed house for medical and safety reasons. Therefore two individuals live in one house (un-staffed) and four individuals (three residents and one staff) in the other three bed house. One resident was accommodated in a second sitting room that had been furnished with the resident's furniture. Therefore, one house did not have the required bedrooms to meet the needs of the residents.

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

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. to include guidance on water boil notices and fire safety policy.

There was a water boil notice in place in Co. Roscommon at the time of inspection and there were notices in place at sinks and bottles of water available for residents to drink and use for washing teeth. However, there was no guidance for staff on the appropriate procedures to follow in the risk management policy.

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

Inspectors viewed a number of residents risk assessments and found evidence that risk assessments were being operated, and staff took a proactive approach to mitigate risk to residents. The "Make it happen" risk assessment tool was used to assess individual clinical risks. These risk assessments were kept in each resident's individual folders. However; a number of individual risk assessments did not provide appropriate measures and actions to control risks for the resident such as cooking independently or staying alone at home.

Accidents, incidents and near misses were recorded and reviewed to try and limit re-occurrence. Accident and incident recorded were regularly reviewed by Person in

Charge. 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 most staff had received training in safe moving and handling of residents, or were in the process of having refresher training.

The centres fire safety policy was detailed 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 in the centre. The 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 twice yearly, and inspectors viewed records of completed drills. The fire evacuation procedure was openly displayed in the centre and servicing of the fire alarm and emergency lighting was outsourced to an external fire safety company. The fire alarm systems were reviewed on a six monthly basis, and the fire extinguishers were serviced on an annual basis and inspectors viewed certificates.

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

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:

Inspector's reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. The policies gave guidance to staff, to report any suspected form of abuse and outlined the procedure for managing allegations or suspicions of abuse. Measures to protect residents being harmed or suffering abuse were in place. Examination of staff files demonstrated that staff had received training in the protection of vulnerable adults and refresher training on adult protection was regularly repeated.

The Person in Charge and staff members were aware of the name and contact details of the designated contact person whom would manage an allegation of abuse. Staff members spoken with were aware of the policy, and of their responsibility to report any allegations or suspicions of abuse. Residents informed the inspector that they felt safe and well cared for by staff and could talk to staff.

Procedural guidelines on the provision of personal care to individuals; include respecting residents privacy and dignity were available. There had been no allegations of abuse reported to date at this centre.

There were organisational policy guidelines on "responding to challenging behaviour" supportive strategies in place. Staff had training in the management of challenging behaviour's, and this had been updated.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Findings:

Individual residents' health needs are appropriately assessed and met by the care provided in the centre. Staff and residents described good access to the local General Practitioner (GP), and there was evidence available of this in files reviewed. A out of hour's General Practitioner (G.P.) service was also available as required. In medical files viewed, the medical diagnosis and treatment were recorded in the resident's medical file by care staff. For example; In one house, medical appointments and medical diagnoses were documented in some of the resident's daily communication book and not recorded in their medical files. In another instances, staff members were writing doctor's instructions from the information received verbally from other staff members. Inspectors were of the opinion that there should be a comprehensive medical history available in the resident's medical files and that residents medical histories and medical treatment would ideally be documented in their medical notes by their General Practitioner's, (G.P.)

Allied health services, such as; a dentist, physiotherapy, and chiropody was available to individuals as required.

End of life care planning was not recorded in a resident's personal file whose health had recently deteriorated and required more medical and nursing care.

Inspectors spoke with all of the residents with regard to the food provided in the centre.

They stated that they enjoyed the food and were involved in the purchase and choosing of the food. Individuals were involved in the weekly food planning and were supported by staff to complete the weekly grocery shop for the houses. Inspectors observed resident's being given the opportunity to make their views known, and consideration regarding what food they liked and wanted to eat. There were sufficient quantities of food that were nutritious and available to residents at their request.

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

Findings:

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to residents. Inspector's reviewed the prescription records and medication administration record and found that documentation was complete.

Inspectors observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff spoke with knew what process they had to follow if they made a medication error.

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 person in charge worked full time, and his office was based at the local day service.

He worked full time Monday to Friday and was on call 24 hrs a day seven days a week. He has been working in the service for over 30 years. The Person in Charge is responsible for three designated centres in Co. Roscommon, including; nine community houses and day service.

The person in charge was knowledgeable regarding the requirements of the Regulations and Standards, and had knowledge about the support needs and personal needs of each resident. The person in charge had regular contact with staff and staff confirmed that he visited each residential centre regularly.

The Person in Charge had the required skills and experience to manage the designated centre. Staff and residents were clear in relation to lines of authority and residents were able to identify the Person in Charge.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

Findings:

The three houses in this designated centre provided four nights accommodation during the week and one/two weekends per month. Residents returned home to their families all other weekends. One resident received respite two weekends per month; however, this resident had to move to another community house for one of their weekend's respite as their house was closed. Inspectors found that the services provided to this resident were not appropriate to the resident's needs, and were not consistent or effectively monitored.

Inspectors found that this designated centre was not resourced to ensure effective delivery of care and support to the residents. For example; The statement of purpose stated that there were three houses in this centre and that only two houses required staffing. The total staff WTE for the three houses was 2.76 (excluding the Person in charge). This allocated staffing was for seven residents and three respite beds, and there was no allocated staffing hours stated on the statement of purpose for one of the houses.

Inspector took the view that, services and facilities outlined in the statement of purpose were not reflected in the manner in which care is provided, and did not reflect the diverse needs of the residents. For example; inspectors observed staff supporting the residents in the un-staffed house, with activities of daily living, for example; medication management, food, financial management and transport services, despite no allocated

staffing for this house. Inspectors observed that this had impacted on the staff support available for the residents living in the house that were allocated staff.

The delivery of care for residents in this centre was further affected by the transition of one resident into the staffed house, despite no appropriate bedroom facilities being available.

Inspectors concluded that the centre routines and activities were resource led, and not person-centred, and the facilities and services being provided were not reflected the statement of purpose and required review.

There is an urgent need for a staffing needs analysis of all residents 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

Findings:

The staff members on duty were pleasant and welcomed the inspectors. The inspectors observed that the staff members knew residents well, and there was a relaxed and homely environment in the home.

Regular staff meetings were held where staff from all the residential services met with the Person in Charge. The Person in Charge also dropped into the residential house on an ad hoc basis to see staff and residents. Residents confirmed that they knew the Person in Charge and saw him regularly. Staff confirmed that the Person in Charge was freely available by phone out of hours. However; no system was in place to support the person in charge to have time off from there on call duties. For example; the person in charge was working full-time and on call 24 hours a day seven days a week.

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 six 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 ongoing training to staff. Staff had attended training on protection and safety of vulnerable adults, epilepsy management, first aid; person

centred planning, report writing and dementia training. There was a training plan in place for 2014.

Inspectors observed that staffing levels were not adequate for the needs of the individuals living in two houses in this centre. For example; adequate staff supervision was not allocated to meet the needs of the residents living in an independent living accommodation. This issue has been discussed previously under outcome 16

Inspector's requested that the person in charge carry out an staffing needs analysis based, on an assessment of needs for the individuals living in the semi-independent living accommodation. It was evident that the residents required staff support on a number of occasions throughout the day, and this was not reflected in the allocation of staffing or the statement of purpose for this centre. This has been discussed previously under outcome 16.

Judgment:

Non Compliant - Minor

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-0003492
Date of Inspection:	21 May 2014
Date of response:	06 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

Once a month a resident had to leave their home on a Friday morning and move into another respite house for the weekend as their house would be closed. The resident made a number of complaints regarding this issue and no resolution has been found regarding this complaint.

Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

No formal complaint has been received by management from the resident.
Funding to be sought from the HSE to provide additional staffing and overhead costs to

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

change a 5-day house to a 7-day house for one weekend per month and thus allow one person to remain in their own home for this additional respite.

Proposed Timescale: 30/09/2014

Theme: Individualised Supports and Care

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

Inspectors noted that no independent advocate was in place to represent the views of a resident moving to another house one weekend per month for respite. As this resident has made numerous verbal complaints with regard to his dissatisfaction with this arrangement, a referral to an independent advocate is urgent.

Action Required:

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

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

Referral has been made to the Independent Advocacy Agency.

Proposed Timescale: Completed

Outcome 05: Social Care Needs

Theme: Effective Services

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

Residents participated in social activities as a group regardless of whether they wanted to attend the activities or not, due to the staffing allocation in the centre.

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) Assessment to be completed by multidisciplinary staff to assess independence of individuals correctly.
- 2) Following assessments highlight any resource need that is required to address these needs to the HSE

Proposed Timescale: 1) 03/11/2014;2) 10/11/2014

Theme: Effective Services

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

There were no specific plans in place to meet the long term physical, social, or

psychological needs of residents with dementia or age related complications in this centre.

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

Dementia screening has been taking place since 2008 on an ongoing basis and plans are ongoing to address this individual's age related issues. Due to the complexity of the presentation of symptoms and the co-presentation of depression, a probable diagnosis of dementia could not be made by the consulting Psychiatrist until May 2014. Screenings took place on 16/12/2008, 07/04/2010, October 2012-February 2013, September 2013-October 2013 (assessment periods) and March 2014 and May 2014 – assessments at two time points. As assessments became more complex, necessitating collection of more information, the length of time needed for assessments became longer. Transition has now commenced to a new day service initially as recommended by the psychology report.

Working group established of multidisciplinary and frontline staff to develop a strategy plan to develop appropriate services and supports for our ageing population. Detailed planning in progress to assess housing and staffing supports required for elderly population. Working Group to report back to Service Directorate.

- 1.) Diagnosis of 'probable dementia'.
- 2.) New day service
- 3.) Working group to report back

Proposed Timescale: 1.) Completed 28/05/2014
2.) Completed 02/09/2014
3.) 20/11/2014

Theme: Effective Services

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

There was no documented evidence to show that a circle of friends meeting was held regarding the transition of a resident into another house. The transfer of the resident into this house was not deemed suitable to meet their long term needs, and no contingency plan was in place for this resident's future services.

The affect this transition may have on the resident who moved, or the other residents living in the designated centre quality of life, was not available to inspectors.

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:

- 1.) Working group established of multidisciplinary and frontline staff to develop a strategy plan to develop appropriate services and supports for our ageing population. Detailed planning in progress to assess housing and staffing supports required for elderly population. Working Group to report back to Service Directorate.
- 2.) Circle of support, which includes frontline staff, multi-disciplinary staff and family members are working with tenants to address current living arrangements while planning robustly for any future changes that may be required.
- 3.) An application for additional resources will be sent to the H.S.E. for any additional supports required.

Proposed Timescale: 1.) 20/11/2014 2.) 19/09/2014 3.) 30/09/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One house did not have the required bedrooms to meet the needs of the residents. One resident was using the sitting room of one of the houses as her bedroom as no bedroom was available.

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:

- 1) Circles of support, which include frontline staff, multidisciplinary staff and family members, are working with tenants to address current living arrangements while robustly planning for any future changes that may be required.
- 2) An application for additional resources will be sent to the HSE to provide the supports required.

Proposed Timescale: 1) 19/09/2014
2) 30/09/2014

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:

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 to include guidance on water boil notices and fire safety policy.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

- 1) The Risk Management Policy has been reviewed and sign-posts to various other specific policies where appropriate.
- 2) The Health & Safety Statement has been amended to include guidance on water boil notices and fire safety.
- 3) Individual Risk Assessments will be carried out with people to ensure proportional controls are in place to support maximum independence and improved quality of life for people.

Proposed Timescale: 1) Completed 06/06/2014 2) 31/07/2014 3.)26/09.2014

Theme: Effective Services

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

Risk assessments did not provide appropriate measures and actions to control risks for the residents such as cooking independently or staying alone at home.

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:

- 1.) The Risk Management Policy has been reviewed and sign-posts to various other specific policies where appropriate.
- 2.) Individual Risk Assessments will be carried out with people to ensure proportional controls are in place to support maximum independence and improved quality of life for people.

Proposed Timescale: 1) Completed 06/06/2014. 2) 26/09/2014

Theme: Effective Services

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

There was a water boil notice in operation in Co. Roscommon at the time of inspection and there were notices in place in the designated centre. This risk was not documented in the Risk Management Policy or Safety Statement, to guide staff as the appropriate procedures to follow.

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:

The Risk Management Policy has been amended signposting to the Health & Safety Statement where procedures for dealing with boil water notices are outlined.

Proposed Timescale: 31/07/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

End of life care planning was not recorded in a resident's personal file whose health had recently deteriorated and required more medical and nursing care.

Action Required:

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

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

- 1.) Working group established of multidisciplinary and frontline staff to develop a strategy plan to develop appropriate services and supports for our ageing population. Detailed planning in progress to assess housing and staffing supports required for elderly population. Working Group to report back to Service Directorate.
- 2.) Circle of support, which includes frontline staff, multi-disciplinary staff and family members are working with tenants to address current living arrangements while planning robustly for any future changes that may be required.
- 3.) An application for additional resources will be sent to the H.S.E. for any additional supports required.

Proposed Timescale: 1.) 20/11/2014
2.) 19/09/2014
3.) 30/09/2014

Theme: Health and Development

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

Ensure that all medical diagnosis and treatment prescribed are recorded in the resident's medical file, ideally by their General Practitioner.

Action Required:

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

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

Appropriate health care is provided for each person supported. All medical notes are recorded by staff and filed in Individual Planning Folders under 'Best Possible Health' section.

Proposed Timescale: Completed

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 designated centre was not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Action Required:

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

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

- 1) Assessment to be completed by multidisciplinary staff to assess independence of individuals correctly.
- 2) Following assessments highlight any resource need that is required to address these needs to the HSE, including the needs highlighted by the recent diagnosis of dementia and the age related supports needed.
- 3) Review and amend Statement of Purpose, as required

Proposed Timescale: 1) 03/11/2014 2) 10/11/2014 3) 10/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were no appropriate governance and managements systems in place to support the person in charge to have time off from their on call duties, or in the event that the person in charge could not be contacted while on call.

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:

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.

- 1) Planned and actual staff rotas showing staff on duty at any given time during the day and night are currently in place - Completed.
- 2) Management team in consultation with the Director of Services will set up an on-call rota to address the issue of on-call out of hours.

Proposed Timescale: 19/09/2014