Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Cara Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	11 October 2023
Centre ID:	OSV-0003441
Fieldwork ID:	MON-0032170

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Cara Cheshire Home provides support to adults with primarily physical disabilities and or neurological impairments 24 hours per day seven days per week. Staff support people with a variety of disabilities including the following: cerebral palsy, multiple sclerosis, hydrocephalus and acquired brain injuries. Some residents have secondary disabilities which could include an intellectual disability, mental health difficulties or medical complications such as diabetes. The centre is set on extensive grounds set in park lands, which is located near Dublin city centre and other amenities. Currently there are 11 people living in Cara Cheshire House, each with their own individual bedroom. The accommodation at Cara Cheshire House is suitable for a maximum of 14 residents. The service has a large dining room, a laundry, kitchen, an activities room, office spaces, a large sitting room, a sun room, landscaped grounds, a patio area, a quiet room and a family room. The service has a range of staff supporting the individuals living here which include a service manager, nursing staff, service coordinator, activities coordinator, senior care staff, care support workers, domestic and kitchen staff, administrators, a maintenance/driver person, a community employment supervisor, and a team of community employment staff who assist in maintenance, driving and activities. There is also a multi-disciplinary team based in the service on a part-time basis who support the individuals and the staff team to assist them.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 11 October 2023	10:00hrs to 18:50hrs	Jennifer Deasy	Lead
Wednesday 11 October 2023	10:00hrs to 18:50hrs	Kieran McCullagh	Support

What residents told us and what inspectors observed

This inspection was an announced inspection carried out to inform the provider's application to renew the centre's certificate of registration. The designated centre is located in a congregated setting in a parkland close to Dublin City Centre.

At the time of inspection, the centre was registered for 14 residents with 11 residents living there. The provider had set out in their application to renew that they intended to register 11 beds in the centre for the next regulatory cycle.

Inspectors had the opportunity to meet most of the residents, many of whom spoke to the inspectors in detail about their experiences of living in Cara Cheshire. Inspectors also had the chance to speak to some family members of residents as well as key staff throughout the course of the day. Inspectors used these conversations, along with a walk around of the premises, a review of documentation and observations of care and support to inform their judgments on the quality and safety of care. Feedback from residents was overall positive and they told inspectors that they felt safe in their home and that they were well-supported by a competent staff team.

On arrival to the centre, the inspectors met the person in charge and had an opening meeting with them. The inspectors were told that the centre had adequate staffing and that the residents were in receipt of additional support from a multi-disciplinary team for specific assessed needs. The person in charge spoke about some of the presenting challenges in relation to the service delivery. One challenge discussed was facilitating residents with access to their local community given the relatively isolated location of the centre. The person in charge said that the centre had however, been provided with five new buses to support residents' community access.

A walk around of the premises was completed with the person in charge where inspectors had the opportunity to meet many of the residents present on the day. Inspectors were told that some residents in this centre attended day services, others chose to attend outreach clubs a few days a week, while other residents had retired from day services or work and preferred to spend much of their time in their home. Residents had been informed of the inspectors' planned visit and many greeted and engaged in conversation with them. A number of residents chose to speak with inspectors more in depth later during the course of the inspection.

During the walk around of the centre, inspectors observed the refurbishment works to the centre which the provider had committed to completing and were required by a restrictive condition which was attached to the centre's certificate of registration.

The provider had reconfigured the centre to separate a number of administration offices from the residential area of the centre in an effort to increase the homeliness

of residents' living environment.

Some of the reconfiguration included locating staff offices at the end of one corridor behind double fire doors. Other administration offices were located to the front of the building, away from the day rooms and activity rooms used by residents. Staff changing rooms and toilets were also now located behind the kitchen and had their own external entrance and exit.

This reconfiguration plan minimised the footfall of staff who were not involved in providing direct care and support of residents, in the centre. However, it was noted that the high number of staff offices would not be a typical feature of many people's homes and despite the provider's efforts there remained a somewhat administrative rather than homely aesthetic to the designated centre.

Inspectors observed closed circuit television (CCTV) cameras in a number of corridors around the centre. Inspectors were told that this system also covered the grounds and gardens of the centre also. Inspectors were told the CCTV was installed for security purposes and had been installed a number of years previous.

While most of the cameras were directed towards exit doors, they also captured residents and staff walking past those doors while inside their home. The location and use of these cameras required review to ensure that residents' right to privacy at all times in their home was upheld.

The centre was equipped with aids and appliances required by residents in line with their assessed needs. Ceiling tracking hoists were available in bedrooms and bathrooms. A ramp had recently been installed to enhance access to the garden from the conservatory. The provider had plans to further enhance the accessibility by installing automated doors in the building.

Residents were provided with two sitting rooms, a conservatory, activity room, accessible kitchen, dining room and their own bedrooms. Most of the residents shared communal bathrooms located on the corridors. Some of the residents showed the inspectors their bedrooms during the course of the inspection which were observed to be decorated in line with residents' individual tastes and preferences.

The provider had ensured residents were provided with accessibility arrangements to promote their independence and well-being. For example, one resident had an en-suite bathroom which they had requested some years ago when modifications were being made to their bedroom. They reported that they were happy with their bathroom and that it upheld their privacy and dignity.

Another resident had a height adjustable table and a joystick to enable them to access their computer. Another resident had a smart TV which was accessed by a mouse. This supported their autonomy in accessing the TV. Some residents also had their washing machines in their bedrooms as they preferred to manage their own laundry.

There were a number of unoccupied bedrooms located along corridors and located

next door to current residents' bedrooms. Many of these were used for storage of personal protective equipment or mobility aids. The provider had not yet fully determined what the plan was for these unused bedrooms going forward. The person in charge discussed some possible uses for the unused bedrooms which included the potential for converting them into en-suite bathrooms or additional living spaces for residents. However, there were no provider-led definitive plans for these premises enhancements at the time of inspection.

Inspectors observed that there was an upstairs area to the centre that was unoccupied and not used. There were adequate fire detection equipment upstairs, however one door required repair to ensure suitable containment arrangements were in place. Additionally, there were a number of unused water faucets which were not flushed regularly to ensure effective infection prevention and control arrangements for water quality in the centre.

Residents in this centre received most of their meals from a catered kitchen. Inspectors saw that a choice of food was available to residents in line with their assessed needs and preferences. Inspectors observed residents accessing the dining room throughout the day. Food was well-presented and appetising. There were sufficient staff available to support residents with their meals and inspectors saw that residents' meals were modified in line with their assessed needs. Inspectors also observed that staff and resident interactions were friendly and familiar.

A number of residents spoke to the inspectors in detail of their experiences of living in the designated centre. Many residents had lived there for a considerable length of time with one resident telling inspectors that they had lived there for a number of decades. Residents described seeing many changes to the service model in Cara Cheshire over the years. Residents reported that they were treated with dignity and respect, that they were listened to and that their rights were respected. Residents were informed of how to make a complaint and were satisfied with how their complaints were managed.

Most of the residents had completed questionnaires in advance of the inspection. The questionnaires demonstrated that residents were generally happy with the facilities in the centre, the food and how their rights were upheld. Residents described enjoying in-house activities as well as accessing the community for various hobbies and social outings.

One resident questionnaire detailed that the cost of going on holidays could be a barrier to them. In discussion with the person in charge, it was established that residents were required to pay staff costs for holidays in line with the provider's associated policy.

The inspectors reviewed the financial records for two recent holidays taken by some of the residents and raised concerns with the person in charge about the high cost of a short break in Ireland for the residents. Concerns were also raised as it was not clear that residents were sufficiently informed of the cost of the holiday and how their informed consent was received and documented in order to approve the payment of these costs. A provider assurance report was sought subsequent to the

inspection in relation to these matters. This will be discussed further in the next two sections of the report.

Overall the inspectors saw that the provider had made changes to the layout of the premises in order to minimise the impact of non-frontline support staff footfall in the centre and to enhance the homeliness and accessibility of the facilities. However, there remained areas for improvement which included the installation of automated doors and planning to further develop unused areas of the building.

The use of CCTV throughout the centre was impacting on residents' rights and contributed to an institutional aesthetic along with the somewhat isolated and congregated setting of the centre. The inspectors were told that the provider had made a decision to not progress with de-congregation of the centre which was at odds with the national de-congregation policy 'Time to move on from congregated settings'.

However, residents reported that they were happy with the home of which a number had lived there for many years. Residents also spoke positively about the staff support they received and the positive changes and improvements in the centre over the years.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, inspectors found that the arrangements were generally good at ensuring residents were in receipt of a safe service and that feedback from residents, in relation to the quality of care provided, was responded to by the person in charge, staff and the provider, in a timely manner. However, improvements were required in order to mitigate and reduce the number of adverse incidents occurring in the centre and to ensure that the required notifications were submitted to the Chief Inspector of Social Services in line with the regulations.

While incidents, including complaints, were recorded and responded to in line with the provider's policies and procedures, there was a a lack of a defined action plan to drive service improvement, to reduce the high number of incidents and to proactively respond to complaints recorded in the centre. Additionally, a review of the residents' contracts of care was required to ensure transparency in the fees, charges and any additional costs incurred by residents.

The provider had appointed a person in charge who had a management remit for this designated centre only. They were supported in their role by an activities co-ordinator, care co-ordinator, clinical nurse manager and administration staff.

The provider had suitably and effectively ensured that the centre was well resourced to meet the assessed needs of residents. Residents were supported by care staff and also had access to multidisciplinary professionals in line with their assessed needs. Staff were in receipt of regular support and supervision and were aware of the reporting structure and of how to report any issues or risks occurring or identified by them.

A statement of purpose and insurance certificate were submitted along with all required information and the prescribed fee in order to process the provider's application to renew the centre's certificate of registration.

The registered provider had ensured policies and procedures, as set out in Schedule 5 of the regulations, had been implemented and ensured that all policies and procedures had been reviewed at intervals not exceeding three years. The provider had also put in place a comprehensive complaints policy and procedure. Inspectors noted residents were well informed on how to use the complaints procedure and stated that they were satisfied with how complaints were responded to and managed in the centre.

Residents were provided with a contract of care on admission to the centre. This was reviewed annually. However, inspectors observed that amendments were required to this contract of care in order to provide transparency on the fees charged and the services provided in respect of those fees. For example, residents accrued additional costs when they went on holidays in line with the provider's associated policy. This was not detailed in the contract of care and the contract of care did not direct residents to consult with this policy demonstrating a lack of transparency and clarity for residents and their representatives in relation to the totality of costs that may be payable for residents.

A provider assurance report was issued subsequent to the inspection seeking further information, which was not available on the day of inspection, and assurances from the provider with regards to some of the charges to residents for short breaks and holidays. Inspectors had noted that some of the costs for residents were considerably high and, through the provider assurance report, requested the provider to provide information and assurances to the Chief Inspector on these matters.

The provider had suitable oversight arrangements to monitor the quality of service provided to residents in this centre. The arrangements included, six monthly unannounced visits and an annual review of the quality and safety of care.

Some improvement was required to ensure these audits and oversight arrangements comprehensively identified all risks presenting in the centre to promote and ensure service improvement. For example, while provider-led audits identified a high number of adverse incidents and complaints in the annual review of care in 2022, the action plan for the annual report did not set out what strategies or plans the

provider intended to implement in order to reduce the number of incidents and respond to themes emerging from complaints to promote quality of service improvement.

Overall, while the inspectors were assured that residents were in receipt of good quality care from a competent staff team, enhancements were required at provider level in order to ensure transparency of costs payable by residents and to drive ongoing service improvement in line with national policies and standards.

Registration Regulation 5: Application for registration or renewal of registration

The provider had made a full and complete application to renew the certificate of registration of the designated centre. The required information as set out in Schedule 2 and Schedule 3 of the regulations was submitted in a timely manner. The required fee was also paid and accompanied the application to renew.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge with the relevant experience to manage this centre. On a review of documentation submitted in advance of the inspection, inspectors found that the person in charge had the appropriate qualifications, skills, sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

They were full-time and present in the centre five days a week to support residents and staff. They had systems in place to ensure the effective governance, operational management and administration of this centre.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there were sufficient numbers of staff present with the necessary experience to meet the needs of the residents who lived in this centre. Inspectors met with members of the staff team over the course of the day and found that they were familiar with the residents, their care and support needs and their likes, dislikes and preferences.

A review of planned and actual rosters indicated that there was an appropriate

number of staff who had the required knowledge and skills to support residents in line with their assessed needs. Inspectors found and observed that the residents enjoyed good continuity of care. Planned and actual rosters were well maintained by the person in charge and made available for inspectors to review.

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available for inspectors to view. Inspectors reviewed a sample of staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a certificate of insurance for the building and for contents.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the centre. There was a clearly defined reporting structure. An activities co-ordinater, care co-ordinator and clinical nurse manager provided oversight of the quality and safety of care. They reported to the person in charge who in turn reported to a regional co-ordinator. The centre's management team were also supported in their roles by administration staff.

Staff spoken with were aware of the reporting structure and of how to escalate concerns. The inspectors saw that staff were performance managed and were in receipt of regular supervision and support. The centre was sufficiently resourced to meet the needs of the residents. Inspectors saw that there were staff available to support residents in line with their assessed needs and preferences.

There were a series of audits in place to support the provider in having oversight of the designated centre. These audits included six monthly unannounced visits and an annual review of the quality and safety of care. However, improvements were required to ensure that these audits comprehensively identified all risks and that action plans set out clear strategies to respond to identified risks. For example, the six monthly unannounced visit did not identify that the use of CCTV was impacting on residents' rights or that a number of required notifications had not been submitted to the Chief Inspector.

The annual review, while very comprehensive, did not set out a specific or measurable action plan to respond proactively to risks identified. For example, the

annual review set out that there were a high number of adverse incidents in 2022, many of which related to medication omissions or errors. There were also a high number of complaints detailed in 2022. While the action plan broadly referred to ensuring that policies in relation to complaints and adverse incidents were followed by staff, there were no specific actions detailed to reduce the number of adverse incidents and to proactively respond to themes emerging from residents' complaints.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The residents in this centre had a contract of care in place. The contract of care set out the monthly fee that residents were required to pay. However, there was an absence of information to detail specifically what services that this fee covered and what additional costs were to be incurred by the residents.

The contract of care detailed that residents were entitled to 24/7 staff support if required in line with their assessed needs. It did not provide information to residents on additional staffing costs to be incurred when residents were on holidays. Parents spoken with said that they were not informed of the holiday costs when signing the contract of care.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had effected a statement of purpose which had been recently reviewed and updated. The statement of purpose was found to contain the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

There were several notifications that were not submitted to the Chief Inspector in line with the requirements of the Regulations. These included:

- failure to submit notifications regarding any allegation of misconduct by the registered provider or by staff
- failure to include all restrictive practices including the use of an audio monitor in the quarterly restrictive practices notification

- failure to submit a quarterly notification detailing any injury to resident not already notified. For example, inspectors saw that minor injuries such as bruises, skin breakdown and scratches were recorded in the centre but were not notified in line with the requirements of the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had effected a complaints policy and an accessible complaints procedure. The complaints procedure was displayed in a prominent location in the designated centre.

Residents were well-informed regarding the complaints procedure. There were a relatively high number of complaints in 2022 with 85 complaints in total being made. Inspectors saw that these complaints were responded to in line with the provider's policy and that the majority were resolved to the satisfaction of residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented. Inspectors reviewed a sample of the policies during the course of this inspection. The provider ensured that all policies and procedures had been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived in the designated centre. The inspectors found the services in Cara Cheshire were meeting residents' assessed needs and that care was being provided in a well-maintained, clean and generally safe environment. However, there were some practices in place which were not wholly upholding residents' rights. These practices related to the management of residents' finances, the use of

CCTV and a number of restrictive practices which had not been identified as such.

Residents' assessed needs were detailed in their individual plans and from a sample of plans viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. For example, one resident enjoyed trips to the cinema and Botanic Gardens and other residents had the opportunity to holiday in Ireland. However, as noted in the earlier section, the inspectors saw that the provider's policy on holidays and short breaks was posing a barrier to some residents in availing of holidays due to the substantial cost incurred. Some family members expressed concern that their loved ones would not be able to avail of holidays if the family were unable to facilitate the holiday themselves.

Inspectors reviewed the financial arrangements that had been implemented for three residents' recent holidays. Inspectors were not assured that residents had been appropriately consulted with regarding the cost of the holidays or that their consent had been received to fund these trips. Additionally, there was a lack of transparency regarding the need for residents to fully fund the staff costs. This required a review by the provider.

There were suitable systems in place for fire safety management. These included fire safety equipment and the completion of regular fire drills. However, some improvements were required to ensure effective containment of fire and smoke.

There were a number of restrictive practices implemented in the centre, which had not been logged as such by the provider or notified to the Chief Inspector. For example, the use of CCTV throughout the centre was impacting on residents' rights to move freely around their living space without being recorded. Inspectors were also told that nightly checks were completed on residents. The rationale for these nightly checks was not clear and residents' consent had not been documented in this regard.

Overall, inspectors found that residents were in receipt of appropriate health care which was delivered in a clean and well-maintained premises. Improvements were required to ensure that residents' rights were upheld and to ensure appropriate, clear and transparent use of residents' finances particularly in respect of holidays.

Regulation 12: Personal possessions

The provider had a policy in place regarding short breaks and holidays. This policy set out that residents were responsible for the majority of staff costs in addition to their own while on holidays if they required staff support during this time. These costs included staff wages including PRSI and pension contributions, staff travel insurance, transport costs, staff meals and accommodation.

This resulted in a financial burden being placed on the residents in order to enjoy a short break in Ireland. For example, inspectors were shown the financial records from one resident's recent holiday in Donegal. This holiday was for 5 days and cost

the resident €3,115.50 in staff costs alone. When the cost of accommodation, diesel and food including staff meals was added to this, the cost of the holiday was just over €4,000.

Parents of residents informed the inspectors that the provider's policy was a barrier to the residents accessing holidays. The inspector saw that the cost of holidays were discussed at staff meetings and staff were encouraged to keep costs down. This resulted in shorter breaks being suggested or encouraging residents to holiday with other residents in order to split the cost. This was not supporting residents to achieve the typical goal of having a holiday during the course of the year and a break away from their peers and the centre.

The inspectors were not assured that residents had been appropriately consulted with regarding these costs, that the information regarding costs had been presented to them in an accessible manner or that their consent had been received and formally documented in this regard.

The inspectors saw that residents' accounts were invoiced to cover the full costs of holidays including staff costs and that the consent of the resident to this was not documented.

Additionally, the inspectors requested assurances that residents' accounts were not being used to cover the typical staff costs relating to the carrying on of the centre for those holiday periods. The provider was required to complete a comprehensive review of these matters.

A provider assurance report was sought in relation to these matters subsequent to the inspection.

Judgment: Not compliant

Regulation 17: Premises

The premises of the centre was clean and well-maintained. The provider had completed premises works as required by a restrictive condition attached to their certificate of registration. The footfall of non direct support staff in the centre had been reduced by moving most staff offices and changing rooms to the end of corridors and providing external entrances to these.

Residents had access to their own bedrooms, communal living rooms and accessible bathrooms and kitchens. Residents spoken with told the inspectors that they were very happy with their home, including their bedrooms which were nicely decorated. Residents were supported to personalise their personal spaces and these rooms reflected the interests and preferences of each resident. A ramp had recently been installed to enhance access to the garden from the conservatory, which residents could enjoy, if they so wished.

There were a number of empty rooms in the designated centre. The inspectors were informed that plans were not yet in place to determine the purpose of some of these rooms or how they may further enhance the facilities for residents. Aids and appliances were in place to enhance accessibility. The inspectors were informed that the provider had further plans to install automated doors to further enhance accessibility throughout the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the registered provider had implemented good fire safety systems, however some improvements were required. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required.

The fire panel was addressable and easily accessed in the main entrance hallway. Inspectors observed that a sample of the fire doors, including bedroom doors closed properly when the fire alarm was activated.

However, it was also observed on the walk-around that a number of fire doors were missing self-closing mechanisms and one fire door was missing an intumescent strip. The person in charge was also unsure if some doors with glass panels were rated to provide effective containment of fire and smoke and in the upstairs one door required repair to ensure it could adequately contain fire. This required review by the provider.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan which outlined the supports they may require in evacuating.

Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. Staff were aware of evacuation routes and the individual supports required by residents to assist with their timely evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed the assessments of need for a sample of residents and observed that these were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs.

The provider was also in the process of uploading each resident's personal plan into an electronic format from the existing hard copy format. Residents' personal plans, reviewed by inspectors, were regularly updated, when their needs changed, which ensured consistency in the delivery of this support.

Personal plans outlined the supports required to maximise residents' personal development in accordance with their wishes and were developed through a person-centred approach with the maximum participation of each resident. There were personal plans in place for nutritional care, communication and personal and intimate care. These were evaluated for their effectiveness and all changes in needs or circumstance were accounted for and the plan amended accordingly.

Staff were knowledgeable on all aspects of supports required by residents. Furthermore, residents' personal plans were subject to an annual review into their effectiveness with review meetings being attended by the resident, their representatives and associated multi-disciplinary professionals.

Residents were supported to set goals that had meaning for them, for example one resident had set a number of goals including; joining a book club, cinema trip and trip to the Botanic Gardens.

Judgment: Compliant

Regulation 9: Residents' rights

While residents told the inspectors that their rights were upheld and that they were treated with dignity and respect, the inspectors saw several practices which were impacting on residents' rights to privacy. These included:

- Hourly checks of residents during the night were completed by staff. There was a lack of documented clear rationale for these checks and a lack of documented consent from residents for these. Inspectors were informed that some residents had communicated verbally that they did not wish for nightly checks and that their wish was respected. However, a review of the practice of nightly checks was required to establish a clear rationale for these and to formally document all residents' consent to them.

- CCTV cameras were in place in a number of corridors and in the grounds of the centre. There was no clear rationale for this CCTV. Residents had not been informed regarding the CCTV system and their consent had not been obtained. While most of the cameras were directed towards exit doors, they also captured residents and staff walking past those doors while inside their home. This had not been identified, assessed and reviewed as a restrictive practice.

- An audio monitor was situated in one resident's bedroom as a risk mitigation strategy to promote the resident's safety. However, this practice had not

been identified as having the potential to impact on the resident's privacy and as such was not recorded as a restrictive practice or requiring a rights focused review.

- The associated costs payable by residents to go on short breaks and holidays, as set out in the provider's relevant policy, were a potential barrier for some residents to be able to go on holidays due to the high costs associated with such activities.

- The provider was required to ensure greater information, communication and transparency of costs, payable by residents, was in place. This was to ensure where residents' and their representatives consented to paying these costs, their consent was well informed.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cara Cheshire Home OSV-0003441

Inspection ID: MON-0032170

Date of inspection: 11/10/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• The Annual Service Review is monitored via the Regional Service Supports Meetings. The Service have a practice of transferring identified actions from the Annual Service Review on to the Service Action Tracker for ongoing monitoring. Progression and action statuses are reflected in this document. In October 2023 the Provider conducted a review of the suite of Annual Service Review documentation. The aim of the review was to enhance the use and application of the Annual Service Review as a Quality Improvement Tool within services. Additionally, the organisation has developed a guidance support tool specifically for the development of SMART goals. The new ASR Template and supporting guidance tools will be used to develop the 2023 Annual Service Review. This guidance will be shared with all services by 30/11/2023.

• The unannounced Provider Audit for 2024 has been reviewed with the following relevant changes applied. To address any future oversight Regulation 31 has been reviewed within the audit and now includes specific guidance for auditors to consider the full range of Notifications which should be considered. This is further enhanced within the audit by the provision of an easy reference tab within the audit outlining all required notifications. This action is completed. The feedback from the inspection and changes to the Unannounced Provider Audit will be communicated with all auditors. This will be further reviewed by the Quality Team Function Team Meeting in November 2023. Unannounced Provider Audits will continue to be monitored at the quarterly service Regional Service Supports Meetings.

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

• The Provider will review the Service Agreement template by 31/12/2023 to provide greater clarity for residents and their representatives in relation to costs they may incur for services/activities they choose to engage in.

• The Person in Charge will outline in an appendix to the current Service Agreements signed by individuals, circumstances/instances in which the person may incur additional costs for services or activities the person chooses to engage in. These appendices and potential costs will be discussed with each person/their representative by 31/12/2023.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

• A retrospective NFO7 and NF39D have been submitted.

• The omission of an audio monitor from the log of restrictive practices in the service has been remedied and it will be included in the services restrictive practices reviews and required quarterly notifications. 31/12/23

• The Person in Charge will ensure that future three day and quarterly notifications are submitted and inclusive of those matters as outlined by Regulations.

• To address any future oversight Regulation 31 has been reviewed within the unannounced Provider audit and now includes specific guidance for auditors to consider the full range of Notifications which should be considered. This is further enhanced within the audit by the provision of an easy reference tab within the audit outlining all required notifications. This action is completed.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

• The current Cheshire Ireland Holiday, Short Breaks & Day Trips Policy does highlight that unfortunately Cheshire Ireland are not funded for supporting individuals on breaks and therefore any cost above the service provision costs would need to be paid by the individual going on holiday. The Regional Manager has ascertained that consultation with individuals took place and appendices to the policy were utilized in the service in relation to planning, costing, and invoicing of breaks of the last number of years.

• The Person in Charge is conducting a review of residents' holidays over the past number of years and the costs incurred by them to ensure all charges were appropriate, transparent, or could have potentially been lessened by any adjustments on the service roster by the individual being away from the service. If there are any instances wherein the latter is the case the individual using the service will be notified and reimbursements will be completed. 30/11/2023 • The Provider will review its Holiday Policy to ensure that the process of charging residents for taking staff with them when on holiday is appropriate and fair. The review will also consider whether the potential charges are clearly stated in the policy and whether further actions to ensure awareness amongst service-users should be taken. 31/1/2024 • The Provider has made interim changes to sections of the Holiday, Short breaks and Daytrips Policy to give clarity around planning, costings and approvals.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • An external contractor has been commissioned to inspect fire doors to the compliance standards for fire doors assemblies, ratings etc. Initial inspection will take place by 15/12/2023 and scope/plan of works for minor maintenance repairs and replacement will be enacted.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • Review and discussion with each resident took place 1/11/23 in relation to their preferences around being checked on at night – support plans updated to reflect same. For those residents who use side rails further discussion has taken place in relation to risk assessments and existent controls in place for same, thereby informing on night time checks required. Completed • The Person in Charge has requested of the CCTV company a review of camera positioning to ensure they are angled or moved to external areas so as not to impinge on residents' rights to privacy within their home. 31/12/2023 • Consultation will take place with residents individually and/or in residents' meeting to discuss the Cheshire Ireland CCTV policy and location/purpose of cameras. 31/12/2023 • Consultation with the individual utilizing an audio monitor has taken place with agreement noted on the timings of its use. Its omission from the log of restrictive practices in the service has been remedied and it will be included in the services restrictive practices reviews and required quarterly notifications. 31/12/23	

• The Provider will review its Holiday Policy to ensure that the process of charging residents for taking staff with them when on holiday is appropriate and fair. The review will consider the costing options available with an aim to reducing the costs to the individual where feasible. The review will also consider whether the potential charges are clearly stated in the policy and whether further actions to ensure awareness amongst service-users should be taken. 31/1/2024
• The Provider has made interim changes to sections of the Holiday, Short breaks and Daytrips Policy to give clarity around planning, costings and approvals.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(4)(a)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the consent of the person has been obtained.	Not Compliant	Orange	31/01/2024
Regulation 12(4)(c)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is not used by the registered provider in connection with the carrying on or management of the designated centre.	Not Compliant	Orange	31/01/2024
Regulation	The registered	Substantially	Yellow	30/11/2023

23(2)(a)	provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Compliant		
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	31/12/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/12/2023
Regulation 31(1)(g)	The person in charge shall give the chief inspector	Not Compliant	Orange	31/12/2023

	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/12/2023
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under	Not Compliant	Orange	31/12/2023

	paragraph (1)(d).			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	31/01/2024
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	31/01/2024