Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cara Cheshire Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003441</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 20</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>The Cheshire Foundation in Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Violet Lennon</td>
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<tr>
<td>Lead inspector:</td>
<td>Conor Brady</td>
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<tr>
<td>Support inspector(s):</td>
<td>Emma Cooke</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>13</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 12 September 2017 07:15  
To: 12 September 2017 12:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

Background to the inspection:
This was the eight inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013. The previous inspections of this centre highlighted major non compliance in a number of core outcomes inspected. Following previous inspection of this centre HIQA issued a notice of proposal to refuse and cancel the registration of this designated centre based on the levels of non compliance found in this centre.

This was an unannounced inspection carried out to specifically inspect the centre against a representation submitted to HIQA by the provider and monthly reports that were submitted to HIQA due to the levels of non compliance in this centre. The purpose of this inspection was to make a decision regarding the registration of the centre following the implementation of new management structures and action planning.

How we gathered our evidence:
As part of this inspection, the inspectors met, spoke with and observed 13 residents who resided in this centre. Some residents spoke to inspectors and some residents
communicated on their own terms. Fourteen residents resided in the centre at the time of inspection but one resident was in hospital.

The inspectors spoke with the person in charge, service coordinator clinical nurse manager, senior care workers and care workers. Inspectors arrived early on this inspection and met members of the night staff and observed the morning handover.

The inspectors reviewed documentation such as risk assessments, safeguarding referrals, safeguarding follow up, incidents and accidents, support plans, personal plans, care plans, resident healthcare plans, resident medication records and supporting documentation, finances, management auditing, meeting minutes and organisational policies and procedures.

Description of the service:
The provider had a statement of purpose in place that outlined the service that they provided.

According to the centres statement of purpose, support was provided 24 hours per day 7 days per week. Residents' had various support requirements including: Cerebral Palsy; Multiple Sclerosis; Hydrocephalus; Acquired Brain Injury; Cerebrovascular Accident (CVA) and intellectual disability.

This designated centre was located in a single story building located in a large park in an urban city location. The centre provided care and support to both male and female residents.

Overall judgment of our findings:
Overall, the inspectors found that this centre made substantive and significant improvements since the last inspection. Actions taken since the previous inspection indicated various changes and improvements in the operation and provision of services within this designated centre. Inspectors found that actions taken by the provider had made a positive improvement on the quality life of and lived experience of residents.

The key areas of risk management, safeguarding and safety, healthcare provision and monitoring of same had improved substantially. The activation and social care provision had notably increased with higher levels of care and support very evident on this inspection. Inspectors found that the new governance of this centre had driven a higher standard of care and moved this centre into compliance with the Regulations.

Some further improvements were required in areas of resident's financial independence, general welfare and development plans, monitoring of some care practices, staff files and required staff documentation.

All findings are discussed in further detail within the inspection report and accompanying action plan.
### Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

### Outcome 01: Residents Rights, Dignity and Consultation

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre.* Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Individualised Supports and Care

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

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

**Findings:**
Overall the inspectors found substantive improvements regarding resident's rights, dignity and consultation needs in this centre since the previous inspection. Some further improvement was required in terms of the provider implementing previous action plans around supporting resident's financial independence.

Inspectors found higher levels of consultation with residents through individual meetings and resident meeting forums. Inspectors spoke to residents about these changes and reviewed meeting minutes. There were improvements found in the area and culture of complaints and the recording, follow up and management of same.

Staffing arrangements and practices observed were respectful of resident's privacy and dignity. Residents were observed being treated with dignity and respect and residents spoken with informed the inspectors that they were happy with how they were supported and cared for.

**Judgment:**
Substantially Compliant

### Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.
**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found that residents now had improved opportunities to maintain personal relationships and links with the wider community.

On the day of inspection, four residents were attending their club, one resident was attending a computer course, one resident was attending their day centre, one resident was receiving music classes and another two residents were going shopping. The remaining residents were engaging in activities that were planned within the centre on the day.

On review of residents’ personal plans and from speaking with key workers, residents and the activities coordinator, it was clear that residents were more actively involved in activities in the community. For example, residents were baking on the evening of the inspection as they were hosting a coffee morning that week in aid of charity and this was organised by a resident and supported by the activities co-ordinator.

Over the summer residents had attended local summer festivals and some residents went on holidays with their families.

**Judgment:**
Compliant

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**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

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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found that the provider had followed up on the actions outlined to address the findings of the previous inspection which had resulted in positive outcomes for residents. Residents social care needs were now being prioritised and this was resulting in an enhanced quality of life for residents.

A review of social care planning had taken place resulting in the implementation of a new system aimed at setting meaningful goals based on a more comprehensive assessment of the resident. Staff had also received training to ensure the new system was effectively implemented. Furthermore, an additional 30 hours care worker post per week had been allocated to residents' social activities. The new social care planning system also provided an oversight on the amount of social activity each resident was engaged with on a monthly basis and identified times of the week were further activities could be explored and offered.

Inspectors reviewed a sample of residents’ personal plans in relation to social care needs. A comprehensive assessment of the resident was completed as part of the social care planning resulting in identified supports that needed to be put in place to ensure residents could achieve their goals based on their specific needs and requirements. Social timeline meetings took place monthly with residents, their key workers and family members where possible. Goals were clearly set out in personal plans outlining dates to be achieved by, actions required, and final outcomes. The majority of goals reviewed in a sample of care plans had been achieved within their timeframes if not earlier.

Residents were benefiting from an improved internal social activities programme as well as availing of more social outings. A bigger variety of activities were now available seven days a week for residents which included yoga, zumba, baking, arts and crafts. Inspectors observed residents being offered choice around the activities and alternatives were being offered. For example, at the time of the inspection, a resident was being supported by the activities co-ordinator to make a slide show of recent activities on a computer while other residents were engaging in crafts or getting ready to go to the cinema. Other residents were out attending their clubs and courses.

Weekly social outings included trips to a local pub on a Friday night, visits to a local library, lunch outings to hotels as well as residents' personal social goals being facilitated on a daily basis. Confirmation of concert ticket and theatre bookings were attached to personal goal records for residents who were due to attend these over the coming months.

Residents spoken with expressed satisfaction with recent social outings such as a trip to the art museum, cinema and organised events. Residents also expressed satisfaction with the variety of activities available within the centre.

**Judgment:**
Compliant

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

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Risk management practices found in the centre were found to meet the requirements of the regulations. The health and safety of residents, visitors and staff was promoted and protected.

The new person in charge outlined and demonstrated oversight in key risk areas. Incidents and accidents were followed up and staff were aware of key risk areas in the centre. Risk assessments were completed and reviewed and control measures were in place. Follow up was evident whereby risk were prevalent regarding residents with epilepsy, at risk of falls and at risk of choking.

Security and safety arrangements identified on the previous inspection had been addressed. Inspectors found that risk was being appropriately managed in the centre.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Inspectors found that residents were appropriately protected and safeguarded by practices operating in the centre.

The unauthorised access to the centre identified on previous inspections had been addressed and appropriate safeguards were now in place. Inspectors found that residents were safe and a number of residents spoken to highlighted they felt safe.
Staff members had undergone training and were aware of the types of abuse and reporting and management arrangements pertaining to safeguarding. The person in charge had followed up on all areas that had been identified as safeguarding issues and addressed same to a satisfactory standard based on evidence reviewed on this inspection.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

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

Findings:
Overall, inspectors found that residents’ opportunities for new experiences, social participation, education and training had improved since the last inspection.

Effective systems were now in place to ensure residents were supported to maintain links with the community. Key workers assigned to residents were seeking out opportunities for residents based on their wishes. Personal plans reviewed identified that some key workers were actively contacting organisations to see if they offered day services for residents who expressed an interest and documented outcomes and actions required to achieve this for the resident. However, inspectors found an example where a resident had set a goal of finding out about access to internet classes a number of months ago. From speaking with staff and reviewing documentation, there were no actions taken to support this resident to achieve this goal within the timeline set out.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Overall, inspectors found that residents were now being supported to achieve best possible health through appropriate assessments and ongoing monitoring and evaluation of their individual healthcare needs.

Inspectors followed up on actions arising from the last inspection. Appropriate healthcare in relation to peg management was now consistently recorded, monitored and evaluated. Documentation reviewed contained all the necessary information required to ensure safe and effective care was being provided at all times. For example, records clearly documented dates of peg tube insertion, daily cares completed, frequency of tube change and next tube change dates. Care plans reviewed guided staff on what to do in all aspects of care including emergency management of peg blockage and dislodgement. Daily fluid record charts reviewed were completed and evaluated on a daily basis. While staff reported that family members were always informed of healthcare decisions made by the multiple disciplinary team, documentation reviewed on the day of inspection did not always reflect this.

Staff cared for residents with a range of healthcare needs such as diabetes, dysphagia, epilepsy, peg management and catheter care management. Staff spoken with were knowledgeable about residents’ individual health needs. Staff spoke about the daily cares associated with each of these healthcare needs and outlined how they assess, monitor, document and evaluate residents’ healthcare needs. Staff also discussed systems in place to ensure residents at risk of having seizures receive appropriate and timely treatment while outside the centre.

Cooking assessments had now been carried out with residents to determine their interest in and ability to be involved in the preparation of food. While no resident expressed an interest in preparing their own meals, residents were now regularly baking in the dining area.

Residents had access to allied health services such as dental, physiotherapy, occupational therapy and chiropody. Timely access to dietetic service was now being facilitated with the availability of a dietician in the centre for one and a half days a week. Daily records reviewed demonstrated that plans and directions from allied healthcare professionals had been implemented into practice.

Inspectors observed breakfast in the dining area during this inspection. Appropriate numbers of staff were available to assist residents and residents were supported to eat and drink in a sensitive and appropriate way. Residents were offered choice around meal times and what they wanted to eat and some residents spoken with stated they enjoyed the food.

Judgment:
Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

Findings:
Overall the new governance and management arrangements implemented in this centre addressed the previous failings identified and evidenced the implementation of the action plans submitted to HIQA.

There was a full time and appropriately qualified person in charge in place who demonstrated good oversight, monitoring and supervision of care delivery in this centre. The person in charge audited key areas of safeguarding, healthcare, risk management, finances, health and safety, complaints and staff supervision and training.

The governance and management structures and systems were more formalised and accountability focussed. Staff and residents were very aware of the governance arrangements and the person in charge demonstrated a strong presence and management style. Residents were observed approaching the person in charge over the course of inspection demonstrating his accessibility in the centre.

Inspectors reviewed meeting minutes, auditing, reviews, training records, supervision records and updated personal plans. Inspectors found that some minor improvements were required in oversight and review of some care and support areas such as restrictive practices and care plan follow up and implementation.

Judgment:
Substantially Compliant

Outcome 17: Workforce

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspectors found that the actions from the previous inspections had been implemented and improvements were noted in these areas. The provider had addressed a number of areas to improve staffing provision and the supervision of care which was found to have impacted positively on the lived experience of the residents. However further improvements were required regarding some required documents that were not found in staff files reviewed. In addition, a nursing vacancy was unfilled at the time of this inspection which was a specific concern for this centre given regulatory issues in the area of healthcare to date.

Inspectors found that some components of Schedule 2 of the Regulations were not contained within staff files reviewed. For example employment references and Garda vetting checks for ancillary staff coming into the centre. Some gaps in staff files that were identified on inspection were submitted to HIQA by the person in charge on the day following this inspection.

The inspectors found that workforce reconfiguration, staffing and a more accountability focused culture existed in this centre since the previous inspection. Residents were observed to have enjoyed improved activation levels and increased quality of life due the changes observed.

The area of nursing cover has been an on-going issue in this centre. A recently vacated nursing post required to be filled as a matter of priority. The provider highlighted recruitment for this post was in process and the importance of same was understood.

**Judgment:**
Non Compliant - Moderate

**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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003441</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>12 September 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12 October 2017</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Systems to assist and support residents to manage their personal finances were not implemented.

1. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
Commenced focussed information and confidence programme with all service users around financial independence. This programme will be supported by our Quality Partner and overseen by the PIC. 04/10/2017

**Proposed Timescale:** 22/12/2017

### Outcome 10. General Welfare and Development

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Appropriate arrangements had not been put in place for a resident to access internet classes.

2. **Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**
Resident attended Library in Ballyfermot on 5/10/17 to explore options around access to internet classes.
Access to confidence building sessions in use of a computer being provided on a thrice weekly basis by our Activity Coordinator and key worker.

**Proposed Timescale:** 30/11/2017

### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some aspects of care and support required further oversight such as restrictive practices and monitoring of implementation of all elements of care planning.

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

**Please state the actions you have taken or are planning to take:**
Restraints register is in place. Restraint management audit has been carried out on
10/10/17 and will continue to be done on a quarterly basis by CNM. This system will be overseen by the Clinical Partner.
Care planning meetings have commenced on 27/9/17 with Clinical Partner/CNM/Nurse/Named Keyworker and will continue on a monthly basis.

**Proposed Timescale:** 10/10/2017

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<td><strong>Theme:</strong> Responsive Workforce</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Previous employment references and Garda Vetting for ancillary staff were not in place.

**4. Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
Previous employment references and Garda vetting for most ancillary staff are now in place.

**Proposed Timescale:** 30/11/2017