<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ardeen Cheshire Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003456</td>
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<td>Centre county:</td>
<td>Wicklow</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>The Cheshire Foundation in Ireland</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Violet Lennon</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Conor Brady; Emma Cooke</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>21</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
</tr>
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</table>
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 unannounced and took place over 0 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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</thead>
<tbody>
<tr>
<td>27 September 2017 09:00</td>
<td>27 September 2017 16:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
</tr>
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</table>

Summary of findings from this inspection

Background to the inspection
This was an unannounced inspection and was the sixth inspection of the centre. The purpose of the inspection was to ensure that actions taken following recent inspection in May had been implemented and were resulting in an enhanced quality of life for residents. This inspection found that all of the actions had been implemented and were resulting in improved outcomes for residents. In addition, the aim of the inspection was to ensure the centre was in compliance with the regulations in order to progress its registration. This was found to be the case as this inspection found very positive outcomes for residents.

How we gathered our evidence
Over the course of this inspection inspectors spoke with nine residents. Inspectors also met the person in charge, the operations coordinator, head of care, nursing staff, care staff and household staff. Overall, residents stated that they were satisfied with the services provided in the centre. Residents reported staff were respectful, friendly and supportive to them. Inspectors observed practices, reviewed personal plans and observed interactions between staff and residents.

Description of the Service
The centre provides residential care to adults with physical disabilities and
neurological conditions. It comprises of a main house, bungalow apartments, a cottage building and a respite unit.

Overall judgment of our findings
Staff were familiar with residents’ health and social care needs, and were observed to interact with residents in a respectful manner. Inspectors found significant improvements had been made since the previous inspection. This was reflected in the findings of this inspection with a number of outcomes moving into full compliance with the regulations.

Out of the eight outcomes inspected against four were found to be fully complaint, with the remaining four found to be substantially compliant.
### 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 05: Social Care Needs

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

### Theme:

Effective Services

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

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

### Findings:

Overall, it was found that resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. It was found that the social care need of residents was now very much found to be a priority in the centre. Staff had received specific training in person centred care planning and specific staff were employed to support meaningful activities. In addition, care staff had protected hours each day to ensure social care needs and supports were provided.

Arrangements were now in place to meet the assessed needs of Residents. Records showed that residents had access to daily activity within the centre and also that residents had access to external activity such as day services and various community groups and activities. It was also acknowledged that there were a lot of the residents out of the centre on the day of the inspection.

The senior management team monitored resident's activity levels, preferences and social goal development. However, while residents now had goals clearly set there was limited evidence of progress towards goal achievement in some instances. Inspectors felt that given recent progress that the development of personal plans in a more natural way will encourage greater participation of each resident within the development of their personal plans.

### Judgment:

Substantially Compliant
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

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

Findings:
The location, design and layout of the centre was suitable for its stated purpose and met each resident's individual and collective needs in a comfortable and homely way.

The centre uses technologies and best practices to achieve and promote accessibility for all. Residents had access to appropriate equipment which promotes their independence and comfort. For example, activation sensors were placed on doors and lights and the internal and external environment had been enhanced to promote the free access and egress of residents, many of whom mobilise independently in their wheelchairs.

17 residents were living in connected apartments all of which had emergency exit doors from living room areas and bedrooms. Bungalows 1-7 were all connected to the main house by a covered walkway with conservatory seating area, hydropool and sluice room. Three residents were living in the 'cottage'. The respite block has three en-suite bedrooms all with emergency exit doors and egress ramps.

The remaining resident living in the old part of the centre was transitioning into his own apartment and considerable efforts were being made to facilitate this resident to pursue an independent lifestyle in this apartment through the use of technologies and other sensory interventions such as textured wallpaper.

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):
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The health and safety of residents, visitors and staff was promoted and protected. All related policies and procedures were in place and up to date. There were risk management policies and procedures in place which were implemented throughout the centre and cover the matters as set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents. Reasonable measures were in place to prevent accidents. There were appropriate arrangements in place in relation to fire management and there were adequate arrangements in place for responding to emergencies.

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):
No actions were required from the previous inspection.

Findings:
There were appropriate measures in place to protect residents and keep them safe. Appropriate actions were taken in response to allegations of abuse. Residents were assisted and supported to develop their knowledge, self-awareness, understanding and skills needed for self-care and protection. There was a positive approach to behaviour support and a restraint free environment was promoted. All staff had received appropriate training and were knowledgeable in relation to what constitutes abuse and the reporting procedures. There was appropriate management oversight of safeguarding issues and the use of any potential restraints.

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

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
<th>The action(s) required from the previous inspection were satisfactorily implemented.</th>
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**Findings:**

Overall, inspectors found that improved clinical oversight arrangements, targeted staff training around resident's healthcare needs and the implementation of clinical evidence based practice had resulted in improved healthcare outcomes for residents. The actions implemented under this outcome in response to the previous inspection findings had a particular positive impact on residents requiring care and management of urinary catheters.

Inspectors found that the care and management of residents requiring urinary catheters had greatly improved. Since the last inspection staff had received comprehensive training in all aspects of urinary catheter care management and other healthcare needs. Staff spoke about how the training had provided them with better knowledge and confidence to provide residents with a good standard of quality care. The head of care, nursing staff and person in charge were also assured that residents were receiving safe and quality care as evidenced through recent competency assessments that had been completed following the provision of training for urinary catheter care. Additional spot competency checks were now being carried out by the head of care to ensure staff were consistently providing and maintaining a high standard of care. Plans were also in place to expand these competency assessments and apply them to other residents' healthcare needs.

Evidence-based practice in the form of urinary care bundles had been implemented since the last inspection. The care provided to each resident with a urinary catheter was now consistently recorded, monitored and evaluated through the use of these urinary care bundles. 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 catheter insertion, daily care completed, frequency of catheter changes and details of clinical equipment. Daily fluid record charts reviewed were completed and evaluated on a daily basis. Care plans reviewed guided staff on what to do in all aspects of care including emergency management of complications associated with urinary catheters. Adherence to all these practices demonstrated a commitment from all staff in ensuring residents receive a high standard of care at all times.

Improved daily oversight arrangements were in place to ensure residents were not at risk of developing complications associated with urinary catheters. For example, nurses would counter sign daily fluid charts to ensure residents were meeting daily fluid requirements. This provided assurance that residents were being closely monitored on a
daily basis. Risk assessments were also in place for residents with urinary catheters and reviewed on a six monthly basis. 'Safety clinical pauses' were implemented in handovers to consistently and effectively communicate any areas of particular concern or risk in relation to residents' clinical and healthcare needs. Monthly audit results in relation to the number of urinary tract infections identified an overall decline in the number of urinary tract infections since the implementation of many of these actions in May 2017.

Staff cared for residents with a range of healthcare conditions and were knowledgeable about residents’ individual healthcare needs. Staff spoke about how they promote the respect and dignity of residents when attending to personal care and the measures they take to ensure residents are not at risk of developing infection or complications associated with their individual healthcare needs. Monthly care staff meetings were held aimed at discussing the clinical healthcare need of service users. This provided assurance that residents healthcare needs were being appropriately assessed and met by the care provided in the centre. Some residents spoken with stated they were happy with the care provided and their individual needs were met in a timely manner.

Residents had access to a range of allied health services such as physiotherapy, occupational therapy and chiropody. Care plans reviewed demonstrated that directions from allied healthcare professionals had been implemented into practice.

Inspectors observed lunch 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.

Inspectors found an example where documented arrangements in place for a resident who required frequent transfers out of the centre to meet their particular healthcare needs had not been comprehensively evaluated for a significant period of time. On review of documentation and from speaking with nursing staff it was not clear how this resident was being supported to achieve and enjoy best possible health. This was discussed with the person in charge during the feedback meeting.

**Judgment:**
Substantially Compliant

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily
Findings:
Inspectors followed up on actions arising from the last inspection under this outcome only.

Inspectors reviewed a sample of resident's prescription sheets and found that the actions required from the previous inspection had not been satisfactorily addressed. The maximum dosage of PRN 'as required' medications was not documented on some of the resident's prescription sheets which is not in line with best practice guidelines.

Judgment:
Substantially 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

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

Findings:
Overall, inspectors found that improved governance and oversight arrangements across a number of key areas had resulted in a higher standard of care for residents. This was evidenced by the number of actions that had been implemented across all areas of non compliance found during the last inspection.

Effective management systems were now in place in the designated centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The appointment of a new head of care with additional hours and the recruitment of an additional nurse had resulted in improved clinical oversight of staff and residents' individual needs. From speaking with staff and the person in charge the appointment of five care workers as senior care workers with responsibility for co-ordinating and leading daily shifts enabled better accountability arrangements particularly during night shifts.

Records reviewed by inspectors such as senior management team meetings, one to one management meetings, residents meetings, competency checks of staff knowledge and skills demonstrated that the person in charge was consistently engaged in the
The quality of care received by residents was now being monitored and developed on a continuous basis. A comprehensive audit system was now in place which enabled the person in charge to have better oversight of the running of the centre. Audits had been carried out in areas such as incidents, complaints, catheter care management, medication safety and meal times. Actions generated from audit findings clearly outlined persons responsible, timeframes for completion, progress updates and final outcomes. Actions completed in response to audits resulted in sustained improvements for residents and staff.

Since the last inspection, the person in charge had carried out a review of a personal assistance system in which inspectors found that residents were being charged to meet basic social and transport needs. The person in charge had recently submitted a business case plan identifying the requirement for additional staff to replace this current system. In the meantime, a standing operating procedure was now in place for this system with administration staff and the person in charge responsible for the oversight of this system. A quarterly audit was planned for the coming week by the person in charge to monitor adherence to the new process and ensure residents were not being wrongly charged for this system which was a finding on the last inspection.

**Judgment:**
Compliant

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**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:**
Inspectors acknowledged the efforts made by the centre since the last inspection to recruit more nursing staff in order to meet the specific needs of residents.

Since the last inspection, the centre had received approval for an additional 45 nursing hours. On the day of inspection, there were 92 hours of nursing support within the service. This nursing compliment is to benefit from a further 39 hours in November following a successful recruitment campaign. This will bring the total nursing compliment to 3.38 whole time equivalent (WTE) nurses for 24 residents compared with 1.5 whole
time equivalent (WTE) nurses in place at the last inspection.

The person in charge maintained a dependency assessment record and residents were categorised in groups based on their dependency levels and staffing requirements. This document was kept under regular review by the person in charge and used to ensure appropriate staffing arrangements are put in place to meet the assessed needs of residents and the safe delivery of services. While it was noted that nurses are not rostered to work nights, inspectors were informed that this was subject to ongoing review and that appropriate arrangements would be put in place if required.

In discussing and reviewing the high dependency clinical need and social needs of residents with staff and the person in charge, inspectors found that there was not always enough staff to meet residents individual social care needs. This was evidenced by the continued reliance on a personal assistance service to meet resident's external social needs. This was also identified during the last inspection. The person in charge had identified that a further three care staff were required in the centre to meet residents' social needs without the use of the personal assistance service. A recent business case plan had been submitted by the provider identifying this need.

Following a review of training attendance records and completed competency assessments, inspectors found that staff were competent to deliver care and support to residents because their learning and development needs had been met. Recent training had been provided to staff in areas such as infection control, peg care, bowel care, diabetes and wound management.

Staff were provided with supervision appropriate to their role. A number of staff files were reviewed and were all found to have the relevant documentation in place, meeting the requirements of Schedule 2 of the regulations.

Judgment:
Substantially Compliant

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:

Michael Keating
Inspector of Social Services
Provider’s response to inspection report

<table>
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<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-0003456</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>27 September 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some personal plans reviewed did not record the progress in relation to goal achievement.

1. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**
The Futures Planning Process will be completed with all residents.

Since 11th September 2017 individual resident progress in relation to goal achievement is being reviewed weekly by the Activities Coordinator and summarised in the weekly activities report to the PIC.

The effectiveness of individual resident future planning is being reviewed at Care and Social Planning meetings every six weeks and a report from same is prepared by the Activities Coordinator for review by the PIC and the Senior Team.

Commencing November 2017 a review of the progress in relation to goal achievement will be held with the resident on a quarterly basis, attended by the Activities Coordinator, Activities Assistant and the Operations Coordinator. Minutes will be sent to the PIC.

All this work is overseen by the Regional Quality Partner supported by the National Quality Manager.

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

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**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:**
Documented arrangements in place to meet the particular healthcare needs of a resident had not been comprehensively evaluated for a significant period of time.

2. **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:**
In October 2017 the residents General Practitioner reviewed the Care Plans in place to meet the particular healthcare needs of this individual and made no changes to the current arrangements.

In order to ensure that the centre is supporting the resident to maintain best possible health a letter was sent to the residents Surgical Consultant, Naas General Hospital on 19th October 2017 requesting a letter outlining the current individual plan with regard to bowel management and treatment.
Proposed Timescale: 30/11/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all prescription records stated the maximum dosage of PRN 'as required' medication.

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

Please state the actions you have taken or are planning to take:
All prescription records of “As Required Medications” (PRN) state the maximum allowable dosage in 24 hours under the heading – Route / Max 24hr Dosage / Frequency. This arrangement is further explicitly stated on the Medications Administration Record.

Proposed Timescale: 20/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre did not have enough staff to meet residents' social needs. There remained an over reliance on a personal assistance system to meet residents' individual social needs.

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

Please state the actions you have taken or are planning to take:
A Business case has been submitted to the HSE highlighting that due to the complete absence of social funding residents must engage in “privately paid Personal Assistant Services in order to engage in Community Activities of their choosing” and seeking existing staff hours currently being used for this function “be replaced by core staffing”.

Provider Nominee continues to engage with the HSE regarding additional resources for the service as outlined in the business case above.
Proposed Timescale: 30/11/2017