



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:	Short Notice Announced
Date of inspection:	23 June 2020
Centre ID:	OSV-0003441
Fieldwork ID:	MON-0028871

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 13 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:	12
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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 - 2015 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
Tuesday 23 June 2020	11:00hrs to 17:00hrs	Andrew Mooney	Lead
Tuesday 23 June 2020	11:00hrs to 17:00hrs	Ciara McShane	Support

What residents told us and what inspectors observed

In line with public health guidance, inspectors did not spend extended periods of time with residents. However, inspectors did have the opportunity to meet and briefly engage with residents during the inspection

In general, residents expressed that they were content within the centre. Residents told the inspectors that they had been kept well informed about the COVID-19 pandemic and the measures required to safeguard them from contracting the virus. Some residents expressed that while they understood why restrictions had been implemented, they were now looking forward to meeting family and friends again.

Inspectors observed that residents were very comfortable with staff. During the inspection, inspectors also observed residents engaging in activities of their choosing. Residents appeared comfortable in each others company.

Capacity and capability

The purpose of this inspection was to assure the Chief Inspector that actions were being taken by the provider to address previous adverse findings and to ensure a safe service was being delivered to residents. Overall, inspectors found that the the provider was adhering to the submitted compliance plan. The capacity and capability of the centre was enhanced through the strengthening of governance and management arrangements which ensured that the service delivered was safe.

There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre. For instance a key focus of the provider was developing systems and practices within the centre to respond to the COVID-19 pandemic. This included ensuring all relevant public health guidance was adhere to in a timely manner. This showed that the provider was able to identify issues that may impact the well-being of residents, implement strategies to protect residents and drive improvement.

Staffing arrangements at the centre were appropriate to meet the needs of the residents and reflected that of what was outlined in the statement of purpose. From a review of the roster it was evident that there was also an appropriate skill mix of staff employed at the centre. Training was provided to staff for the most part as required however, as outlined in the provider's training matrix there were some gaps

in staff training including first aid, safeguarding, fire safety and positive behaviour support.

The person in charge had ensured that there was both a planned and actual roster which was maintained. Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding and infection prevention and control. Staff were suitably supervised and told the inspector they were well supported by the person in charge. Supervision records were reviewed which demonstrated effective formal supervision arrangements. The staff team were further supported at departmental and general staff meetings and also at daily handovers at the start of a new shift. The inspector reviewed a sample of staff files and found that not all elements of Schedule 2 had been met, for example not all files included a full employment history or contained two written references.

Since the centres last inspection, the provider had implemented an updated complaints policy. Residents were supported to make complaints and they told inspectors that they would feel confident making complaints. The provider maintained a log of written and verbal complaints which outlined the actions taken and the satisfaction status of the complainant. There were some open or ongoing complaints at the time of inspection but inspectors were assured that the provider was engaging with the relevant parties to come to a satisfactory resolution.

Regulation 15: Staffing

There were adequate numbers of staff who were suitably qualified and skilled to meet the needs of the residents which was also in line with the written statement of purpose.

Nursing care provided was appropriate to the residents' needs and in line with the statement of purpose.

The person in charge had ensured that a planned and actual roster was maintained.

Information in respect of all staff was maintained at the centre. Not all staff files reviewed were in line with the requirements of Schedule 2.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training including that of refresher training. A training matrix was maintained. Some gaps, albeit known to the provider, were apparent in training matrix.

Staff were appropriately supervised as reflected in supervision records and logs.

Regular team meetings took place in the centre, these were departmental meetings but general staff meetings were also arranged.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and their families were made aware of the complaints process, supported to understand the process and make complaints.

Judgment: Compliant

Quality and safety

This inspection found that significant progress had been made in the centre and this had positively impacted upon the quality and safety of the centre. In particular the provider had implemented a robust infection control system, which protected residents during the COVID-19 pandemic. However, significant premises improvements were still required.

In response to non-compliance's identified during the last inspection, in March 2020, the provider had identified that a substantial premises reconfiguration was required to address the institutional nature of the building. The inspectors completed a walk through of the centre and found that the physical environment was clean. While inspectors observed some improvements had been made within the premises, the main refurbishment of the centre had yet to begin. Additionally, some aspects of the centre continued to contribute to the institutional feel within the centre. For example, inspectors noted the persistent ringing of an alarm throughout the inspection. This alarm was designed to alert staff when specific residents left the building. While an alert system may be required, the persistent ringing of this alarm, negatively impacted the homeliness of the centre. The provider committed to

reviewing this system post inspection.

Residents' health care needs were well supported. Residents had regular and timely access to a general practitioner (GP) of their choice. During times of illness, residents' health needs were appropriately supported in consultation with their GP and appropriate referrals were made to other allied health care professionals. There was appropriate guidance available to staff to support residents with their health care needs and staff demonstrated a comprehensive understanding of residents' needs. This resulted in residents' health being appropriately supported.

Arrangements were in place to support and respond to residents' assessed support needs. This included the ongoing review of behaviour support plans. Staff were very familiar with residents' needs and any agreed strategies used to support residents. Staff received positive behaviour support training and this enabled staff to provide care that reflected up-to-date, evidence-based practice.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Safeguarding plans were developed and safeguards put in place as required. Allegations or suspicions of abuse were reported and escalated in line with requirements of the organisation's and national policy. Staff who spoke with the inspector were knowledgeable in relation to their responsibilities in the event of a suspicion or allegation of abuse. Residents had intimate care plans developed as required which clearly outlined their wishes and preferences.

The provider had robust systems in place in relation to infection prevention and control. There were clear governance arrangements in place to ensure the delivery of care was done so in a safe manner and in line with national guidance. Staff were suitably trained and informed of safe and effective infection prevention and control practices. Staff had received training in hand hygiene, donning and doffing personal protective equipment (PPE), breaking the chain of infection and other such related infection prevention and control related courses. Staff were provided with appropriate PPE and at the time of inspection were observed to wear face masks. Staff break areas were enlarged as to allow for social distancing.

The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. Residents had been cocooning and were supported to maintain relationships in a safe manner through the use of social media and interactive devices. At the time of inspections visiting had resumed which was occurring in a planned and safe manner and in line with public health guidance. An information folder was available and contained up-to-date information in relation to public health guidance and included the most up-to-date version of the Government's road map.

The overall risk management practices adhered to national standards; the provider had updated their risk register and assessments in relation to Covid-19 and a contingency plan had been developed should an outbreak occur. Hand hygiene posters, respiratory etiquette posters and other related mechanisms of information sharing regarding infection prevention and control were displayed throughout the

centre. Staff were also debriefed at handover to this regard. The environment appeared clean and well maintained. Soap dispensers were available as too were bins to dispose of used PPE. The provider had also established formal links with the Health Service Executive (HSE) crisis management team.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

Regulation 26: Risk management procedures

There was an appropriate system in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had robust systems in place in relation to infection prevention and control. There were clear governance arrangements in place to ensure the delivery of care was done so in a safe manner and in line with national guidance.

Staff were suitably trained and informed of safe and effective infection prevention and control practices.

The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices.

The provider had contingency plans in place should an outbreak occur.

Hand hygiene posters and other related mechanisms of information sharing regarding infection prevention and control were displayed throughout the centre.

The overall risk management practices were in line with national standards.

The environment appeared clean and well maintained.

Staff were provided with appropriate personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required.

There was adequate means of escape, including emergency lighting.

There was a procedure for the safe evacuation of residents and staff were knowledgeable about it.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A formal compatibility assessment had been devised and this ensured the centre was suitable to meet the needs of all residents.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care was made available for each resident, having regard to their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents' with behaviours that challenge or resident's who were at risk from their own behaviour.

Judgment: Compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action when

safeguarding issues arose.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and some improvements had been made to the aesthetics of the building. However, while there was a plan in place to address the institutional feel and accessibility of the designated centre, this had yet to be implemented.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 17: Premises	Not compliant

Compliance Plan for Cara Cheshire Home OSV-0003441

Inspection ID: MON-0028871

Date of inspection: 23/06/2020

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • An audit of personnel files has been completed. • Schedule 2 documentation that is outstanding will be in place by 30/9/2020. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Safeguarding training took place in the service on 15/7/20. • A plan for identified training needs is in place and all mandatory trainings will be up to date by 31/10/2020. 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Risk assessments were reviewed to ascertain if the alert fobs are still required and the fobs were removed on 31/7/20. • A plan to reconfigure the premises and make the building more homely for the residents and lessen the institutional feel of the service has been discussed with 	

residents and submitted to HIQA and the HSE. A meeting with HSE will take place on 10/8/20 to discuss this plan and agree implementation of same in a phased and time-bound manner.

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30/09/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2020
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to	Not Compliant	Orange	31/08/2020

	support and promote the full capabilities and independence of residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2020