

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003445
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Mark Blake-Knox
Lead inspector:	Louisa Power
Support inspector(s):	Jim Kee;
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:

04 February 2015 10:05

To:

04 February 2015 15:40

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

Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 17: Workforce

Summary of findings from this inspection

The inspection was an unannounced inspection and was the second inspection of the centre by the Authority. The purpose of the inspection was to monitor compliance in relation to medication management and inspectors also examined some aspects in relation to healthcare. The inspection was triggered by a concern received by the Authority in relation to medication management and reconciliation practices. These concerns were looked into throughout the inspection and the inspectors' findings are outlined in the body of the report.

As part of the inspection, inspectors met with the person in charge, residents and staff members. One resident was abroad on holidays. Inspectors observed medication management practices and reviewed documentation such as prescription charts, medication administration records, care plans, training records and audits.

A comprehensive suite of medication management policies were in place. Staff demonstrated knowledge of safe and appropriate medication management practices. The principles of good practice in relation to medication reconciliation were implemented.

There was evidence that corrective action was taken as indicated in response to the last action plan in October 2014. A system of regular audits to review and monitor safe medication management practices had been implemented. The audits had identified pertinent deficiencies and appropriate actions had been implemented. However, medication management training had not occurred and the person in charge outlined that this would be completed by March 2015.

A number of improvements were identified to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. An action in relation to medication management was completed prior to the completion of the inspection. The outstanding required improvements are set out in detail in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 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:

Only the component in relation to the provision of healthcare was examined as part of this inspection. Inspectors found that, in general, residents' overall healthcare needs were met and residents had access to appropriate medical and allied healthcare services. Residents were consulted about and involved in the meeting of their own health and medical needs. A plan to increase the nursing provision from 10 to 20 hours per wee, was outlined to inspectors to meet the complex medical and nursing needs of residents.

Healthcare assessments and care plans were in place for residents. 'A best possible health' assessment had been implemented for all residents. This health assessment assessed areas such as communication, skin care, eating, drinking, diet, nutrition. It also assessed residents' lifestyle, social and spiritual needs.

Inspectors reviewed a sample of residents' files and there was evidence of timely and frequent access to their GP of choice. Residents also had access to other medical professionals such as dieticians, physiotherapists and occupational therapists. Where treatment was recommended and agreed by residents, records confirmed that such treatment was facilitated. Residents were transferred to the acute hospital services in a timely manner. Appropriate and comprehensive information was provided when residents were transferred to and from the centre. Records of referrals and reports were maintained in residents' files.

The fluid balance of residents with specific requirements was monitored, these were maintained over a 24-hour period, totalled daily and the intake was seen to be within the residents' stated requirements.

The inspector noted that, where a resident received enteral nutrition, there was evidence of regular reviews by the dietician. Training records made available to inspectors confirmed that staff had received training in the management of gastrostomy tubes. Staff with whom inspectors spoke demonstrated adequate knowledge relating to

the administration of medications and enteral feeds via gastrostomy tube, management of the tube site and the associated complications.

Judgment:

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):

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

Findings:

Residents were protected by the designated centre's policies and procedures for medication management.

The policies in relation to medication management, which had been reviewed in August 2014, were made available to inspectors. The policies covered ordering, receipt, prescribing, storage, administration and disposal of medicines. Policies available to staff online.

Medicines were supplied by a local community pharmacy on a weekly basis. Staff outlined that there had been a recent change to the pharmacy provider and that the service provided was satisfactory. There was evidence that the pharmacist was facilitated to meet his obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland. Residents with whom the inspector spoke confirmed that they had regular access to the pharmacist.

Staff confirmed and inspectors saw that medications requiring refrigeration were not in use on the day of the inspection. However, inspectors noted that residents had been prescribed medications requiring refrigeration in the previous eight weeks. The person in charge outlined the storage arrangements for medications requiring refrigeration but the storage location was not capable of being secured. The inspector noted that all other medications were stored securely.

Medication management training was planned to be completed by March 2014; this is covered in outcome 17. Staff with whom the inspectors spoke demonstrated knowledge and understanding of principles in relation to safe medication management practices. Inspectors noted that the practice of transcription was in line with guidance issued by An Bord Altranais agus Cnáimhseachais. Records reviewed by inspectors confirmed that chemical restraint was not in use at the time of the inspection

A number of residents were self-administering medications. Inspectors spoke with one such resident who was familiar with the medications prescribed. A comprehensive risk assessment tool was completed for each resident who self-administers medication which

included an assessment of dexterity, vision and literacy.

Inspectors reviewed a sample of medication prescription and administration sheets. An inspector observed that a medication was administered to a resident but was not included in the medication prescription sheet. This was immediately brought to the attention of staff who arranged for a prescription to be obtained prior to the end of the inspection. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

Where a resident required medications to be administered via a gastrostomy tube, alternative dosage forms had been considered such as liquids. Where it was deemed necessary, the prescriber had identified the need for crushing on each individual prescription.

Resident-specific management plans were in place for the management of epileptic seizures and contained sufficient information to guide staff in the safe management of such events.

Staff with whom the inspector spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

Inspectors saw that there was a system in place for reviewing and monitoring safe medication management practices. Results of medication management audits completed in December 2014 and January 2015 were made available to inspectors. Pertinent deficiencies were identified and actions emanating from audits, e.g. improved documentation, were seen to be implemented. A system was also in place whereby staff cross checked each other's documentation of medication administration. The person in charge outlined that a more robust procedure for the oversight of this practice by nursing staff had been implemented since the previous inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

As outlined in outcome 12, the person in charge confirmed that medication management training was still outstanding for staff. Inspectors were assured that this training would be completed by the end of March 2015.

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:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003445
Date of Inspection:	04 February 2015
Date of response:	02 March 2015

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 12. Medication Management

Theme: Health and Development

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

Storage location for medication requiring refrigeration was not capable of being secured.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable

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

practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Secure locked storage boxes have been acquired for individuals who require refrigerated medications.

Proposed Timescale: 02/03/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Medication management training was outstanding.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Revised Medication Management training module has been devised for Cheshire Ireland and will be delivered by the Clinical Service Support in Galway Cheshire March 5th and March 20th to all staff.

Proposed Timescale: 20/03/2015