Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Galway Cheshire House
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	17 June 2020
Centre ID:	OSV-0003445
Fieldwork ID:	MON-0029521

About the designated centre

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

The centre is a purpose built premises that provides a residential service for residents which physical and sensory disabilities. Each resident has their own apartment which contains an open plan kitchen, living and bedroom area. Each apartment also has an en-suite bathroom and additional equipment such as hoists are installed to support some residents with their mobility requirements. The centre also supports residents with some medical needs but a twenty four hour nursing presence is not maintained and this is clearly stipulated in the statement of purpose and function for the centre.

The provider employs a number of staff members directly; up-to-three staff members support residents during day-time hours and there is a sleep-in arrangement and one waking staff to support residents during night-time hours. Some residents have funded personal assistant arrangements through an external agency and these assistants also contribute to the support and care provided to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Wednesday 17 June 2020	10:15hrs to 17:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection gave due consideration to infection prevention and control measures given the assessed needs of the residents and the design and layout of the building (residents live in 10 independent bed-sit type apartments). There were eight residents present in the centre and the inspector met with four of these residents over the course of the day. Residents greeted and gave a warm welcome to the inspector and it was evident that residents were well-informed as to the requirement for measures such as physical distancing. Likewise there was discussion of the changes that were needed based on national guidance in response to the Covid 19 pandemic and the impact of these changes on residents lives. As restrictions eased however there was also a sense of hope of better times to come, for example the recommencement of premier football on the evening of this inspection was eagerly anticipated and residents confirmed the easing of visiting restrictions in line with recently issued guidance. Residents spoke of what was important to them and what it was that they hoped would soon recommence such as work and travel and the in-house band. One resident was delighted to recount his meeting with members of the British royal family during their visit to the area while another said it wasn't something that would interest him personally and spoke of zoom sessions enjoyed with local sports personalities. The first newsletter produced by the centre was shared with great pride; this was a wonderfully insightful and positive document where residents shared their thoughts, experiences, hopes, demographic and personal details. Residents said that they were safe in the centre and that staff did their very best to support them as they wished to be supported. Residents were seen to have ready access to staff including the person charge who residents clearly identified as the boss and someone they could speak with in relation to their concerns and queries. Where matters were brought to the attention of the inspector, these were discussed with the person in charge at verbal feedback of the inspection findings and are also addressed in the body of this report.

While busy particularly while attending to morning routines, the atmosphere in the centre was welcoming and easy.

Capacity and capability

This was an effectively managed centre; management systems included consistent monitoring of the appropriateness, quality and safety of the support and services delivered to residents. The centre was adequately resourced to deliver on its stated aims and objectives. There was evidence of improvement made since the last Health Information and Quality Authority (HIQA) inspection for example in healthcare, risk management and personal planning. This inspection did identify some areas where improvement was necessary but this was to build on and drive further improvement

on the good practice that was evident.

The person in charge described how effective management was sustained in the context of the Covid 19 pandemic. For example, the person in charge continued to maintain an on-site presence so that residents and staff had the support needed to respond to these challenging times. Technology supported access to and oversight by the senior management team and other stakeholders that supported the quality and safety of the service such as clinical, quality and health and safety partners. The provider had completed an unannounced review in December 2019 and the report seen reflected meaningful and thorough lines of enquiry, the progress of the action plan was monitored and there was evidence on inspection of actions completed. For example the review had identified actions to better support compliance with Regulation 27; Infection Prevention and Control such as the provision of disposable hand towels at communal wash-hand basins; these had been provided.

Staffing levels and skill mix reflected the assessed needs of the residents and were adequate in the context of the funded personal assistant arrangements that were in place for some residents. The provider monitored the adequacy of the skill-mix and was responsive to changing needs. For example, while it is clear in the statement of purpose and function that 24-hour nursing care was not provided, some residents did have needs that were complex and required nursing assessment, care and oversight so as to maximise and maintain resident health and well-being. Nursing staff reported that the provider had with positive impact increased nursing hours from 30 to 40 hours per week and a further increase of 10 hours was sanctioned in response to the Covid 19 pandemic. The holistic nature of the service was reflected in the dedicated staff role that had been created to support residents social roles and the progress of their personal goals and objectives.

The person in charge confirmed that there was a memorandum of agreement in place for persons who provided support to residents but who were not employed by the provider. This agreement was referenced in the provider's contingency plan for responding to Covid 19 as to the reporting responsibilities of these staff in the context of Covid 19 such as reporting any illness.

The inspector reviewed staff training records and saw that staff were facilitated to attend training that reflected mandatory training requirements, the assessed needs of residents and the role and responsibilities of staff. The training completed included safeguarding, fire safety, medicines management and training related to needs such as compromised and alternative means of nutrition and elimination. The staff training programme was also responsive to the Covid 19 pandemic and included hand-hygiene training, breaking the chain of infection and the correct use of personal protective equipment so that staff had up to date knowledge and skills to protect themselves and residents from the risk of infection. However, while overall there was good staff participation there was a deficit in this training that needed to be addressed so as to maximise the protection of residents and staff.

The provider had taken measures to improve its procedures for managing complaints. The inspector saw that the provider had revised and amended its policy on the receipt and management of complaints. The revised policy clearly set out the

procedure and individual responsibilities, the process of internal and external appeal and the obligation to advise complainants of their right to and how to appeal. A log of complaints received and their management was maintained. From these records it was evident that residents and their representatives did raise issues that they believed impacted on the quality of their service; they were listened to and responded to. There was evidence in records seen such as the personal plan, of learning and actions to prevent a re-occurrence, for example in the management of residents personal possessions. However, while improved, there was some lingering inconsistency in the recording of whether complainants were satisfied or not as to how their complaint was managed. This finding was also reflected in resident feedback received by the inspector.

Regulation 14: Persons in charge

The person in charge met the requirements of the regulations and was knowledgeable as to the operation and oversight of the service and the individual needs, requirements and wishes of the residents. The person in charge was visible and accessible to residents who in turn provided positive feedback on the management of the service.

Judgment: Compliant

Regulation 15: Staffing

Staffing skill-mix and arrangements were based on the assessed needs of the residents. The provider was proactive and responsive to changing needs as evidenced in the deployment of additional nursing resources.

Judgment: Compliant

Regulation 16: Training and staff development

Overall the scope of and attendance at staff training supported the delivery of safe, effective and evidence based care and support to residents. However, there was a deficit in infection prevention and control training that needed to be addressed so as to maximise the protection of residents and staff

Judgment: Substantially compliant

Regulation 21: Records

Any records requested by the inspector were readily retrieved and well-maintained so that the information required was easily evidenced in them.

Judgment: Compliant

Regulation 23: Governance and management

This was an effectively managed centre; management systems included consistent monitoring of the appropriateness, quality and safety of the support and services delivered to residents. The centre was adequately resourced to deliver on its stated aims and objectives. The provider completed reviews and used the findings of these reviews to improve the quality and safety of the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and function. The record had been updated to reflect changes such as changes to the senior management structure and the current staff skill-mix.

Judgment: Compliant

Regulation 34: Complaints procedure

Overall there was evidence of responsive complaint management. However, while improved, there was some lingering inconsistency in the recording of whether complainants were satisfied or not as to how their complaint was managed.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The complaints policy was reviewed under this regulation as it was found to require some improvement on the previous HIQA inspection.The revised complaints policy clearly described how complaints were handled and investigated in this centre. The revised complaints policy included the appeals process and the obligation to advise complainants of their right to appeal.

Judgment: Compliant

Quality and safety

Overall these inspection findings reflected a service where residents received a safe and quality service. The support and care that was provided was highly individualised so that it was appropriate to each residents assessed needs and wishes. The oversight referred to in the first section of this report ensured that the care and support provided was consistent and updated in line with changes in needs and circumstances. Both appropriateness and safety was assured by the improvement found in the providers assessment and management of risk.

The inspector reviewed a purposeful sample of personal plans. These plans were detailed, individualised to the resident and had been updated to reflect changes in needs and plans of care, for example following hospital admission. Daily narrative notes and monitoring tools provided assurance that the care and support needed was provided and its effectiveness was monitored by staff. The needs, support and care as outlined in the plan were also reflected in the inspectors discussion with staff; this provided further assurance that the plan guided daily practice in this centre.

Residents presented with a diverse range of needs some of which were complex and required consistent evidence based support and care to ensure that residents enjoyed good health. Records seen demonstrated that staff maintained good oversight of resident well-being and sought advice from and access as needed to the appropriate clinician. All staff participated in the provision and oversight of the care required but it was further assured by the recent increase in nursing resources; the increase meant that there was a nursing presence on site six-days each week.

Generally in this centre the requirement to respond to behaviours of concern and risk was infrequent; staff had completed training in responding to such behaviours. Where residents had been challenged and events exceeded their ability to cope, staff responded to ensure that residents had access to the care they needed and then developed a plan of support. The plan was empathetic, supportive and therapeutic and staff maintained regular oversight of its effectiveness and the impact of interventions on other needs, for example the impact of medication on

mobility and risk for falls. Records seen indicated good staff awareness of interventions with a restrictive dimension and there were procedures for their use and review, for example staff completed regular checks where bedrails were in use.

All staff had completed safeguarding training and residents spoken with said that they liked living in the centre, that staff did their best to support them in line with their expressed choices and to keep them safe; residents said that they were safe. However, a historical matter unrelated to this service was raised with the inspector during a discussion with a resident; the inspector confirmed that this safeguarding matter was known to the provider. However, given that it was raised again with the inspector as was the relevance of it to current circumstances and supports, demonstrates that it was unresolved for the resident and needed to be explored again with the resident. The provider needed to assure itself, that the support that it provided effectively reflected and acknowledged the lingering impact on the resident, sought to maximise their recovery and prevent the risk of any unintended distress for the resident in so far as was reasonably possible. The existing plan did reference support preferences but given the residents revisiting of this matter it needed to be more robustly addressed and reflected in the plan for the provision of personal intimate care.

There was evidence of improved risk identification and management and good links between risks identified, the assessed needs of residents and the care and support provided to residents. Staff clearly described as did records seen the escalation and oversight of high risks by senior management. There was evidence that risk identification and management was dynamic and responded to events and changes as they occurred; for example residents were seen to be provided with the equipment that they needed such as pressure relieving equipment and controls had been implemented to improve the security of the premises and prevent unauthorised access. Controls to manage risk were proportionate and did not impact unreasonably on the rights or quality of life of residents.

The provider's response to risk was further evidenced in the timely response to the risk posed to residents and staff by the risk of the introduction of and onward transmission of Covid 19. There was a risk assessment and plan specific to the risk posed by Covid 19. Controls implemented and seen by the inspector reflected national guidance such as reduced footfall in the centre, the ceasing of shared office spaces, the ceasing of staff crossover arrangements, the provision and use of PPE including face masks, the screening of resident and staff well-being and isolation on discharge from hospital. Records seen such as care plans indicated that prior to the risk posed by Covid 19 and in the context of residents assessed needs the importance of infection prevention and control was understood and incorporated into the plan of care.

Overall there was good awareness of the need to protect residents and staff from the risk of fire. The premises was equipped with fire safety equipment such as emergency lighting, a fire detection and alarm system and fire fighting equipment; the building was divided into compartments that allowed for progressive evacuation in the event of fire. In addition the design and layout of the building allowed for

direct evacuation to the outside from each individual apartment. Since the last inspection a drill to simulate evacuation with minimum staff and maximum resident occupancy had been completed; records of drills indicated good staff knowledge of the progressive, horizontal evacuation procedure. However, all residents did not comply with a request from staff to participate in these simulated drills. This appeared to be an informed decision, a commitment to evacuate in the event of of an actual fire was given to staff and there was an assessment of the risk that this posed. There was scope however for further development of personal emergency evacuation plans (PEEPS). The plan did not include the plan for resident safety in the event of fire should the resident not evacuate as they had committed to do. In addition, records available in the centre on the day of inspection indicated some inconsistency in the scheduling and completion of inspections of the emergency lighting and the fire detection system.

Regulation 11: Visits

Visits to the centre had been suspended in line with national guidance so as to reduce the risk of the introduction of Covid 19. Residents were supported to maintain contact by telephone or if safe and appropriate, visits on the grounds while maintaining physical distancing.Staff said and residents confirmed that restrictions were relaxed in line with recently issued national visiting guidance.

Judgment: Compliant

Regulation 13: General welfare and development

Ordinarily residents enjoyed good independence and autonomy in their daily routines and had ready opportunity to access their community and to engage and participate in a meaningful way. For some residents this had been impacted on greatly by the restrictions required of all citizens to control the onward transmission of Covid 19. This had impacted some residents more than others and staff were mindful of the support that residents needed. Residents were informed and hopeful of better times to come and a return to greater freedom and independence.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector was assured that meaningful, centre and resident specific

risk identification and management informed the provision of safe and effective services, support and care to residents. There were no additional risks identified by this inspection that had not already been identified and managed by the provider.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had implemented effective measures informed by national guidance to reduce the risk of the introduction of and the onward transmission of infection.

Judgment: Compliant

Regulation 28: Fire precautions

There was scope for further development of personal emergency evacuation plans (PEEPS). The plan did not include the plan for resident safety in the event of fire should the resident not evacuate as they had committed to do. In addition records available in the centre on the day of inspection indicated some inconsistency in the scheduling and completion of inspections of the emergency lighting and the fire detection system

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and abilities and outlined the support and care required to maximise their well-being, safety, personal development and quality of life. The plan was developed based on the findings of an assessment; the plan and its effectiveness was the subject of review as needed by staff. The plan and the support provided reflected the holistic needs of residents.

Judgment: Compliant

Regulation 6: Health care

There was evidence of assessment and ongoing monitoring by staff of resident health and well-being. Residents had access to the healthcare services that they

needed and staff confirmed that access and the responsiveness of the care provided was not impacted on by the restrictions of the Covid 19 pandemic.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with empathy and therapeutically to cope with situations that challenged them. There was good awareness and procedures for managing any interventions that had a possible restrictive dimension.

Judgment: Compliant

Regulation 8: Protection

There was a historical safeguarding matter unrelated to this centre that needed to be explored again. The provider needed to assure itself, that the support that it provided effectively reflected and acknowledged the lingering impact on the resident, sought to maximise their recovery and prevent the risk of any unintended distress for the resident in so far as was reasonably possible. The existing plan did reference support preferences but given the residents revisiting of this matter it needed to be more robustly addressed and reflected in the plan for the provision of personal intimate care

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspection findings reflected a service where the privacy, dignity, rights and diversity of each resident were seen to be respected and promoted. Different levels of support and routines were facilitated in accordance with individual needs and choices. Residents had good opportunity for meaningful community engagement and participation.

Judgment: 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Galway Cheshire House OSV-0003445

Inspection ID: MON-0029521

Date of inspection: 17/06/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • A deficit in infection prevention and control training has been addressed and all staff are trained with evidence available.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • The provider has implemented a new Complaints Policy, procedure and complaints form. Evidencing of satisfaction of the complainant with the outcome of the complaint is a required section of the new documentation. A clear appeals process is available where the complainant is not satisfied with an initial outcome. • A review of current complaints year to date has ensured that residents are satisfied with the outcome of their complaint and this is recorded in the complaints file. • Complaints including satisfaction levels will be reviewed during 6 monthly unannounced audits and during Regional site visits.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • A safety inspection of lighting was conducted on 31/01/2020. A supporting certificate has been issued by the inspecting company • A review of the Fire Control Panel is arranged for 5th August 2020. A maintenance company has been contracted to provide routine cyclical inspections of all fire safety equipment. • All Peeps have been reviewed and 2 x PEEPs have been updated to reflect actions to be	

taken in the event of refusal to evacuate in an emergency situation.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • A care plan related to the provision of intimate care has been reviewed by the PIC with a resident and updated procedures put in place to ensure the comfort of the resident. Designated staff have been assigned to specific tasks. The resident has expressed satisfaction with the updated plan. • A meeting with team members and resident confirmed for 16.07.2020 to review care plan; • A resident has been offered assistance to initiate appropriate external supports in relation to a historical issue.	

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 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	26/06/2020
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	05/08/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	19/06/2020
Regulation 34(2)(f)	The registered provider shall ensure that the	Substantially Compliant	Yellow	01/06/2020

	nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	16/07/2020