

**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-0003448
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Mark Blake-Knox
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 April 2016 10:00	19 April 2016 18:00
20 April 2016 09:00	20 April 2016 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The organisation inspected is called Cheshire Ireland (hereafter called the provider) which is an organisation providing services for adults with physical disabilities and/or a neurological condition. This was an announced inspection of a designated centre offering respite care services in the Kildare area.

The purpose of this inspection was to inform a registration decision and monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services

for Children and Adults with Disabilities 2013 (hereafter called the Standards).

This was the second inspection of this designated centre which was a large purpose built dwelling that provided short respite breaks for adults. The inspector found that approximately 62 residents used this respite facility for short term respite breaks.

As part of this inspection, the inspector met with the residents, the person in charge, persons participating in management, care staff and a visitor to the centre. The inspector also reviewed information provided by residents as part of the inspection process. The inspector observed practice and reviewed documentation such as personal care plans, healthcare plans, medical/clinical information, accident and incident records, risk assessments, medication records, meeting minutes, policies, procedures and protocols, governance and management documentation, staff training records and rosters.

The inspector found a good respite service was provided in this designated centre, with many positive outcomes for residents and evidence of good service provision in accordance with the Regulations and Standards. Many residents were highly complimentary about the service.

However there were also a number of areas identified that required further improvement in accordance with the Regulations and Standards. The centre had undergone a substantive change in operational management and while many areas were found to have improved since the previous inspection, further work was required in an number of areas. The provision of a full time person in charge and the need for a review of nursing staff availability was required due to the medical needs of some residents who used this service.

In addition, further improvements were required in the areas of admissions and contracts for the provision of services, assessment and personal planning, premises maintenance, healthcare provision and monitoring, staff skill mix, supervision and development and record and documentation.

All areas of both compliance and non compliance are discussed in more detail within the main body of the report and accompanying action plan.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found that there were practices in place to ensure that resident's rights, dignity and consultation needs were met.

Residents presented as very comfortable with the staff supporting them and were highly complementary about the service they received. Staff presented as very aware of residents specific needs and were observed treating residents with dignity and respect throughout this inspection.

The inspector found that resident's finances and belongings were respected and residents were very much utilising this centre as short term respite so financial management procedures were reflective of this arrangements.

The inspector found that resident's rooms and personal possessions were of a suitable standard in accordance with residents' assessed needs. There was adequate communal and private space for residents to relax and have privacy when required. This centre was purpose built with high standard equipment available. A number of residents spoken to referred to the high quality accommodation within the centre.

The inspector found a complaints procedure in place which was detailed enough to guide staff, and was available to guide residents and families should they wish to complain or give feedback about the service they received. A complaints log was kept which included evidence of actions taken by the service in response to complaints. The person in charge was very aware of complaints but active and concluded and the inspector saw appropriate evidence of the management of complaints.

There was evidence of the inclusion of residents in the organisation of the centre, they were consulted both individually and as a group when attending the respite centre. For example, in the areas of menu planning and social and recreational activities.

The inspector observed residents going on outings, doing art work, relaxing, going shopping and cooking and baking. Staff highlighted that their priority was to ensure residents well cared for, for the duration of their short break. Staff stated that it was very important that resident's enjoyed their time in the centre and felt it was their job to do everything possible to facilitate.

The inspector found that resident's rights, choices, dignity and consultation were maintained in the designated centre for residents and families utilising this respite service.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found communication systems in place to facilitate resident's communication needs.

The inspector found residents utilised this service for respite and therefore assessments and access to services was predominantly managed by individuals themselves/families. However the inspector found residents were appropriately supported in the area of communication within the designated centre. Residents communication needs were recorded in a number of care plans reviewed.

The person in charge and staff stated there was a mix of residents using the service who communicated verbally and non verbally. Staff highlighted the need for support for residents who communicated non-verbally. For example, understanding individual's non verbal communication, reading body language and behaviour and taking the time to get to know residents and develop professional relationships.

The inspector found that residents had access to appropriate communication media such as television, radio, newspapers/magazines and internet. The inspector found on-going dialogue with residents and saw good evidence of feedback and on-going communication with residents. A number of residents spoken to stated that they always felt listened to and that they felt the staff were very responsive and kind in meeting their care and support needs.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that the residents were supported to develop and maintain links to their family and wider community.

The inspector found that the staff in the designated centre were aware of the importance of community integration and residents participated in activities within the surrounding community. The inspector noted efforts on the part of staff to ensure residents enjoyed their respite stay and participated in activities pursuant with their needs, wishes and preferences. Residents informed the inspector they really enjoyed coming to the service and that the support they received was to a high standard

Regarding family and personal relationships, as this was a respite designated centre, liaising with residents families was an on-going process. The inspector noted efforts on the part of the person in charge and staff to create and maintain relationships with resident's families regarding the respite service provided. This was done through the centres on-going contact with residents and families.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

Admissions were reviewed considerably and a new admissions policy was reviewed as part of this inspection. The person in charge highlighted the centre had moved towards transparent criteria regarding admissions based on resident needs and catchment area. However the inspector found admissions assessments were not always conducted by a nurse, as outlined in the admissions policy.

The issue of the lack of nursing care provision was highlighted on this inspection and will be discussed further under outcomes 11 and 17. Changes in admission practices had resulted in changes for some residents who had been previously in receipt of very regular respite in this centre. The inspector found evidence of same in reviewing resident's complaints.

In addition, while effort had been made since the previous inspection, some residents who used this centre did not have an agreed and signed contract that deals with their support, care and welfare needs in addition to clear criteria of the fees being charged.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector found that residents' wellbeing and welfare was promoted through a good standard of evidence based care and support. The service provided respite stays of short duration for a directory of over 60 residents and it was clear that the staff knew many of the residents very well. While substantive improvement was noted since the previous inspection and many individual assessments and personal plans had been developed further work was required in this area.

There was an assessment system in place which was aimed at gathering detailed information about the residents before they came to the centre for short breaks. An assessment tool had been developed in order to gather the information which staff needed to provide safe care for residents.

The inspector reviewed these documents for a number of residents and found that they contained detailed information about a range of topics such as residents' communication, dietary, medical, intimate care and social support needs. In addition the inspector found that these plans guided staff in terms of giving an appropriate sense of the resident in terms of their likes/dislikes and preferred activities and/or routines.

The inspector found that the personal plans that had been completed and individual assessments were of an appropriate standard in the designated centre to provide a good standard of respite care to the residents the services. The inspector found good examples of eating and drinking support plans, epilepsy care management plans, safe person moving/handling plans and intimate care plans to guide staff practice.

While the inspector found a number of care plans had been completed since the previous inspection, there was not yet a personal plan developed for all residents who used the service. However the person in charge had a priority based schedule whereby residents' plans were updated based on assessment when they returned to use the respite service. The completion of assessment led personal planning was a large cultural change for this service.

Residents told the inspector their social care activities included social outings, cinema, theatre, going greyhound racing, going to the pub, arts and crafts, reading, board games and playing cards. Residents were observed to be well engaged over the course of this inspection. In reviewing resident's questionnaires some residents highlighted that social activities were limited in the centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The inspector found the premises to be bright, clean and built to a high specification. The centre opened in 2008 and was purpose built to a high standard. The inspector found that residents were very comfortable in their environment within the designated centre. There were some improvements required that had been identified in the providers own auditing but not addressed.

The designated centre was a large purpose built single storey dwelling that contained five purpose built rooms/apartments that had been adapted and was very accessible in providing services to people with disabilities. The premises were very accessible with wheelchair ramps, support hoists, electronically controlled height surfaces and large access/egress routes throughout. The centre design and layout was conducive to meeting the needs of the residents who used the service. The centre was centrally located and residents were observed visiting town independently on the days of inspections

The inspector found that there was:

- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout suitable for the needs of residents
- Adequate space and suitable storage facilities for the personal use of residents
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents
- Suitable storage
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents
- Multiple separate kitchen areas with suitable and sufficient cooking facilities, kitchen equipment and tableware
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents with built in ceiling hoist available to support residents
- Suitable arrangements for the safe disposal of general and clinical waste where required
- Adequate facilities for residents to launder their own clothes if they so wish.

This premises was found to be of a very high standard. The inspector found that there were two areas that required repair maintenance. A number of external doors required cleaning and redecoration. In addition, a number of patio stones were uneven in the external gardens where residents had access. Both of these issues were identified (by the provider) as requiring repair over a year prior to this inspection but had not yet been addressed.

Judgment:
Substantially 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 inspector found that measures had been taken to promote the health and safety of the residents, staff and visitors. Policy, procedures and practices pertaining to risk management, infection control and fire precautions were found to be protecting the individuals who used this designated centre.

The inspector found that the risk management policy in place met the requirements of the Regulations. The inspector found that the person in charge was knowledgeable regarding her risk management responsibilities. There was a clear log maintained of all incidents, accidents and near misses and reporting mechanisms were in place to ensure appropriate action, follow up and learning takes place.

There was evidence of appropriate hazard identification, risk assessment and analysis. Control measures were found to be implemented to manage risk. Risks such as resident falls, mobility, personal care, manual handling, medication management practices and safe money management.

The inspector found that health and safety was a continuing feature on team meetings (minutes). There was a suite of organisational policy regarding health and safety, fire safety, risk management, accidental injury, significant incident policy, adverse event policy to name but a few.

There was a centre specific safety statement and risk register in place for the centre. The person in charge discussed the risk register and the inspector found that risks associated with the centre such as medication management, falls, safe moving and handling and fire safety were managed appropriately. The inspector noted individual risk assessments pertaining to residents support needs were in place. There were clear

control measures and management plans in place regarding all individual and centre specific risks.

Procedures and checks were in place to manage the risk associated with fire. Records were in place to show that fire extinguishers, the fire detection system and emergency lighting system were checked by a suitably qualified engineer at regular intervals.

Regular fire drills and evacuations were carried out and the inspector saw that good details were maintained in relation to these that included the total time taken to evacuate. Further plans were scheduled to complete evacuation drills and simulated training with staff.

Residents had personal evacuation plans in place and residents who were immobile were accommodated in bedrooms which had exit doors to the outside. Fire exits and evacuation routes were unobstructed at the time of inspection. There was an emergency evacuation plan in place which provided detail on the steps to take in the event of evacuation or fire.

The inspector found a training schedule in place that was up to date and reviewed by the person in charge. All staff records reviewed were found to be appropriately trained in fire safety procedures. Staff spoken to were appropriately knowledgeable in this regard.

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

Findings:

The inspector found that the residents who were provided care in the centre were appropriately safeguarded and protected from harm.

The inspector found policies in place on safeguarding and protection of vulnerable adults and children, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse.

Staff highlighted these procedures to the inspector and explained how they would report any suspicions, allegations or disclosures. Residents spoke to the inspector as to how they feel safe in the centre and stated that in all the years they were coming to the respite centre that they never felt unsafe. Residents highlighted that staff were very attentive and approachable and provided good levels of care to them.

The inspector found that staff were familiar with the different types of abuse residents were vulnerable to and the mechanisms in place to report and support residents where/when required.

There were clear policies in place on the use of restrictive procedures which were detailed and based on keeping residents safe. On review of documentation and through discussion with the person in charge and staff, the inspector determined that the centre was promoting a restraint free environment in as far as was possible. Certain restrictions were in place to support certain resident's safety. For example, the use of locks on doors at night, lap belts and bed rails (which were all found to be utilised in accordance with resident consultation and review). All restrictions were risk assessed, monitored and reviewed on an ongoing basis.

The inspector found that mandatory training had been provided to all staff in the area of safeguarding and protection. The person in charge maintained a training schedule to ensure all staff remained up to date in both mandatory and centre specific training.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a record of all incidents maintained in the designated centre. The inspector was satisfied with notification processes operating within the centre. The person in charge was aware of her regulatory responsibility regarding statutory notifications. The inspector reviewed notifications submitted to HIQA and found evidence of follow up had taken place.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that as this was a short term respite centre, therefore respective experiences of education, training and employment were not directly facilitated through the designated centre. However the inspector found that resident's opportunities for social participation was facilitated through a variety of activities. For example, residents whom had common interests would attend respite together and participate in activities such as social outings, activities, arts and crafts.

The inspector found that as the centre was centrally located and was a quiet and relaxed large premises, residents had ample space to spend time in the centre. Staff stated that many residents often liked to spend time in the centre listening to music, doing activities or watching television. Some enjoyed going on outing and many could travel independently. Residents informed the inspector they loved coming to the service for respite and found the staff and centre to be well run. The inspector found that resident's welfare was maintained to a good standard in this centre.

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

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

No actions were required from the previous inspection.

Findings:

The inspector found that the person in charge and clinical nurse manager were knowledgeable about many residents' medical conditions and resident's health was promoted in this centre. Admissions practices had changed following substantive review in this centre in terms of resident profile and the level of healthcare needs that could be

met given the absence of nursing care being provided in this centre on a full time basis. This issue is further highlighted in Outcomes 4 and 17.

The inspector found that as this was a respite service and therefore resident's healthcare needs were primarily met outside of this service.

The inspector noted contact details for residents' general practitioner (GP) were readily available to the staff and staff members were knowledgeable about how to contact the out-of-hours GP service if required. The inspector found a clinical nurse manager who visited the centre once a week to conduct reviews of healthcare needs and residents healthcare planning.

There was information found across a number of healthcare plans reviewed that showed specific resident support needs were apparent in this centre. For example, percutaneous endoscopic gastrostomy (PEG) feeding and catheter care. The inspector reviewed a family complaint regarding the standard of care provided regarding percutaneous endoscopic gastrostomy (PEG) feeding and an instance whereby catheter care could not be managed within the centre and a resident had to travel to hospital by ambulance.

While the inspector found that the provider was reviewing admissions procedures, had followed up on the above complaint and was attempting to recruit full time nursing care, this was a clear deficit in this centre. There was an over reliance on the public health nurse who was not always available.

Regarding food and nutrition, the inspector found that residents had good access to healthy food and drinks in sufficient quantities. The inspector found that residents were offered choice and staff accommodated resident's likes/dislikes when on respite. There were rotated menus seen and many options of home cooked meals. Residents informed the inspector that the food was very good and some baked themselves within the centre. Mealtime was observed to be a pleasant experience for residents. Staff supporting residents with modified dietary requirements were observed to do so in a calm, caring and respectful manner.

Judgment:

Non Compliant - Moderate

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:

The inspector found appropriate arrangements in place regarding medication management. All staff employed in the centre were trained and/or scheduled in the safe administration of medication. A new medication management policy (2016) was viewed by the inspector in the designated centre.

The inspector found that as this was a respite centre and residents brought medication in/out of the designated centre on a regular basis. The inspector found protocols in place regarding the admission of resident's medication and procedures in place regarding the prescription and safe administration of resident's medications.

Residents' medication was checked and recorded on admission to ensure residents assessed needs could be met for the duration of their respite stay. The inspector reviewed a number of resident's medication procedures and found that practices in place were safe. Many residents managed their own medication. The clinical nurse manager (CNM) highlighted that the implementation of new medication policy was very important in her view from a clinical perspective and was seeking further review of medication prescription procedures that operated in the centre.

The inspector saw evidence of good practice regarding the management of controlled medications and found that medication variances/errors were followed up and managed within the centre. There were clear protocols and medical guidance regarding crushed medication found in this centre.

The inspector found that the provider had improved medication storage facilities for the safe storage of medication and also had introduced clear PRN (as required medication) protocol as was identified as required on a previous inspection.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found there was a written statement of purpose that accurately described the service that is provided in the centre. The Statement of Purpose appropriately reflected the levels of care provided to residents in this designated centre. The inspector

found that the Statement of Purpose required some improvement to fully meet the requirements of the Regulations. For example, a description (either in narrative form or floor plan) of the rooms in the designated centre including their primary function was not included in the Statement of Purpose.

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):

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

Findings:

While much progress had been made in this centre since the previous inspection, the role of the person in charge was not full-time in this centre. The inspector found this arrangement to be unsatisfactory in terms of the on-going and consistent governance, operational management and administration of the designated centre. This is not meeting the requirement of the Regulations.

The inspector found a very qualified and experienced person held the position of person in charge. The person in charge was qualified up to doctorate level and was highly qualified in the area of psychology, mental health, healthcare management and disability. The person in charge had extensive experience in the field of acquired brain injury and was found to fully meet the requirements of the regulations in terms of knowledge, skills, experience and qualifications.

The person in charge was in the position for eight months and was seconded from another role for which she was recruited by the provider. This arrangement was initially interim but has continued. The person in charge worked three days a week in the centre and also held the role of managing community services which consisted of 16 stand alone centres. She supervised two service coordinators as part of this role.

The inspector found that the operational and management of this centre had gone through a period of substantive change. However, this centre required a full time person in charge to manage this change and ensure the continued consistent governance,

operational management and administration of the designated centre. There were a lot of changes in terms of admissions practices, medication management, personal planning, resident's experiences and a lot of organisational policy and procedural development. While the person in charge was found to be managing this centre effectively, a full time role was required based on the evidence gathered on this inspection.

While auditing and checking systems had been completed in this centre, the audits reviewed were predominantly based on the 6 months prior to inspection as opposed to have been implemented since the commencement of regulations and standards. Areas like admissions, staff files, risk management practices, adverse incidents/accidents and medication practices had been reviewed and audited. This was a significant improvement since the previous inspection. There was also a schedule of audits planned in the centre. The person in charge provided annual reviews of safe and quality care and unannounced provider visits and reports to the centre.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were appropriate arrangements proposed regarding any prolonged absence of the person in charge. For example, there were deputising arrangements whereby a professionally qualified person would oversee and manage the designated centre in the absence of the person in charge.

The inspector found there were no instances whereby the current person in charge was absent for 28 days or more. The person in charge was aware of her regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to meet the majority needs of residents based on their needs and in accordance with the centres statement of purpose. However the absence of transport in the centre was highlighted by residents as requiring improvement.

Facilities and workforce resourcing has been discussed under outcomes 6 and 17 respectively. There was a financial budget in place that ensured a good quality service was available to residents who utilised this service as a respite support. However the absence of a vehicle was highlighted by residents who were requesting increased social activation when using this centre. This was also a feature in resident feedback questionnaires. In addition, residents informed the inspector directly that a bus had been available previously but this service ceased. As many residents using the service had mobility support needs an accessible transport vehicle was required to assist this respite service in meeting all resident's needs.

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):

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

Findings:

The inspector found that residents were very complimentary about the staff team within this respite service. Staff were observed to be caring and respectful over the course of

this inspection and presented as knowledgeable of their role. However, the inspector found that in the absence of nursing staff in this centre, the skill mix required further review. In addition, further improvements were also required in the areas of the supervision of staff, professional development and some components of required Schedule 2 documentation (Staff Records).

The inspector found that there was an appropriate number of staff present and there was a clear roster available highlighting the staffing levels and persons working in the centre at all times. There was a consistent staff team with a low staff turnover level evident in this centre. All residents spoken to commented on the high standard of care they received in the centre. Staff presented as aware of their role and very interested in their work.

The inspector reviewed staff meeting minutes and discussed a number of issues with many staff regarding their role within the centre, policies and operational procedures and change. The inspector found that due to the substantive nature of changes in operations within the centre, a greater managerial emphasis was required on staff supervision and professional development. For example, there was not sufficient evidence of any on-going supervision sessions with staff (since commencement) that included reviewing staff roles, performance and professional development. While training was provided, further emphasis was required in terms of internal/centre specific training in new organisational policies and protocols that were changing and being updated. For example, medication practices and the completion of personal plans and individual assessment.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that some of the records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were maintained. However further improvement was required to ensure all resident information and Schedule 5 policies and procedures were managed in a manner to ensure completeness, accuracy and ease of retrieval.

The inspector found that the designated centre was adequately insured against injury to residents. The inspector found that the provider had compiled and implemented all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However several policies had duplicates, were in the process of being updated/replaced and some were not found to be accessible to staff.

For example, staff were recently provided with access to policies via a staff computer. Staff demonstrated awareness of this system. However the inspector found some policies were located in different parts of this system that members of management struggled to locate. This did not assure the inspector that all organisational policies were fully accessible to all staff. This area is crucial given the pace and rate of change found in this centre in recent times.

The inspector found that the staff and person in charge were providing information to residents through accessible means. For example, residents guide and information on complaints.

The inspector found that resident's information, personal plans and files were much improved since the previous inspection and those completed were adequate and kept secure and safe. The inspector found arrangements in place regarding the governance, management and auditing of records and documentation in the designated centre.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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-0003448
Date of Inspection:	19 April 2016
Date of response:	31 May 2016

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Many residents did not yet have contracts for the provision of services in place.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

An audit of each service user (current and due in) will take place by the 15th June 2016 to identify the number of service users without a signed Service Agreement. Each service user without a signed Service Agreement will have one posted to them by the 30th June 2016, with a request to return signed by 15th July 2016.

Proposed Timescale: 15/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The admissions policy was not implemented in terms of nursing assessment for admissions.

2. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

A Clinical Nurse Manager has been recruited and is due to commence employment on the 20th June 2016. All assessments will be carried out by the Clinical Nurse Manager after this time.

Proposed Timescale: 20/06/2016

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 residents who used this respite service (since commencement) did not have a personal plan.

3. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

An audit of each service user (current and due in) will take place by the 15th June 2016 to identify the number of service users without a personal plan. Each service user without a personal plan will be requested to participate in the process of documenting

their personal care and support needs and preferences, for the purposes of respite. This process will be undertaken for completion by 31st August 2016.

Proposed Timescale: 31/08/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

External doors and patio required repair.

4. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

A maintenance person has been identified and is due to commence this role on the 13th June 2016. These tasks will be identified as a priority for the maintenance person and it is undertaken for completion by 31st July 2016.

Proposed Timescale: 31/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Consistent nursing care was not readily available to all residents within the centre. In reviewing the directory of residents, healthcare planning (that was completed) and information available pertaining to healthcare issues that occurred in this centre, this measure requires further review and improvement to ensure all residents healthcare needs can be met in this service.

5. 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:

A Clinical Nurse Manager has been recruited and is due to commence employment on the 20th June 2016. This will allow for the nursing needs of service users to be met within the service, minimising the need to use external medical supports.

Proposed Timescale: 20/06/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was not a description (either in narrative form or a floor plan) included in the Statement of Purpose.

6. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Floor Plan previously submitted will be reviewed by 30th June 2016 to identify the missing required information and a narrative in relation to the size and purpose of the rooms will be written into the Statement of Purpose. This will be completed by the 30th June 2016.

Proposed Timescale: 30/06/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The person in charge was not full-time in the role of person in charge.

7. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

A full time Clinical Nurse Manager has been recruited and is due to commence employment on the 20th June 2016.

Proposed Timescale: 20/06/2016

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no transport resource available to residents.

8. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

A proposal outlining the need for transport within the service will be written and submitted to the HSE for consideration by 31st July 2016.

Proposed Timescale: 31/07/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The skill mix of staff of staff was not meeting the assessed needs of all residents in the directory of residents.

9. 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 Clinical Nurse Manager has been recruited and is due to commence employment on the 20th June 2016. This will ensure that a nursing presence is available in the centre on a full time basis each week to ensure the correct skill mix, resulting in the needs of service users being met within the centre.

Proposed Timescale: 20/06/2016

Theme: Responsive Workforce

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

While most staff had been provided with training (others were scheduled), further emphasis was required on providing training on changes and internal organisational policy and procedures.

10. 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:

Training has been arranged to occur by September in line with recent changes to internal policies and procedures, with a particular emphasis on Adult Protection. Following on from the commencement of a full time Clinical Nurse Manager, training will be carried out individually or in small staff groups to ensure all staff feel comfortable with changes to internal practices. This training will be undertaken by September 2016.

Proposed Timescale: 20/09/2016

Theme: Responsive Workforce

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

There was not evidence that staff were being supervised in a professional or formal manner in terms of their role, performance or continuous professional development.

11. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

From the 20th June 2016, following the commencement of a full time manager, it will be possible to carry out supervision with care support work staff on a regular basis. Supervision will be carried out with each care support worker by 31st August 2016.

Proposed Timescale: 31/08/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All Schedule 5 policies were not found to accessible to staff.

12. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

A folder containing Schedule 5 policies will be printed and placed in the staff room by the 15th June 2016. Staff will be notified of this folder to ensure awareness and accessibility.

Proposed Timescale: 15/06/2016