

**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-0003449
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Mark Blake-Knox
Lead inspector:	Gemma O'Flynn
Support inspector(s):	Julie Hennessy
Type of inspection	Unannounced
Number of residents on the date of inspection:	21
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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
07 January 2015 10:30	07 January 2015 17:15

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

Outcome 07: Health and Safety and Risk Management
Outcome 11: Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This report sets out the findings of an inspection which took place over one day following the Authority's receipt of unsolicited information. The inspection was unannounced and focussed mainly on outcome 11: Healthcare Needs, however, issues pertaining to staffing and health and safety are discussed in their relevant outcomes within the report.

The centre is part of Cheshire Ireland and is located in the county of Limerick. It can accommodate 22 adult residents. As part of the inspection process, the inspectors met with a number of residents, the person in charge, clinical nurse manager 2 (CNM2), nurse on duty and care support staff. The inspection focussed on Outcome 11: Healthcare Needs and involved meeting with residents, staff and the person in charge, observing practice and the review of documentation.

Overall, residents expressed satisfaction with the service and told inspectors that they were well looked after. Inspectors found that whilst there was evidence of good practice, non compliances were found in the areas of governance, health and safety, healthcare and staffing. Inspectors were not satisfied that there was sufficient evidence to demonstrate that night time staffing arrangements were appropriate and an immediate action was issued on the day of inspection to the person in charge.

These non compliances are discussed throughout the report and in the action plan at the end of the report.

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

Outcome 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):

This was the centre's first inspection by the Authority.

Findings:

One aspect of this outcome was reviewed as part of the inspection. Overall, inspectors were not satisfied that there were satisfactory procedures in place for the prevention and control of infection which were in line with the standards published by the Authority. For example, providers are obligated to submit statutory notifications in the event of specific infections occurring, there was at least one instance whereby the Authority was not informed as required and was therefore not aware of the incidence of infection or what interventions the provider had taken to mitigate the risk to residents.

An in-house staff member delivered training in hand hygiene to other staff, however, the person in charge told inspectors that this staff member had not received any specific training in the delivery of or in the assessing of hand hygiene training for staff. The inspectors found therefore that this was not in line with the standards published by the Authority.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

There was evidence that residents' health needs were assessed using appropriate tools such as risk of pressure sores and pain assessment tools. However, some of these assessments had not been updated in over two years to ensure that they adequately reflected the current status of the resident. The centre used a specific tool to determine the level of dependency of each resident and thus determine the level of care they required. A large number of residents were identified as having complex health and support needs such as residents with PEG (Percutaneous Endoscopic Gastrostomy) tubes, urinary catheters and risk of aspiration that required the supervision of a qualified nurse during the day, however, this clinical input was not available to the residents at night as a qualified nurse was not rostered on duty. This is discussed further and actioned under outcome 17.

A senior member of staff discussed the strategies that were in place to manage the care of a specific resident with complex healthcare needs, however, the care support staff who spoke with the inspectors, discussed different strategies that they would use to manage the issue. The senior member of staff told inspectors that a written protocol containing these strategies was not available in the resident's file for care support workers to refer to.

Assistance was not in place for a resident with specific communication needs at the time of the inspection, as confirmed by the person in charge.

Records viewed by inspectors showed that residents had access to allied health professionals such as Occupational Therapy, Speech & Language Therapy, Physiotherapy, and Dentistry.

Residents spoken with told the inspectors that they were well looked after in the centre and were able to discuss their health issues with inspectors.

The inspectors found that there were documentation gaps in records for equipment such as oxygen cylinders, nebulisers and suction machines.

An inspector observed lunchtime in the dining room. A choice of what was available was displayed on a notice board which a resident was able to show the inspector. There was no evidence of pictorial menu options for residents who were unable to communicate verbally so as to optimise their ability to choose their preferred dish at mealtimes.

At the lunchtime meal, some residents sat by themselves which the person in charge told inspectors was the individual's preference and some residents sat together. The inspector observed some general chit chat and banter between residents themselves and between residents and staff. Where assistance was required to complete a meal, it was seen to be dignified and at a non hurried pace, dictated by the resident. However, the inspector did see some examples of non-person centred care, for example, one resident who still had a significant amount of their main meal to finish, had their frozen dessert placed next to them. The inspector found that this task based approach had the potential to impact on the resident's ability to enjoy their lunch at their leisure and the resident in question left a sizeable portion of the main meal uneaten so they could proceed to their dessert.

Judgment:
Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

Some aspects of this outcome were reviewed on inspection. An audit of the service had been completed in April 2013, however as reported by the person in charge, due to resource issues, further reviews had not taken place as required by the Regulations.

The person in charge was new to the centre, having been in the role approximately three months. He demonstrated good knowledge of the Regulations and his obligations as a person in charge. Staff were supportive of him and he outlined changes he had made during his time in the centre and his future plans to improve quality of care and safety in the centre. For example, he had introduced monthly residents' meetings, which all residents who spoke with the inspector were familiar with. He also told the inspector that he planned to focus on person centred care going forward.

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):

This was the centre's first inspection by the Authority.

Findings:

One aspect of this outcome was examined on inspection, in follow up to the unsolicited information received by the Authority.

Nursing supervision was in place daily from 07.45-14.00hrs and 16.00-22.00hrs. However, inspectors found that the provider was unable to demonstrate that there was an appropriate skill mix of staff on duty at all times, appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre as clinical nursing input available during the day was not available to residents or care support staff at night. A clinical review of the staff needs had not been undertaken since July 2013. The person in charge stated that a clinical review was scheduled to take place at the end of January. Given the number of clients with very high needs as determined by the centre's dependency assessment tool, inspectors found that additional measures needed to be implemented until this review had taken place to ensure that residents received care from the most appropriate source.

Inspectors issued an immediate action in this regard that required measures to be put in place prior to inspectors leaving the centre at the close of inspection. The person in charge assigned the clinical nurse manager 2 to on call duty in response to this immediate action.

Training records indicated that not all staff had received up to date training. For example, not all staff had received manual handling training and for others it was more than three years since their last training session. Not all staff had received fire safety training and for those that had, had received same in 2010 or 2012. Training in the use of a specific aid to assist in the evacuation of non-mobile residents had not been given to all staff, despite a large number of residents with significant mobility needs. Not all staff were trained in the management of epilepsy.

Judgment:

Non Compliant - Major

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:

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Regulation Directorate
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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-0003449
Date of Inspection:	07 January 2015
Date of response:	30 January 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was at least one instance whereby the Authority was not informed as required of the incidence of infection or what interventions the provider had taken to mitigate the risk to residents.

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

An in-house staff member delivered training in hand hygiene to other staff, however, the person in charge told inspectors that this staff member had not received any specific training in the delivery of or in the assessing of hand hygiene training for staff.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Statutory Notification NF02 completed and submitted to the regulator in relation to the incidence of infection referred to in the report on 9th January 2015. Any suspicion or confirmation of a notifiable disease will be reported to the regulator within the timeframe specified to include the measures being taken by the provider to mitigate the risk to residents by ensuring all staff are aware of the need to ensure the Person-In-Charge is informed of any suspicion or confirmation of infection. This has been communicated to all staff through staff meetings

The staff member who delivers hand hygiene training in the service has received training in the delivery of and in the assessing of hand hygiene training to staff. Unfortunately training records did not indicate this clearly. Another member of staff is also trained to deliver this training.

Responsible Person(s): Service Manager

Proposed Timescale: 21/01/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some assessments had not been updated in over two years to ensure that they adequately reflected the current status of the resident.

Not all staff were familiar with the strategies in place to effectively assist a resident with complex care needs and these strategies were not in place in the resident's personal file.

Assistance was not in place for a resident with specific communication needs at the time of the inspection, as confirmed by the person in charge.

There were documentation gaps in records for equipment such as oxygen cylinders, nebulisers and suction machines.

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:

All residents' health assessments will be reviewed and updated by the CNM2 as required to ensure they reflect the current status of the residents by 28th February 2015.

All staff will be familiarised with the strategies in place to effectively assist a resident with complex care needs. The strategies in written format have been put in place in the residents file to ensure all staff is able to access them if required, this is to be done by the CNM2 before the 31/1/15.

A communication strategy will be developed and recorded within the individuals' best possible health plan. This will be communicated to all staff by the CNMII and all staff will be advised to implement this plan.

All equipment checks have been reviewed and a system put in place to ensure weekly checks are completed, this is in place as of the 21/1/15 and monitored weekly.

Responsible Person(s): CNM2 with support from Service Manager

Proposed Timescale: 28/02/2015

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:

An annual review had not been undertaken in the centre.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

In 2012, 14 Cheshire Ireland senior grade staff employed throughout the organisation attended a 2 day Auditor training course. During this course, audit tools specific to the HIQA standards and Regulations were developed which could be utilised to audit Cheshire Ireland services from a quality and safety perspective.

A series of audits were carried out by teams comprising of these trained individuals throughout 2013 and 2014, however, due to competing priorities within these individuals own roles, the schedule of audits was reduced.

As part of this audit programme, a quality and safety audit was carried out on 16th – 18th April 2013 and a report produced outlining the findings of the audit team. Areas of good practice and opportunities for improvements were outlined in this report and action taken within the service to ensure continuous quality improvement within the service.

These audits will be recommenced and a schedule of audits will be developed for the 17 designated centres throughout the organisation.

Reports will be produced by the teams following these audits outlining areas of good practice and opportunities for improvement. This report will be reviewed and approved by the Registered Provider prior to its circulation to the Service Manager and relevant individuals.

Audit Schedule to be developed by 1st March 2015. Audits to commence April 2015
Responsible Individual(s): Chief Executive, Service Quality Officer, Trained staff throughout the organisation.

Proposed Timescale: 01/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider was unable to demonstrate that there was an appropriate skill mix of staff on duty at all times, appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. A number of residents had complex health and support needs that required nursing care during the day which was not available at night.

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 service review is taking place and will be completed by 28th February 2015 to identify the staffing requirements and skill mix of staff required to meet the assessed needs of the residents.

A system of On Call clinical support has been put in place so staff can avail of support if they require it during hours when nursing staff are not present within the service. 11 members of staff have been identified as still requiring training in the management of epilepsy. This training will be delivered by 31st March 2015.

A full analysis of staff training needs will take place to identify staff that requires additional training to meet the health care needs of the residents. This review will be completed by 28th February 2015. Any identified training needs will be planned in consultation with the Clinical Support Team. This plan will be forwarded to the regulator when completed.

Responsible Person(s): Service Manager, Clinical Support Team & Regional Manager

Proposed Timescale: 31/03/2015

Theme: Responsive Workforce

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

Training records indicated that not all staff had received up to date training.

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:

Some staff require training in the following three mandatory areas of training:

Fire Safety Training: – Training has now been organised for all staff, to be completed by 28/2/15. In the mean time Staff will be given peer training around Fire Safety and Evacuation procedures

Moving & Handling Training: Any staff in need of refresher training in Moving & Handling will have participated in this training by the end of February 2015.

Adult Protection Training: Staff in need of refresher training in this area will have completed their training by March 15th 2015.

All outstanding mandatory training completed by March 15th 2015.

Responsible Person(s): Service Manager supported by National Learning & Development Manager.

Proposed Timescale: 15/03/2015