



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

Name of designated centre:	O'Dwyer Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	23 January 2019
Centre ID:	OSV-0003452
Fieldwork ID:	MON-0021788

## About the designated centre

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

O'Dwyer Cheshire Home provides a residential and respite service for up to seven residents who have physical and sensory disabilities. Residents who utilise this service may also have complex healthcare needs and reduced mobility. Six residents have a full-time placement in this centre and there are two identified respite users who utilise this service on a planned basis. Five of the residents have their own individual apartments, which consist of a kitchen/living area and a separate ensuite bedroom. One resident has an ensuite bedroom and the identified respite bedroom room also has an ensuite. The centre also has a separate open plan kitchen /dining facility with a sitting area. The centre is wheelchair accessible and additional equipment such as hoists and pressure reducing devices are in place to support residents with reduced mobility.

The centre is located in the countryside and within a short drive of two local towns where community services are available, transport is provided for residents to access these services. Up to six care support workers attend to residents during the day and there is a night duty and sleep-in arrangement to support residents during night time hours. Nursing care is also provided seven days a week and an emergency manager on-call arrangement is available for issues which may occur outside of normal working hours.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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## How we inspect

To prepare for this inspection the inspector or 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
23 January 2019	09:00hrs to 18:00hrs	Ivan Cormican	Lead

## Views of people who use the service

The inspector met with four residents who used this service. Three of the residents could freely express their thoughts and feelings. These three residents told the inspector they were satisfied with the service and the inspector observed that their opinions and choices were being respected by staff on the day of inspection. One resident who met with the inspector could not freely express their thoughts and feelings, but the inspector observed that staff members were able to communicate with them which ensured that they were able to communicate their needs and wishes appropriately.

## Capacity and capability

Overall, the inspector found that the governance and oversight arrangements in this centre ensured that residents received a good quality service. The inspector found that there had been marked improvement in the quality and safety of care being provided to residents since the last inspection of this centre. The actions which were implemented by the provider, following the last inspection, were found to have had a positive effect on the care provided, with many of the regulations examined on this inspection showing a good level of compliance.

There were auditing and review systems in place, which ensured that the person in charge and management of the centre had good oversight of issues which could impact on the quality and safety of care provided to residents. For example, a review of adverse events and the annual report of the centre highlighted that a significant number of medication errors had occurred in this centre. The reporting system highlighted that the provider had responded appropriately to each error and additional supervision and review was regularly implemented to monitor improvements in practice. However, while the inspector noted that the majority of these events were administration recording errors, these errors continued to occur on a regular basis. This was brought to the attention of the person in charge and an action plan was implemented prior to the conclusion of the inspection to address this issue.

The person in charge was based in the centre and they were found to have a good understanding of the centre and of the residents' individual care needs. The person in charge and the staff team were also conducting regular reviews of the quality of care which was provided in the centre, this ensured that residents received a good quality service. The provider had also conducted all required reviews and audits as stated in the regulations and the findings of these audits were used to

drive improvements within the centre.

The staff members who met with the inspector were found to have detailed knowledge of the residents' care needs including healthcare, communication and social needs. Staff members also stated that they felt supported by the person in charge and by management of the centre. The provider had also ensured that a competent workforce supported residents by providing both mandatory and refresher training. All staff members were up-to-date with safeguarding training and additional fire safety training was due to be completed on the day following the inspection for recently appointed staff members. The inspector did note that not all staff had completed training in supporting residents with their behavioural needs; however, there were minimal behavioural support interventions required in this centre.

The provider maintained a rota which highlighted that, in general, residents were supported by familiar staff. While there had been some agency staff used in the recent past the provider had ensured that residents were safeguarded by seeking written assurances from the agency which stated that all Schedule 2 documentation and training was in place, prior to them commencing work in the centre.

Good improvements had been made to the management of complaints since the last inspection. A resident who met with the inspector stated that they could make a complaint if they so wished. Information on how to make a complaint was displayed in the centre. Residents were also being regularly updated on the progress of any complaints which they had raised. There was one unresolved complaint on the day of inspection and the inspector found that the provider was exploring all possible resolutions to this issue.

### Regulation 15: Staffing

The provider had a rota in place which indicated that regular staff were working with residents on a daily basis including, on occasion, agency staff. The provider had ensured that all documentation required by the regulations was in place both for permanent and agency staff, prior to them working in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that a competent workforce supported residents by providing both mandatory and refresher training. However, not all staff had completed training in supporting residents with the behavioural needs.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had completed all required unannounced audits of the centre and the person in charge had progressed all actions arising from these as required. The annual review of the service was also nearing completion and it was evident that residents were actively consulted throughout this review. There were a significant number of medication errors in the centre and an action plan was put in place to address this issue prior to the completion of the inspection.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Each resident had a tenancy and service agreement in place. These were signed and outlined the services and facilities which were available and the responsibilities of the landlord and the tenant.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had produced a statement of purpose which clearly identified the care and supports arrangements that were in place to meet the needs of the residents. However, some minor adjustments were required to ensure that all prescribed information was contained in this document.

Judgment: Substantially compliant

### Regulation 30: Volunteers

There were no volunteers in place on the day of inspection.

Judgment: Compliant

## Regulation 34: Complaints procedure

Residents reported that they could make a complaint if they so wished and information on how to make a complaint was on display in the centre. There was one unresolved complaint on the day of inspection but the inspector found that the provider was exploring all available avenues in order to resolve this issue.

Judgment: Compliant

## Quality and safety

The inspector found that the centre appeared like a very pleasant place to live and interaction which were observed between residents and staff members were warm and meaningful. There was also a warm atmosphere in this centre and on occasion residents and staff members were found laughing and joking with each other. A resident's family member met with the inspector and also voiced their satisfaction with the staff and management of the centre.

Some residents in this centre had significant healthcare needs, with oversight of their care being provided by registered nurses throughout the week. Nursing staff ensured that residents' health care plans were robust and regularly updated to reflect changes to resident's individual needs. Residents' day-to-day care was generally provided by support workers. The inspector spoke with one staff member and found they were knowledgeable on how to support a resident who had complex medical needs.

Residents were supported by an informal goal setting process and there was evidence that residents' wishes in relation to set goals were achieved. The provider had highlighted through unannounced audits that improvements were required to support residents to identify and achieve their personal goals through a formal goal setting process. Part of this process involved identifying key workers to support residents through this process and dates for the required staff training were identified on the day of inspection. A senior care worker also indicated that the new goal setting process was due to be fully implemented by the end of March 2019. The inspector found that the proposed improvements would further enhance the social care arrangements for residents at the centre.

Residents' wishes in regards to accessing their local community were respected and an unplanned trip to the local shops was easily facilitated for a resident on the day of inspection. A review of records in the centre indicated that residents had good access to their local community with shopping, holidays and meeting friends facilitated on a regular basis. Two residents attended separate day services on set days each week and all residents had been assessed in terms of their wishes in regards to further education, training and employment. However, some

improvements were required in this area as a resident's wishes to develop further interests in pottery and photography had not been progressed.

There were robust risk management systems in place and a register was maintained for all operational risks in the centre. Detailed risk management plans had also been developed for individual issues which may impact on the safety of residents and the inspector found that these risks were kept under regular review, which ensured that the safety of residents was promoted at all times.

There were systems and procedures in place to ensure that residents were safeguarded from abuse and a staff member who met with the inspector could clearly identify the designated person. Safeguarding procedures were also clearly on display and staff in the centre appeared very respectful of residents. There was one active safeguarding plan in the centre and the person in charge had detailed knowledge of this plan. The person in charge also indicated that an investigation into this issue was nearing completion.

There was appropriate documentation in place to support the administration of medications and a staff member who met with the inspector could clearly express how they safely administered medicinal products in the centre. There was also additional protocols in place to support the administration of as required medications and again, staff members had good knowledge of these protocols. The inspector found that these arrangements which were implemented by the provider assisted in ensuring that medication practices were maintained to a good standard. As mentioned earlier in this report, a significant number of medication errors had occurred in this centre. The inspector reviewed a sample of these errors and found that on each occasion staff members had sought medical advice which indicates that the safety of residents was actively promoted. There were some control drugs in place on the day of inspection and staff in the centre maintained a register of these drugs; however, the inspection found that some minor adjustments were required to ensure that these records were appropriately maintained.

## Regulation 10: Communication

Residents had communication profiles in place which outlined their communication support needs. A review of these plans indicated that staff members had a good understanding of residents' communication needs and that additional speech and language reviews and assistive technology had been sought to support residents in this area of care.

Judgment: Compliant

## Regulation 12: Personal possessions

Staff in the centre maintained a register of residents' personal possessions and detailed financial records were maintained for residents who required support in this area of care. A senior support worker was also completing regular audits of financial records in the centre which assisted in the safeguarding of residents.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had been assessed in terms of their wishes in regards to further education, training and employment. However, some improvements were required in this area as a resident's wishes to develop further interests in pottery and photography had not been progressed.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The arrangements in place for the identification and monitoring of risks in the centre ensured that the safety of residents was maintained to a good standard.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was clean and well-maintained and a cleaning schedule was in place. There was also dedicated cleaning staff in the centre on set days in the week.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire arrangements had been revised since the last inspection to include changes which had been made to respite room numbers in the centre.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There was appropriate documentation in place to support the administration of medications and a staff member who met with the inspector could clearly state how they safely administered medicinal products in the centre. Residents' independence was promoted through an assessment to manage their own medications. There were some controlled drugs in use on the day of inspection and staff in the centre maintained a register of these medications; however, the inspector found that some minor adjustments were required to ensure that these records were appropriately maintained.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents were supported by an informal goal setting process and there was evidence that residents wishes in relation to set goals were achieved. Plans were also in place to further enhance this process through the implementation of keyworkers and a formal goal setting process.

Judgment: Compliant

## Regulation 6: Health care

Residents' healthcare was promoted and it was evident that the health of residents was maintained to a good standard. Detailed healthcare plans were in place and staff who met with the inspector had a good knowledge of residents' health issues and the supports which were implemented to assist them with their health concerns.

Judgment: Compliant

## Regulation 8: Protection

There were systems and procedures in place to ensure that residents were safeguarded from abuse and a staff member who met with the inspector could clearly identify the designated person. Safeguarding procedures were also clearly on display and staff in the centre appeared very respectful of residents. There was one active safeguarding plan in the centre and the person in charge had detailed

knowledge of this plan. The person in charge also indicated that an investigation into this issue was nearing completion.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for O'Dwyer Cheshire Home OSV-0003452

Inspection ID: MON-0021788

Date of inspection: 23/01/2019

## 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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• Positive Behavioural Support training has been scheduled for completion by 31/3/19 for all staff members who have not had it to date.</li> </ul> <p>The PIC will review and monitor all training on a monthly basis to ensure training is up to date.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> <li>• The Statement of Purpose has been amended to include all the prescribed information on 15/2/19. It has been submitted to the Chief Inspector.</li> </ul> <p>The PIC will ensure that the Statement of Purpose is reviewed regularly to ensure information is up to date and is in compliance.</p>	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> <li>• Separate educational and training and employment assessments have been implemented and agreed with each resident.</li> <li>• Each assessment will be reviewed in line with residents wishes by 28/2/19</li> <li>• The Management team will monitor goals against progress at planning meetings.</li> <li>• The Quality Officer will provide external monitoring of goals against progress and provide training and support as necessary to staff.</li> <li>• One resident will have their goals to pursue specific activities reviewed and progressed through specific actions as agreed with them.</li> </ul> <p>The PIC will have oversight of all plans and will review regularly, working with the Management Team to progress as agreed.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• The CNM 2 has communicated with nursing team and line managers around improvements to record keeping in regards to Scheduled Controlled Medications. The Nurse on duty will check Scheduled Controlled Register on alternate days for three months to end of March 2019 to monitor standard of record keeping.</li> <li>• Recording of Scheduled Controlled Medications will be discussed and guidance given to staff at next Team meeting on 20/2/19.</li> <li>• A document setting out requirements for recording has been placed in updates folder for staff on 13/2/19</li> </ul> <p>This will be reviewed by the PIC and CNM2 monthly for oversight and monitoring. This will be part of the agenda of staff meetings going forward to ensure ongoing compliance and improvements.</p>	

## 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 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	28/02/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2019
Regulation 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing,	Substantially Compliant	Yellow	31/03/2019

	storing, disposal and administration of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 ( S.I. No. 328 of 1988 ), as amended.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/02/2019