

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|---|
| Centre name: | A designated centre for people with disabilities operated by Cheeverstown House Limited |
| Centre ID: | OSV-0003556 |
| Centre county: | Dublin 6w |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Cheeverstown House Limited |
| Provider Nominee: | Brian Gallagher |
| Lead inspector: | Linda Moore |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 11 |
| Number of vacancies on the date of inspection: | 0 |

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: |
| 14 April 2015 09:30 | 14 April 2015 19:30 |
| 15 April 2015 08:45 | 15 April 2015 17:30 |

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

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| 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

This registration inspection was announced and took place over two days. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures and staff files. The inspector received questionnaires from residents which were complimentary of the service being provided at the centre.

The inspector visited three locations where residents resided. They met with residents and staff in these locations. The inspector also met the management of the service and a fit person interview was carried out with the nominated person on

behalf of the service. He was found to be knowledgeable of his role and the requirements of the Regulations. Despite there been a management team with responsibility for the service, there was no nominated person in charge as required by the Regulations.

While the roles of clinical nurse managers is to provide clinical cover for all of the community services, there was a lack of governance in the designated centre to support this management structure to ensure that the needs of residents are met, incidents were appropriately responded too, personal plans implemented and staff were supervised.

As many of the residents were out during the day, part of the inspection took place in the late afternoon and evening, when residents had returned from their day activities. All residents had an intellectual disability.

Overall, the inspector found that residents received a good quality service in the centre whereby staff supported and encouraged them to participate in the running of the house and to make choices about their lives. There were regular meetings for residents, however residents' communication support needs needed to be enhanced. The inspector found that residents' healthcare needs were met as they arose, however there were no care plans to guide the care. Residents were supported to develop and maintain personal relationships and links with the wider community.

The houses were clean and had a warm, hospitable atmosphere and the inspector found that the residents were comfortable and confident in talking about their home. However, not all of the premises met the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013. There was currently no plan to address the deficits in the premises.

This centre had a monitoring inspection in June 2014, the inspector reviewed seven outcomes as part of that inspection. The inspector found that the provider had addressed three actions, partly addressed four actions and not addressed three actions.

While evidence of good practice was found in many of the outcomes, areas of non compliance with the Regulations were identified. These included the arrangements for the management of residents' finances in line with the policy, aspects of fire safety and the provision of training to staff around the specific care needs of residents and aspects of medication management. Other areas for improvement included the development and implementation of residents' personal plans, implementation of the risk management policies to guide staff practices, the complaints procedures, the contract for provision of services and the statement of purpose. The non compliances are discussed in the body of the report and included in the action plan at the end of this report.

The provider submitted two versions of an action plan response however, both did not fully address some of the non compliances, and therefore some of the action plan responses were not accepted by the Authority.

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):

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

Findings:

The inspector found that resident's rights, dignity and consultation were well maintained. There was evidence that residents have opportunities to contribute in how the centre is planned and run.

Residents gave numerous examples of how they were involved in the running of the centre for example, deciding on their own meals and assisting to keep their bedrooms clean.

Residents told inspectors about their involvement with their local community including trips to the supermarket, visiting family members, going to the hairdressers and local shops and going out for a meal and a drink.

The inspector found that the complaints policy met the requirements of the regulations, however this was not on display in the designated centre. Residents expressed familiarity with who they could make a complaint to, and they described how the staff were available if needed. There were no complaints recorded for the service. Staff explained how meetings would be held with an external advocate if required, however this information was not freely available for residents.

The inspector reviewed resident's personal plans. They informed residents on issues such as rights, diet and their goals.

During inspection, staff were seen to treat residents with dignity and respect, facilitating individual routines and practice in a manner maximising residents' independence.

Support plans showed that staff facilitated residents to exercise civil, political and religious rights. Residents were supported to access mass in the local church.

There were many opportunities for residents to participate in activities that are meaningful and purposeful and reflected their interests and capacities. Activities were planned for the residents with the residents. Residents said they particularly enjoyed the day trips, and trips to the cinema and bowling.

There were many examples of where residents were supported to be independent and develop skills within the community; this could be further enhanced within the home. Inspectors found that the way in which staff supported residents showed their understanding of each person and the unique way that their disability impacts on them individually.

Many of the residents were seen to be facilitated with day services or part time jobs which they said they enjoyed.

There was a policy protecting residents' property and monies; however which this was not fully implemented in practice. Residents retain control over their property and where monies are held by the centre there is transparent procedures around this to protect both residents and staff. The inspector found that residents' finances were not fully managed in accordance with the policy. Balances were checked and were correct; however, all entries were not always signed by two staff members or the resident. See Outcome 18.

Judgment:
Substantially 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):

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

Findings:

The inspector found that the person in charge and staff responded very effectively to the communication support needs of residents. However there were areas for improvement.

Relevant information was available throughout the centre in accessible formats. For example, menu choices were available in picture format to support residents making a choice. The resident's daily routine was also presented in pictorial form to support

residents' communication needs. While some of the residents had communication passports, this was not consistently in place for all residents. The inspector met with one resident who had difficulty communicating and there was no communication passport for this resident to ensure the communication needs could be met.

The inspector reviewed minutes of the weekly residents' meetings which showed that residents have input into their menu and house activities, as well as the opportunity to express any issues, shopping needs or individual activities that they would like to plan for that week. The activities were seen to be meaningful, purposeful, appropriate to residents' needs and affirming individual talents.

Residents told the inspector that they had access to magazines, radio, TV, and telephone. Internet access was provided to residents to enhance their communication needs.

Judgment:
Non Compliant - Moderate

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 residents were supported to develop and maintain personal relationships and links with the wider community and that family were encouraged and welcomed to be involved in the lives of residents.

There were no relatives visiting at the time of the inspection. Residents told the inspector that family members and friends could visit at any time and some residents said that they visited their family home regularly. Residents were supported to maintain friendship with those they knew in their day centre.

While staff told the inspector that family were very involved in the residents' annual assessment goal setting, there was no evidence of this participation.

Both residents and staff confirmed that space was made available to meet a visitor in private, they could use the residents bedroom, the office or the sitting room if this was free at the time.

Judgment:
Substantially 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):

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

Findings:

The inspector reviewed and found that the admissions policy only briefly set out the arrangements for admitting new residents to the centre. The admission process explained to the inspector considered the wishes, needs and the safety of all residents in the centre. However, this was not fully included in the policy. See Outcome 18.

The inspector found that one of the locations in the centre had "an emergency bed", the statement of purpose and the policy did not guide the use of this room or how the existing residents would be consulted about the new admission.

There was a contract of care in place to detail the supports, care and welfare of the residents in the designated centre. This was called the memo of service provision. This was supported by a "manage my money document". However the contract of care did not fully include the details of the services to be provided for that resident.

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:

Each resident had a personal plan and the inspector reviewed a sample of six of the plans. There was not a consistent approach to the development of the plans. The current model of personal plans did not support the development of current needs and choices of all residents. The personal plans were available in an accessible format.

The records of the goal setting and evaluation of the plans did not demonstrate the good practices delivered. There was some evidence of regular review and participation of residents in the development of their plans. However, the assessment did not have multidisciplinary input and did not inform the personal plans. Staff were not fully aware of the residents plans and they did not inform the service delivered. It was not apparent if the goals set had been realised. The provider had acknowledged the deficits in the documentation and had recently introduced a new planning document and staff had received training. The inspector found that when this was introduced it would address many of the deficits identified.

The personal plans contained important information such as details of family members and other people who are important in their lives, wishes and aspirations and information regarding residents' interests. The inspector found that there were not individualised risk assessments completed for residents to ensure continued safety of residents. For example, residents who self medicate and those who remain at home alone. The inspector also found that there was a lack of care plans to guide the care to residents, see Outcome 11.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Overall the physical environment in the centre met the requirements of the Regulations. However, there was a lack of bathrooms in one of the houses and the flooring in the kitchen was in a poor state of repair. While these issues had been discussed at the

property committee, there was no plan as yet in place to address the deficits in the premises.

The centre consisted of three houses, two are located next door to each other and the other is a short drive away.

The first house consisted of three single bedrooms and the other bedroom was used as an office space and a bedroom which was used by the sleepover staff. All bedrooms were on the first floor. One of the bedrooms had an ensuite. Other facilities included a separate kitchen cum dining area with accessibility to the back garden area and a separate sitting room. There was one bathroom, which contained a shower, toilet and sink. A second toilet is located under the stairs.

The second house had six single bedrooms, one of these was located on the ground floor, one of these was a bedroom/office used as a sleep over room and another room was used as an emergency bedroom. The inspector was not satisfied that this room should be used for emergency residents as the criteria for the usage of this room was not clearly defined and it may impact on the other four residents who live here. There was a separate kitchen area cum dining room, the sitting room was accessible to the back garden. There were two bathrooms on the first floor, which contained a shower, toilet and sink.

The third house was a semidetached two story house that contained three single bedrooms on the first floor and a fourth room used as a sleep over room. There was one bathroom on the first floor, which contained a shower, sink and toilet for use by residents and the staff. Residents told the inspector that there were an insufficient number of showers and toilets and they often had to wait to use the shower and toilet in the morning. The provider acknowledged this deficit and planned to convert the garage into another bathroom, however there was no date for this work to commence. Communal space included a kitchen, separate dining and sitting areas. As stated the flooring in the kitchen was in a poor state of repair.

Inspectors visited three houses in this designated centre and found that they were clean, warm, well maintained and homely. All residents had their own bedroom.

The inspector was invited by some residents to visit their bedrooms which were well kept and of suitable size to meet their individual needs. Rooms were decorated in accordance with the wishes of the resident and contained personal items such as family photographs, posters and various other belongings.

The entrance to the house was sufficiently accessible for all the current residents who lived there, this was not the case from the rear of the house due to the steps from two of the houses.

The houses was being kept in a clean and tidy manner, and residents told inspectors about how they contributed to keeping the house clean. Inspectors saw invoices of regular maintenance in the house and there were records that any maintenance requirements were attended to promptly.

There was sufficient storage in residents' bedrooms for their clothes and other personal items.

There was a kitchen, dining and sitting room in each location. Residents had unrestricted access to their kitchen.

Residents had access to a back garden with support which was well maintained.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector generally found that the provider had put risk management measures in place; however, they needed to be improved. For example, risks associated with self medication. The systems for the identification, assessment and management of risk required improvement and measures put in place following adverse incidents to prevent them recurring required improvement. The centre had policies and procedures relating to health and safety and these were seen in practice. There was a new guidance document for infection control.

The inspector found that there was a Health and Safety Statements for each location, however this did not include the environmental issues in each house, it also did not include any risk assessments or any control measures to mitigate any risks. While there was a corporate risk register, it did not include all risks associated with the locations. The provider described the plans to address this.

At the time of inspection, there was no infection control policy available to inspectors, however there were guidance documents to support staff. While there were no current infections in the houses, the inspector found there was an absence of appropriate measures, such as hand sanitizer available for use within the houses.

While there was a new risk management policy, which was revised from the previous inspection and information was provided to staff on the policy, they were not knowledgeable in the management of risk or the completion of risk assessments. They told the inspector they would welcome additional training. All risks were also not identified, such as the staff number and skill mix, for example. The provider said they

were actively addressing this. The hazard in one of the locations was addressed from the previous inspection.

The staff in the locations and managers undertook a review of all incidents and accidents. The inspector reviewed the reports and noted that the information was not being fully analysed to improve the service, minimise the risk of future occurrences and this was a missed opportunity to share any learning for the period.

The inspector found that there were centre specific emergency plans in place and staff were familiar with them. This detailed the procedure for evacuation, contact numbers and the location of mains valves for electricity, water and gas (where applicable). The plan also included the location of alternative accommodation and means of transport should these be needed.

Fire safety

Overall while fire safety was well managed, however, there were areas for improvement. The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations.

The records of fire drills were detailed and included learning outcomes. There was evidence that fire equipment was serviced regularly. This had been an improvement from the previous inspection. There was evidence that the fire extinguishers, fire alarms and emergency lighting were serviced. The inspector found that all fire exits were unobstructed on the day of inspection.

The inspector noted that there were no fire doors in some of the areas of the houses, there was no emergency lighting in all houses. The provider was aware of this and was actively addressing this. Inspectors reviewed the report and action plan to address these issues.

Judgment:

Non Compliant - Moderate

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

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were arrangements in place to safeguard residents and protect them from the risk of abuse.

Staff were generally knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. All staff had received training on safeguarding vulnerable adults. Further training was planned to include the national policy.

The policy on safeguarding residents from abuse contained guidelines on how any allegations of abuse would be managed. The provider had appointed a designated adult protection officer. The responsibilities for this person were contained in the policy, and the officer was a resource to staff should they need to discuss any concerns they had. Residents were knowledgeable of who they could talk to if the need arises.

There was evidence that incidents of all allegations of abuse were appropriately investigated and managed in accordance with the centres policy.

Throughout the inspection, the inspector noted that staff interacted with residents in a kind, caring, respectful and patient manner. Staff maintained resident's privacy during the delivery of intimate care. All residents had an intimate care plan in place, which guided care. Overall residents confirmed that they felt safe and described the staff as being very kind and supportive.

There was a policy on the management of behaviours that challenged, which was being used to guide the care delivered. There was also a new policy that had been approved and was going to be circulated to staff. The focus of the new policy was strongly focused on the rights of residents, promoting positive approaches and identifying and addressing any causes for residents distress.

Staff had training in the management of challenging behaviours and plans were in place to provide training on the new policy and procedure. There was evidence that the GP, psychology and psychiatric services were involved in the care as required.

Throughout the inspection, as identified above, the inspector noted that staff interacted with residents in a kind, caring, respectful and patient manner and the consistent staff in one location had been instrumental in the management of residents behaviours.

Residents had communication passports which included the behaviour support plans in place for all residents with behaviour that challenges.

There were no restrictive practices in use in the centre. Residents who required this would have been reviewed at the rights committee.

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):

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

Findings:

The inspector found that the staff had maintained records of all accidents and incidents that had occurred in the centre. These were reviewed by the nurse managers. The provider was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector.

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):

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

Findings:

The inspector found that residents' general welfare and development was being facilitated. Residents attended a day service for a period of time during the week or out to jobs and work experience which they enjoyed.

Residents told the inspector that they enjoyed attending the day service as it gave them an opportunity to meet with their friends and chat with the staff who worked there. Residents also told the inspector that they were supported to pursue a variety of interests, including joining various clubs of interest in the local area. Some of the residents enjoyed volunteering in the local area and their work experience.

Some of the residents were encouraged to be independent in the house and community as much as possible. Some of the residents travelled unassisted within the community with the appropriate supports and training. This could be further developed in the locations where residents lived with an assessment of resident's skills and plans to address areas identified to improve their quality of life.

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):

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

Findings:

The inspector found that the actions from the previous inspection were partly addressed. The end of life policy was in draft format.

The inspector found that there were appropriate arrangements in place to support residents' health care issues as they arose. The staff in the locations were very familiar with residents' needs and had responded when the need arose. Staff had created links with the health services in the community and within Cheeverstown's allied health professionals. Evidenced based assessments for falls, nutrition and wounds were not in place. While residents had guidance documents in place for epilepsy, there was a lack of care plans in place to guide staff. There was a guidance document for one resident with diabetes, the inspector found that if it was followed, it may result in poor outcomes for the resident.

The inspector reviewed the personal plans and medical folders for six residents and found that they had access to a General Practitioner (GP), including an out of hour's service. There was evidence that residents accessed other health professionals such as chiropodists, opticians and dentist. There was some evidence that residents had accessed screening such as breast check.

Overall, there was a lack of evidence that health assessments were completed. The nurse managers said these were maintained in the GP surgery off site. Health plans were in place for all residents; however they did not provide valuable information for staff in the care of residents and were not consistently up to date for all residents. For example, there was no record to show that staff responded when a resident's blood results were irregular. There was no consistent follow through when the need for referrals to other services was identified. While residents were referred to and reviewed at the complex needs committee, there was insufficient evidence of the follow up through this meeting. Staff were unable to tell the inspector if referrals were made and when appointments were due. The health plans did not include key information such as that the resident had dysphagia.

While routine blood samples were taken, there was no date set for repeat bloods to determine the therapeutic blood levels.

Overall residents appeared to enjoy their evening meal when they returned to the centre. Residents decided what they wanted for their evening meal and if any resident did not like what had been prepared, there was a range of alternatives available. Residents were supported to have or to make a snack at any time of the day or night if they preferred and this was supported. Residents enjoyed going out for a meal and at times they participated in doing the shopping for the house. The inspector found that there was an ample supply of fresh and frozen food. Fresh fruit and juice was available during the day which residents could access.

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 was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. There were a small number of improvements noted. The medication policy was revised following the previous inspection.

The inspector read a sample of completed prescription and administration records and saw that overall they were in line with best practice guidelines. However, one resident's prescription for glucagon (a medication prescribed to raise the concentration of glucose in the blood stream) would not guide practice. Another resident's prescription was not being adhered to in practice. The pharmacist was involved in medication safety and provided support and advice as required. Information pertaining to each resident's medication was available in the resident's files.

Staff had received training in this area and were familiar with the medications in use. There were no medications that required strict controls in place, but staff outlined the procedure they would follow.

Staff knew about the procedures for reporting medication errors. There were no reports available in the locations.

There was a policy in place to guide safe practice in residents who choose to self medicate. This policy was not implemented in practice. There was a risk assessment document in place to determine the resident's ability to self medicate safely. However, this did not include the actual practice, assess the risk or document the control measures required. While this resident had a previous history of incidents with medication, the risk assessment was not revised and there was no care plan to guide the care for this resident.

There was no system of checking that the resident was managing to self medicate. The resident was not fully adhering to the prescribed amount of medication. There was no record maintained that the resident was altering the dosage of medication. The inspector was concerned that with the lack of a risk assessment and plan for staff, this could result in poor outcomes for residents as there had been no referral to the GP or pharmacist for further advice.

While there had been a medication audit for the centre and the management were working through the action plan, medication audits were not completed for each location to identify areas for improvement, therefore there was a missed opportunity for learning.

Judgment:
Non Compliant - Moderate

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):

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

Findings:

The inspector found that the Statement of Purpose did not fully meet the requirements of the regulations. It reflected the centre's aims, ethos and facilities. It did not fully describe the care needs that the centre is designed to meet, as well as how those needs would be met. The room sizes were also not included.

Feedback was provided to the management team on the deficits in this document.

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):

No actions were required from the previous inspection.

Findings:

Inspectors were concerned that there was no identified person in charge to manage the centre as per the requirements of the Regulations.

Inspectors found that while there was a management team in place, there was no person in charge nominated to oversee the management of the designated centre. This concern was brought to the attention of the provider, director of services and senior management during the inspection. They are aware of their requirements under the Act and the Regulations.

There was a senior management team in place. The team included the provider, director of service, assistant director of services, medical director, financial controller, operations and quality manager, human resources manager, employment and training manager. . In the designated centre, a team of local managers oversaw the day to day running of the centre, and these staff was clear on the management structure, reporting systems and areas of responsibility. However, the lines of accountability and responsibility for the provision of the designated centre at unit level were not so clear to ensure residents health, social and physical care and support needs were met were not robust, as evidenced in Outcomes 5 (social care needs), 8 and 11 (health care needs).

Inspectors found that the management systems in place did not ensure that services provided are safe, appropriate to residents' needs, consistent and effectively monitored as outlined throughout the report. While the roles of clinical nurse managers is to provide cover for all of the community services, they were not supported in their role as there was a lack of governance in the designated centre to ensure that the needs of residents are met, incidents are responded too, personal plans implemented and staff supervised.

The provider had established weekly clinical nurse manager meetings and it was planned that the clinical nurse managers would hold monthly staff meetings in each location. The inspector noted there were gaps of four months in the minutes of the meetings. While staff said they have access to the nurse managers by phone, the

management style was reactive rather than a planned approach to the management of the service.

The provider had undertaken two reviews of the service. The management team were working through the action plans from the previous inspection. The centre had been externally accredited for quality. The provider had established a management structure, however, the roles of managers and staff were clearly set out and understood.

There were no audits available for review. The provider had carried out un-announced visits and this took place up to twice a year. An annual report of the quality and safety of care and support in the designated centre was not available.

Judgment:
Non Compliant - Major

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

Findings:
There was no nominated person in charge of the designated centre as required by the regulations.

Judgment:
Non Compliant - Major

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

Findings:

The inspector found that there were insufficient resources had been provided at times to meet the needs of residents. There were insufficient staff on duty at times and the layout of one of the houses did not meet the resident's needs. Please see Outcome 17. The provider had ensured that sufficient personal equipment had been provided.

The houses were suitably furnished and well equipped.

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 the action identified at the previous inspection was addressed. A relief panel had been identified for the centre. However there were areas for improvement noted in the number of staff on duty on a consistent basis to meet residents needs.

The inspector found that there was a very committed and caring staff team who worked well to ensure that the needs of residents are met. Staff knew the residents well.

While there appeared to be sufficient staff on duty in the houses and additional staff had been allocated to facilitate outings, the staff number was not consistent to meet the changing needs of residents with health care issues in one location. The inspector found that one of the two staff was frequently moved from one of the houses when there was a staffing deficit in another area. This may have negative outcome for the residents in this house who had complex healthcare needs.

Staff files were reviewed and contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Staff meetings were infrequent. As previously stated the supervision of staff required improvement. There was a performance review programme in place, however follow through of the training needs identified were not always in place.

Training records were reviewed by the inspector. There were some gaps noted in the mandatory training (fire response training, moving and handling of residents and prevention and awareness of abuse). However the provider was aware of these gaps and inspectors reviewed a schedule of training which responded appropriately and in a timely fashion.

While staff had access to training, they were not kept up to date on residents specific clinical issues. Staff had not received training to care for residents with specific needs such as diabetes, mental health issues, risk management and infection control.

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):

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

Findings:

The inspector found that records were accurate and up to date and maintained securely but easily retrievable.

The inspector was satisfied that the records listed in Schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. This included the risk management, infection control policy, end of life policy and the finance policy. These policies had been revised since the previous inspection and were in the process of being rolled out to guide practice.

An up to date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

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| Judgment: Substantially Compliant |
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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:

Linda Moore
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

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Cheeverstown House Limited |
| Centre ID: | OSV-0003556 |
| Date of Inspection: | 14 and 15 April 2015 |
| Date of response: | 18 June 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints procedure was not on display.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

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

The accessible version of the Complaints Procedures will be on display in each residence; this will include a picture of the Complaints Officer, contact details and details of the Appeals Process.

The full Complaints Policy is also available in each house but not on public display

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

Information pertaining to advocacy services was not available to residents.

Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

Information pertaining to advocacy services will be made available in each residence. The local elected advocacy representative will visit all homes and share advocacy information and feedback from meetings with all residents. Commenced May 2015

Proposed Timescale: 31/05/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Residents communication needs were not always set out and clearly understood by staff.

Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report."

Proposed Timescale:

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:

The agreement for each resident was not in line with the regulations.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The service will ensure that the agreement for each resident (Memorandum of Understanding) is in line with the regulations.

In this regard the Memorandum of Understanding will state the amount of each resident's long stay charge following their assessment

Proposed Timescale: 30/06/2015

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:

Personal plans did not reflect the assessed needs of residents.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Effective Services

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

The assessment did not have multidisciplinary input and did not assess the effectiveness of the plan.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:**Outcome 06: Safe and suitable premises**

Theme: Effective Services

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

There was an insufficient number of toilets and showers to meet residents needs.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Effective Services

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

The floor covering in one house was in need of repair.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

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| Proposed Timescale: |
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| Outcome 07: Health and Safety and Risk Management |
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Theme: Effective Services

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

The risk management policy was not being implemented in practice in relation to the identification, assessment and management of risk.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

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| Proposed Timescale: |
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Theme: Effective Services

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

There were a number of deficits in fire safety in the designated centre.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

A schedule of work will be undertaken to address the issues of fire doors and emergency lighting

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| Proposed Timescale: 30/09/2015 |
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| Outcome 11. Healthcare Needs |
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Theme: Health and Development

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

The health action plans were not specific to guide the care to be delivered. There were no care plans to guide practice.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report."

Proposed Timescale: 31/10/2015

Theme: Health and Development

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

There was no consistent follow through when the need for referrals to other services was identified.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report."

Proposed Timescale:

Outcome 12. Medication Management

Theme: Health and Development

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

Aspects of medication practices regarding prescribing and administration of medication were not in line with the centres policy or best practice.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

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:

The statement of purpose did not fully meet the requirements of the Regulations

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 action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

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:

There was no nominated person in charge of the designated centre as required by the Regulations.

Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

The Person In Charge has now been appointed and the service is processing the necessary paperwork for submission to the registration department in HIQA .

"AT THE TIME OF REVIEW THE DOCUMENTATION WAS NOT RECEIVED BY THE AUTHORITY"

Proposed Timescale: 12/06/2015

Theme: Leadership, Governance and Management

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

Staff were not supported within their role by the management team.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Staff will be supported by monthly meetings, bi-monthly meetings, performance management development systems, on duty management system, and out of hours on-call system. A review of these management supports to staff will be undertaken.

A management contact book has been established to record evidence of management contact with houses.

Each house will use their own communication book to log manager's contact with each house.

A plan will be developed to provide support to the management function.

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

There was no annual review of the quality and safety of care.

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:

The service will provide an annual report of the Quality and Safety of Care and support.

Proposed Timescale: 30/11/2015

Theme: Leadership, Governance and Management

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

The management systems did not ensure the service delivery of services appropriate to the residents needs.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in

the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Outcome 16: Use of Resources

Theme: Use of Resources

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

The inspector found that there were insufficient resources had been provided at times to meet the needs of residents.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing levels at times did not meet the assessed needs of residents.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:

Theme: Responsive Workforce

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

Staff did not have access to training as outlined in outcome 17.

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:

"The action plan submitted by the provider does not satisfactorily address this failing identified in this report".

Proposed Timescale:**Outcome 18: Records and documentation**

Theme: Use of Information

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

Some of the policies did not guide practice. This included the risk management, infection control policy, end of life policy and the finance policy.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures 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.

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

Policy roll-out and associated training will continue into 2015 in order to guide practice

Proposed Timescale: 31/12/2015

