

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003441
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Mark Blake-Knox
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 November 2015 10:30 To: 04 November 2015 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an unannounced inspection of the centre to follow up on progress further to the most recent unannounced inspection from 1 July 2015. A warning letter had been issued to the provider subsequent to this inspection on 2 July 2015 in respect of staffing. This was the fourth inspection of this centre, and it took place over one day. The purpose of the inspection was to monitoring compliance and progress in addressing the non-compliances. The inspector confirmed that there was clear evidence of addressing the failings, further to the registration inspection which took place on April 2015. The designated centre provides long term care for 15 people (both male and female) with physical, sensory and intellectual disability.

The person in charge had not changed since the last inspection and she was present for the inspection. Improvements relating to governance and the provision of nursing care and supervision of staff had taken place, and additional staff recruited. Documentation for registration purposes remained outstanding at the time of this inspection relating to evidence planning compliance.

This report sets out the findings of the inspection and identified areas for improvements. The provider and person in charge had fully addressed seven of the

11 non-compliant Outcomes from the last inspection. Improvements were required in four of the nine outcomes inspected and include two moderate non-compliances in governance and management and healthcare. However, improvements relating to training supervision and documentation of care could be clearly evidenced. Substantial compliance was found in documentation and contracts of care where improvements had taken place.

The action plans for the remaining non-compliances are found at the end of this report.

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

Outcome 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):

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

Findings:

Inspectors found that improvements had taken place since the last inspection and the non-compliances were now fully addressed.

The person in charge confirmed that there had been no complaints since the time of the last inspection and any outstanding complaints had been completed and the outcomes communicated to the complainant.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspector reviewed the draft contract of care, which had now been revised and updated to include the fees payable. However, the revised contracts for the provision of care had not yet been agreed or signed by the residents or their representatives within the agreed time frame.

Judgment:

Substantially Compliant

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):

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

Findings:

The inspector reviewed progress relating to the completion of personal plans and found that substantial progress had been made since the last inspection. The inspector reviewed a number of personal plans and found that improvements in the documentation had taken place for each resident, and resident involvement was evident. Residents activity and goals were clearly established and the personal plan outlined the process of achieving same. Meaningful daily activity was fully facilitated by staff to support residents goals.

Work was also progressing in relation to accessibility of personal plans and this format was being developed for residents. A personal planning audit was scheduled for 30 November 2015.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working

order.

Theme:

Effective Services

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

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

Findings:

The inspector found that improvements had taken place since the last inspection to address failings. The driveway and pathways around the centre had been repaired within the agreed time frame.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector reviewed progress since the time of the last inspection and found that the non-compliances had been addressed in full by the provider and person in charge.

The two risk assessments associated with smoking had been completed, and measures were now in place to mitigate risks associated with smoking on the premises. The fire safety records were also reviewed. At the time of the inspection formal fire safety training was in progress with a large group of staff. This was being facilitated by an external provider. Fire drills had been completed out of hours and during the day since the last inspection.

Incidents and accident records were reviewed and all statutory notifications had been completed as required by legislation.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The inspector found that improvements had taken place since the last inspection and the non-compliances were now fully addressed.

The person in charge had submitted final written investigation reports relating to two safeguarding reports. The recommendations from these reports were now being implemented. Staff employed since the last inspection had evidence of Garda vetting procedures in place.

Restrictive practices notified relating to the use of bed rails and alarms were only implemented where other alternative measures had been trialled in line with best practice. For example, the use of a low low bed had been implemented as the least restrictive measure based on a risk assessment completed. Reporting relating to restrictive practices was fully in line with inspection findings.

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 improvements had taken place since the last inspection and the non-compliances were being addressed.

The person in charge confirmed that there had been training and assessment of staff competencies relating to bowel care, epilepsy, gastrostomy and catheter care. For example, epilepsy training had taken place on 3 November 2015 with further dates planned to include all staff. All care staff had received training in gastrostomy care and the care plan had been fully updated in line with evidence based practice. Supervision of staff competencies had taken place by the clinical nurse manager 1 relating to bowel care practices and administering medication. The person in charge confirmed that progress had been made and the time frame for completion of this was 30 November 2015.

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):

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

Findings:

The inspector found that improvements had taken place since the last inspection and the non-compliances were now fully addressed.

The person in charge had submitted an up to date statement of purpose with details new clinical nurse manager and staffing complement in place.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

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

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

Findings:

The inspector found that improvements had taken place since the last inspection and two of the four actions required had been fully addressed. The person in charge confirmed that improved staffing and supervision levels were now in place. However, evidence of planning compliance had not been submitted to date, and the provider requirements around an annual quality and safety review had not been satisfactorily completed.

The newly appointed clinical nurse manager was on duty and completed a satisfactory assessment of fitness through an interview process and observation of practice. All available documentation had been reviewed by the inspector and she demonstrated the appropriate skills knowledge and experience in disability and general nursing. The service co-ordinator was also closely involved in supervision of volunteers and staff and was supported in his role by the person in charge.

A further unannounced quality and safety review was planned for and the providers time frame for completion allowed for this. There was evidence of medication audit, and health and safety oversight and review in place, and the person in charge was adequately supported to undertake her role. External and internal supports had been put in place since the last inspection as required.

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 improvements had taken place since the last inspection and

the three areas of non-compliance were now fully addressed. The person in charge confirmed that there had been improvements in the availability of nursing care and the rostering of suitably qualified staff to meet the assessed nursing and social care needs of residents. There was a recruitment process ongoing to recruit an additional staff nurse, and in the interim agency staff covered. The person in charge and clinical nurse manager cross covered and ensured the roster was planned for in advance to meet assessed needs. The inspector confirmed with the staff and residents of the centre regarding the availability of staff, and reviewed staffing rosters, both planned and since the last inspection to confirm that this was the case.

Judgment:

Compliant

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):

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

Findings:

The inspector found that improvements had taken place since the last inspection and the non-compliances relating to documentation and policy were now being addressed. Complaints records had improved as outlined in Outcome 1 of this report. However, the current directory of residents did not contain all the requirements of the legislation in its current format and required further review.

The person in charge confirmed that the admissions policy had now been implemented and agreed and gave a copy to the inspector for review. The clinical care plans reviewed by the inspector were satisfactory and demonstrated improvement. All nursing care (including changing healthcare needs) were fully documented and used to inform and guide practices in the centre.

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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003441
Date of Inspection:	04 November 2015
Date of response:	15 December 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 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 revised contracts of care had not been agreed or signed by the residents or their representatives.

1. 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

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

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 revised contracts of care have been updated and contain the fees charged. All contracts have been signed by the resident /or family representative.

Proposed Timescale: 10/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Competency of staff undertaking extended roles could not be evidenced fully by the provider.

2. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

All staff have received epilepsy training and personal health plans have been updated. Training in bowel management care has taken place on 13th November 2015. The CNM1 has attended a professional accredited training on neurogenic bowel management on 14th December 2015. The resident's GP is scheduled to visit the centre on 16th December to review all bowel regimes and advise accordingly. Personal health plans will be reviewed and revised by CNM1, Key worker and resident.

Competencies have been signed off by CNM1 with regards to administration of bowel medication, gastrostomy care and feeding regime. The practice of obtaining hot water to be cooled has now ceased and bottled water is used in line with best practice.

A review of new gastrostomy feeding regime has been trialled. It is expected this will be implemented in the service shortly. Training will be provided by the dietician/ company and health personal plan will be updated. Supervision and competencies will be signed off by CNM1/ Nurse (when recruited).

Medication training took place on 7th December 2015. Supervision and competencies will be signed off by CNM1 or regional clinical nurse facilitator/educator.

A full review of resident's dysphasic personal health plans has taken place in conjunction with assessments carried out by Speech and language therapist. A further training for care support staff has also taken place.

This was done in conjunction with nutritionist workshop for Care and kitchen staff

presented by private dietician on 4th November 2015. New appropriate diet plans have been drawn up and personal health plans have been reviewed and revised accordingly by CNM1, Key worker and resident.

Proposed Timescale: 31/12/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The evidence of compliance with planning legislation has not been received for registration purposes.

3. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

An external consultant was commissioned to review the current status of the centre's planning and building control systems. All required work has now been completed and certified. This certificate is expected to be furnished to Service Manager by 18th December 2015 and will be forwarded to the registration office upon receipt.

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

The annual review of quality and safety has not been submitted.

4. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Two unannounced quality and safety audits by the provider will be conducted in 2016. The first of such audit will take place by 31st January 2016. A report will be prepared and submitted following these visits.

Service User satisfaction questionnaires are being circulated to all residents .The feedback will be collated and findings/analysis included in annual service review to be

completed 31st January 2016.

Both PPIM's are scheduled to attend a HMI Fetac Level 6 Management Essentials training on 27th, 28th January and 25th February 2016. The PIC will be attending this training on 20th, 21st January and 18th February 2016.

The PIC has attended training on Safeguarding Vulnerable Adults on 7th & 8th December 2015.

Proposed Timescale: 31/01/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The directory of residents did not contain all Schedule 3 information as required by the Regulations.

5. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 directory of residents has been updated to contain all the relevant information required.

Proposed Timescale: 10/12/2015