### Centre name:
A designated centre for people with disabilities operated by Cheshire Foundation in Ireland (t/a Cheshire Ireland)

### Centre ID:
OSV-0003447

### Centre county:
Kerry

### Email address:
mark.blakeknox@cheshire.ie

### Type of centre:
Health Act 2004 Section 39 Assistance

### Registered provider:
Cheshire Foundation in Ireland (t/a Cheshire Ireland)

### Provider Nominee:
Mark Blake-Knox

### Lead inspector:
Mary O'Mahony

### Support inspector(s):
None

### Type of inspection
Announced

### Number of residents on the date of inspection:
12

### 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 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 monitor compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 24 July 2014 10:30
To: 24 July 2014 21:00

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

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Summary of findings from this inspection
The Health Information and Quality Authority's first monitoring inspection of this centre was announced. As part of the inspection the inspector met with residents, the person in charge, the area manager, relatives and care assistants. The inspector spoke with the person in charge and discussed the management and governance arrangements for supporting staff and residents. The inspector reviewed the policies and procedures in the centre and examined documentation which covered issues such as medication management, accidents and incidents, personal plans, staff files, fire safety records and training records.

The person in charge informed the inspector that she endeavoured to provide a person-centred service to effectively meet the needs of residents. On the day of inspection there were twelve residents in the centre. While the inspection was in progress the residents were seen to be going out to attend appointments, to attend various centres and to be entertaining visitors.

The centre was located in a quiet area near a large town. While the centre was housed in one large single-storey building it was divided into twelve self-contained apartments. These were accessible from an individual front or back door as well as from the central communal area within. Residents and their families were involved in maintaining their own garden area outside each apartment. These were well maintained and set with flowering plants, ornaments and shrubs. There were
adequate parking spaces around the building and some of the residents had specially adapted cars. These could be driven by family members or personal assistants. The inspector noted that there was a minibus parked in the car park which was available for use by all the residents. This was seen to be in use during the day when residents were coming back from their daily activity.

The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.
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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Findings:
Each resident's wellbeing and welfare was maintained by a high standard of evidenced based care and support. They were facilitated to maintain maximum independence and to participate in meaningful appropriate events. The inspector was informed by residents and staff that there were a number of options available to them in relation to activities and work. The inspector noted that residents were fully involved in their own daily routine which includes cooking, laundry and shopping. The inspector spoke with the residents throughout the inspection and they outlined their overall positive experience of living in the centre.

The residents spoke with the inspector about a number of off-site activities they enjoyed including shopping, home visits, men's shed, life skills training, restaurant outings, concerts at a nearby national venue, holidays, art, and attending workshops. Other residents spoke with the inspector about how they enjoyed relaxing at the end of the day, sometimes cooking their evening meal or watching television and listening to music. The inspector saw letters in each resident's file informing them about the inspection and the person in charge had spoken with them about the process involved. As a result of this preparation the inspector noted that the residents had a very positive outlook and they were waiting to meet and talk with the inspector.

There was a good supply of board games, CDs, books and DVDs on offer in the communal sitting room and in the residents' own apartments. These were seen to be personalised with furniture, pictures and photographs. Residents showed the inspector their personal selection of CDs and DVDs as well as their music centres and televisions. The bedrooms were furnished with good quality furniture and residents could receive visitors through their own front door, adding to their sense of independence.
The person in charge showed the inspector the personal plans for each individual and it was evident that the residents had been consulted in the content of the documentation. The residents were able to access their personal plans at any time. The inspector viewed evidence that the residents had access to allied services such as the dietician, physiotherapist, occupational therapist, dentist and the general practitioner. They were supported in their physical care by the care assistants while the personal assistants supported them in their social interactions. The person in charge told the inspector that the centre received weekly input from the local public health nurse and the local Health Service Executive (HSE) services. She acknowledged that this was a great advantage for residents. Each resident had a 'portable medical profile plan' prepared in their file. Personal plans were seen to be implemented and the inspector heard from the residents that there was recognition and support for their personal goals. There was evidence that the plans were reviewed regularly.

The person in charge told the inspector that residents would be supported to transition between services if this was necessary. The residents had completed an advanced wishes end-of life care plan and this was reviewed on a regular basis. There was an emphasis on promoting autonomy and some residents stayed out in a family member’s home at weekends or for holidays. The centre had the use of a minibus and other personal modes of transport.

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

**Findings:**
The centre had a health and safety statement which was centre specific. There was a Health and Safety committee which met on a monthly basis and the inspector read the minutes of these meetings. A monthly audit of health and safety issues in the centre was undertaken by the person in charge.

Procedures were in place for the prevention and control of infection. Alcohol hand gels and disposable gloves were available. Housekeeping and laundry duties were carried out by the staff and the laundry was well equipped for the needs of the centre. The centre had the services of an infection control nurse in the Cork / Kerry region.

The centre had a risk management policy and a risk register which captured some potential risks (environmental, operational and clinical) associated with the centre.
However, the risk management policy did not contain the controls in place for the management of the risks specified under Regulation 26 (1). There were some measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents, such as the monthly health and safety meeting. The staff informed the inspector that incidents and adverse events were also discussed at staff meetings. The inspector viewed minutes of these meetings.

However, all risks in the centre had not been identified and assessed and the risk register did not contain the controls in place to eliminate or minimise these risks. These included the presence of cookers in each individual apartment, the risk to the person unable to call out or ring a bell for help, the storage of wheelchairs, hoists in the hallways and the storage of drugs in the residents' rooms.

The inspector noted that some incidents in the adverse incident book had been repeated and that the process of learning from these events was not robust and did not clearly state the measures taken to prevent them reoccurring. The lack of staff training in positive behaviour support and in behaviours that challenge was discussed with the person in charge. She indicated to the inspector that this would be addressed in the near future.

An emergency plan was in place and a safe placement for residents in the event of an evacuation had been identified. Regular fire drill training was documented and there were personal evacuation plans for residents. Records reviewed by the inspector indicated that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. The fire assembly points were identified and there was appropriate emergency lighting in place. There was evidence that arrangements were in place for daily checking of fire precautions which included the alarm panel, the fire exits, and the testing of fire equipment. The inspector noted that fire exits were unobstructed. Staff spoken with by the inspector were aware of what to do in the event of a fire. The procedure to be followed in the event of a fire was displayed in the building. The person in charge undertook to display this procedure in both hallways also to increase awareness.

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

Findings:
The person in charge and the area manager informed the inspector that they were actively involved in the management of the centre. They said they were confident of the safety of residents through speaking with residents and their family members and observing the interactions between residents and between staff and residents. Residents said they felt safe in the centre and this was attributed to the fact that they were so familiar with the staff and their personal assistants (P.A.). The inspector saw evidence that the staff and residents were very comfortable in each other's company. However, events which were documented in the adverse incident book indicated that staff required training in communication skills, positive behaviour support and behaviour which challenges, to support them in caring for residents with high dependency needs.

There was a policy on the management of allegations of abuse. Training records indicated that the staff had received training on the prevention and detection of abuse. However, the inspector noticed that incidents listed in the adverse incident book had not been notified to the Authority in line with the guidelines of Regulation 31 (f) and (g) notwithstanding the outcome of any investigation within the centre. There was a policy on the use of restrictive interventions which outlined measures to promote a restraint free environment. The policy listed alternative measures to the use of restraint, however, plans of care for certain residents did not provide any indication that alternative measures to restraint were tried.

There were measures in place for the management of some of the residents' finances but the system in place for supporting other residents to manage their money was not very clear. In one apartment receipts from shopping were seen by the inspector to be stored on the shelf of a kitchen cupboard which also contained a resident's medication. There was an issue of missing money which had been resolved. However, the Authority had not been notified of this event within three working days of it occurring, as per Regulation 31 (1) (f). Issues concerning notifications will be addressed under outcome 9.

Judgment:
Non Compliant - Moderate

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:
A detailed record of all incidents and adverse events was maintained in the centre. However, some incidents were not reported to the Authority within the three day defined time period.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Residents had access to the general practitioner (GP) services and appropriate therapies, such as, the dentist, the psychologist, the dietician, the occupational therapist, the psychiatrist and the speech and language therapist. In most situations the residents were enabled to independently visit their GP. There was evidence that residents had availed of allied health care services and specialist consultants. Residents could avail of the services of a local dentist. Residents had been assessed by the dietician and the inspector say that care plans had been developed to support residents with diabetes and coeliac disease. The speech and language therapist had provided guidelines for safe swallowing for a resident with dysphagia and the occupational therapist had documented recommendations for suitable chairs and assistive devices. Regular multidisciplinary input was evident in the personal plans.

The inspector saw signed agreements which the residents had drawn up for various aspects of their care. The residents had documented their advanced care wishes. The inspector was informed by the person in charge that these were revisited at the yearly review meetings. The residents confirmed to the inspector that they were central to the care planning process. The inspector spoke with most of the residents in the centre throughout the day and they provided an in depth picture of life in the centre and how their needs were attended to.

The inspector also spoke with relatives during the day and they were praiseworthy of staff and of the freedom to visit and decorate the apartments in a homely way according to the residents' wishes. The visitors and residents both expressed that they felt that more staff were necessary, as the needs of the residents were changing over time.

The inspector noted that residents had access to refreshments and snacks with a selection of fresh fruit and home baked bread. Residents, spoken with by the inspector,
indicated that their individual likes and dislikes were taken into account when shopping and that they were encouraged to buy fruit and vegetables. Staff told the inspector that they would accompany residents on shopping trips. Some residents were capable of shopping independently using their mobility wheelchairs.

The inspector observed that the ethos of the centre encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. This was supported by information in the personal plans viewed by the inspector. Staff with whom the inspector spoke were knowledgeable about residents’ health and social care needs and were observed to provide care as outlined in the personal plans. The person in charge and the staff members spoken with by the inspector gave detailed information about each resident's medical and social needs. It was evident to the inspector from talking to staff and residents that each person had opportunity to participate in a variety of occupations and activities as previously outlined.

The privacy, dignity and confidentiality of the residents were safeguarded as information and documentation, relating to residents, was stored in the office. The residents were able to access their individualised personal plans.

Judgment:
Compliant

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

Findings:
The medication management policy was up to date. However, residents’ medication administration records reviewed had no photographic identification in place.

The residents were supported to attend the pharmacy and there was evidence that the residents' medications were reviewed regularly.

There was training for staff in medication administration, however, the person in charge said that a recent clinical audit had exposed medication errors, which were now being investigated. They had not been reported as errors by staff members. The inspector observed medication recording errors in the sample of files viewed. Some medication errors were recorded in the adverse incident book but this did not provide a clear record for inspection or audit purposes. There was no record of the learning which occurred as
the result of these errors. The person in charge informed the inspector that a review of training needs and error recording was being undertaken following the external audit.

Residents had been assessed for the ability to self-administer their medications and the person in charge said that some of the residents were assessed as suitable to self-administer. These assessments were available in the personal plans. However, residents’ medication was stored in unlocked kitchen cupboards in their individual apartments. Unused or out of date medication was not segregated for return to pharmacy but was kept alongside the medication in use until the new supply was delivered.

The centre had controlled drugs in use. However, there was no bound register for the recording of these drugs and there was no record kept of the drug count at the changeover of each shift. The key of the controlled drug cupboard was not kept by the person in charge but was hanging in a key press. These measures are required under An Bord Altranais agus Cnaimhseachais na hEireann Guidelines 2007.

The staff in the centre were beginning the process of transcribing medication, however, this practice was not supported with a policy. The maximum dose in 24 hours for PRN (when necessary) medication was not stated for some psychotropic medications and there was no system in place to record the effect of administering these PRN medications to a resident. This would support safe medication administration practice.

The crushing of some medication was prescribed by the GP as required. However, the centre did not have a guide for staff, on the safe practice for crushing medications. This is advised in the safe management of medications as described previously.

**Judgment:**
Non Compliant - Moderate

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**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a governance and management structure in place which was in accordance with the structure outlined in the statement of purpose. The person in charge told the
inspector that her post was full time and she was engaged in the governance, operational management and administration of the centre on a consistent basis. She had the support of a part time nurse in the centre and the area manager who attended the centre on a regular basis. Management meetings were held between the area manager and the person in charge. Staff were facilitated to discuss issues of safety and quality of care at handover meetings which the person in charge facilitated. The staff had probationary supervisory meetings and appraisal meetings were in progress. There was a regular review of the quality and safety of care in the centre and audit of areas such as infection control and health and safety were taking place. Other areas such as risk assessment and medication errors required a more robust system to be put in place. The results of the annual review on quality and safety of care was not made available to residents or family members.

The person in charge was found to be experienced and demonstrated good leadership and organisational skills. The inspector spoke with her about her previous experience and her qualifications and commitment to the residents. Staff and residents were able to identify her as being the manager and staff told the inspector that she was supportive and approachable. She demonstrated sufficient knowledge of the legislation and her statutory obligations. She was able to demonstrate that she is committed to her professional development. The inspector noted that all the documents requested were easily accessible in the centre and there were detailed files available in line with the requirements of the Regulations.

**Judgment:**
Non Compliant - Minor

**Outcome 17: Workforce**
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
A sample of staff files reviewed by the inspector complied with the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector viewed the policies on staff recruitment and saw that staff had fulfilled the required vetting procedures and had the required references.
Records reviewed indicated that staff had attended a range of training but this did not include all the mandatory training required by the Regulations, for example training on supporting residents with challenging behaviour. Staff were supervised according to their role. There were two 'waking' staff in the house at night and the person in charge was satisfied that all risks had been assessed for night time needs. The daily care notes viewed by the inspector indicated that the night staff were responsive, if required, to any issues which occurred on their shift.

Rosters were arranged to meet the needs of the residents. The inspector viewed the roster and the planned roster for the following week. The inspector found that staff had very good understanding of their role and of the needs of the residents. Staff were able to demonstrate an awareness of the centre's policies and had access to a copy of the Regulations and the National Standards for the sector. The residents were familiar with the staff on duty on the day of inspection, which indicated to the inspector that there was continuity of care for the residents. The staff were familiar with the routine and the expectations of each resident and were seen to interact well on the day of inspection.

Judgment:
Compliant

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:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Health Information and Quality Authority
Regulation Directorate

Action Plan

Centre name: A designated centre for people with disabilities operated by Cheshire Foundation in Ireland (t/a Cheshire Ireland)

Centre ID: OSV-0003447

Date of Inspection: 24 July 2014

Date of response: 14 August 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were some risks which had not been identified:
These included:
- the presence of working cookers in each individual apartment
- the risk to the person unable to call out or ring a bell for help
- the storage of wheelchairs and hoists in the hallways
- the storage of drugs in the residents' rooms in unlocked cupboards.

Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated

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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:

a) Policy for the identification of risk and assessment is available.
b) A risk assessment to be carried out by the Service Manager on each of the identified risks by 22/08/2014.
c) Appropriate safeguards and controls will be identified and implemented by 14/09/2014.

**Proposed Timescale:** 15/09/2014

**Theme:** Effective Services

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

Measures and actions were not in place to controls the risks identified in the centre. The risk management policy did not contain the controls for specific risks.

**Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

a) Cheshire Ireland to review the current Risk Management Policy to ensure that the policy includes the measures and actions in place to control the risks identified. Completed by 29/08/2014
b) Risk assessments and safeguards implemented by the Service Manager to be reviewed during the monthly Health and Safety Committee Meetings (chaired by the Service Manager) or as required. Commencing 20/08/2014

**Proposed Timescale:** 29/08/2014

**Theme:** Effective Services

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

Some incidents in the adverse incident book had been repeated. The process of learning from these events was not robust and did not clearly state the measures taken to prevent them reoccurring.

**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:
a) Cheshire Ireland to review the current Risk Management Policy to ensure that the policy includes the measures and actions in place to control the risks identified. 29/08/2014

b) All adverse events will be discussed during monthly Health and Safety Meetings within the Service (chaired by the Service Manager). Learning from these incidents will be discussed within these meetings and minutes of these meetings will be documented and circulated. Learning from adverse events to be placed on staff meetings agendas going forward. Commencing 20/08/2014

**Proposed Timescale:** 29/08/2014

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contents of the risk register did not indicate that the centre had a system in place for ongoing identification and review of risk.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
a) Cheshire Ireland to review the current Risk Management Policy to ensure that the policy includes the measures and actions in place to control the risks identified. 29/08/2014

b) A review of all risks to be carried out by the Service Manager. All adverse events and the contents of the risk register will be discussed during monthly Health and Safety Meetings within the service (chaired by the Service Manager). Learning from these incidents will be discussed within these meetings and minutes of these meetings will be documented and circulated. Learning from risk identification and management to be placed on staff meetings agendas going forward. Commencing 20/08/2014

**Proposed Timescale:** 29/08/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have up to date knowledge to support them in responding appropriately to resident who might present with behaviour which they found challenging. Staff also
required up to date training to help them support residents with brain injury to manage their behaviour.

**Action Required:**
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**
Service Manager to liaise with Cheshire Irelands Learning and Development Coordinator to source an appropriate training programme for all staff to provide them with the skills to respond to behaviours which they find challenging.

**Proposed Timescale:** 15/09/2014

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff required training in the management of behaviour that challenged them, to include de-escalation and intervention techniques.

**Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**
Service Manager to liaise with Cheshire Irelands Learning and Development Coordinator to source an appropriate training programme for all staff to provide them with the skills to respond to behaviours which they find challenging and to develop a plan to roll out training to all staff.

**Proposed Timescale:** 22/12/2014

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The plans of care for residents requiring bedrails did not include details of alternative measures in line with the National Policy on Restraint.

**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.
**Please state the actions you have taken or are planning to take:**
Current policy on restrictive practices is due for review. This review will be completed by 30th September 2014 by Cheshire Irelands Head of Clinical Support Services. Risk assessments will be carried out on all restrictive practices in place (including bedrails) by 15th October 2014 and will be completed by 29th October 2014. Alternatives to these restrictive practices to be identified within these risk assessments and the least restrictive practice which ensures the safety of the resident to be implemented. Audits will be carried out on a quarterly basis by the Clinical Team & trained Care staff commencing 31st January 2015.

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<td><strong>Theme:</strong> Safe Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents had not been provided with the knowledge, skills and information necessary to enable them to be aware of self care and protection issues.

**Action Required:**
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Please state the actions you have taken or are planning to take:**
a) An information session to be provided by Cheshire Ireland’s Service Quality Officer for residents outlining types of possible abuse which may occur and how to report an allegation / incident of abuse. 30/09/2014
b) As required, one to one meetings with residents and the Service Manager providing advice and information regarding the types of abuse and how to report abuse. As required commencing 14/08/2014

| Proposed Timescale: 30/09/2014 |

**Outcome 09: Notification of Incidents**

| Theme: Safe Services |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Records in the adverse incident book which contained details of alleged abusive interactions had not been notified to the Authority within the regulatory three day period.

**Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation,
suspected or confirmed, abuse of any resident.

**Please state the actions you have taken or are planning to take:**
Regional Manager to be informed of all allegations of abuse. Notification form to be filled out by the Service Manager and forwarded to the Regional Manager for submission to HIQA within 3 days.

| **Proposed Timescale:** 22/08/2014 |
| **Theme:** Safe Services |

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Incidents of alleged misconduct by staff were not reported to the Authority within the defined three day period.

**Action Required:**
Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

**Please state the actions you have taken or are planning to take:**
Regional Manager to be informed of all allegations of staff misconduct. Notification form to be filled out by the Service Manager and forwarded to the Regional Manager for submission to HIQA within 3 days.

| **Proposed Timescale:** 22/08/2014 |

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**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:
Medications in the centre were not stored in a secure manner.

**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:**
Locked secure storage cupboards to be fitted within each residents apartment for the purpose of safe medication storage. Keys to be stored in a secure location.

| **Proposed Timescale:** 30/09/2014 |
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no system in place in the centre to ensure that unused or out of date medications were segregated from other medications and stored securely for return to pharmacy.

**Action Required:**
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

**Please state the actions you have taken or are planning to take:**
- a) Service Manager to liaise with Cheshire Irelands Head of Clinical Support Services to develop a process for staff within the service to ensure that unused or out of date medications are segregated from other medications and stored securely for return to pharmacy. 14/08/2014
- b) All medication administered and unused / out of date to be audited by the Service Manager on a monthly basis. Commencing 14/08/2014

**Proposed Timescale:** 14/08/2014

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**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Controlled drugs in the centre were not recorded in a bound register and were not stored as per best practice guidelines and the requirement under Regulation 29 (4) (d)

**Action Required:**
Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

**Please state the actions you have taken or are planning to take:**
- a) A controlled drugs register to be ordered by the Service Manager and put into operation within the service. 28/08/2014
- b) Service Manager to source a secure location within the service for the storage for controlled drugs, with the keys to be stored in a separate secure location. Completed

**Proposed Timescale:** 28/08/2014
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector noted administration recording errors in the files viewed and the person in charge said that the results of a recent clinical audit had revealed medication errors. Medication management training was required to address safe medication practices and recording of medication errors.

**Action Required:**
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
The current Medication Management Training Programme has been reviewed by the Head of Clinical Support Services. Further training and educational content has been developed within the programme and will be rolled out to all staff.

Training & Refresher Training for all staff to be rolled out and completed by 22/12/2014

**Proposed Timescale:** 22/12/2014

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**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:**
A copy of the annual review of quality and care in the centre was not circulated to residents and/or families.

**Action Required:**
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

**Please state the actions you have taken or are planning to take:**
Annual Review of Service to be carried out by the internal inspection support personnel. Service Manager to circulate a copy of the report based on the annual review of quality and safety of care and support to residents and / or families. A copy of the report to also be placed in an accessible area within the service.

**Proposed Timescale:** 31/10/2014