Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003439
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Mark Blake-Knox
Lead inspector:	Louisa Power
Support inspector(s):	Julie Hennessy
Type of inspection	Unannounced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
04 March 2016 07:30	04 March 2016 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the fourth inspection of this designated centre. This monitoring inspection was carried out following the receipt of an external investigation report from the provider. The report related to an adverse clinical incident that had occurred in the centre in May 2015 and had been notified to the Chief Inspector in accordance with Regulation 31. This inspection was a triggered or 'single-issue' inspection in relation to Outcome 11: Healthcare Needs. Where relevant or where risks were identified, aspects of other outcomes have been included in this report.

The purpose of this inspection was for inspectors to seek re-assurances that residents' healthcare needs were being appropriately assessed and met by the care provided in the centre. The previous inspection had been an unannounced inspection and had taken place on 7 January 2016.

The centre was comprised of a large period style house which could accommodate eight residents. It had nine self-contained apartments and one house ('Sycamore House') where four residents, who had transitioned from the main house, now resided. The centre mainly provided a service for residents with physical disabilities and neurological conditions. One resident was in hospital at the time of inspection.

Inspectors reviewed a sample of files pertaining to residents with the highest healthcare needs in the designated centre and spoke with the person in charge, clinical nurse manager, regional manager, staff and residents. Based on the sample of residents' files reviewed, inspectors found that residents were provided with timely access to healthcare services particularly at time of ill health. Improvements were

also seen in medicines management practices since the last inspection.

However, a finding of major non-compliance was made in Outcome 11: Healthcare Needs due to significant gaps in the healthcare planning process and documentation relating to one resident's healthcare needs.

A number of additional improvements were identified to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. The required improvements are set out in detail in the action plan 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Only the aspect in relation to the recent installation of a close circuit television system with voice sensor to monitor a vulnerable resident who was not physically able to use the call bell system and the related impact on the resident's right to privacy was examined as part of this inspection. The system was a live stream and therefore did not record data. The use of the system had been installed following the exploration of alternatives, with the resident's consent and had involved input from an independent advocate. Guidelines were in place relating to its use, which considered ensuring privacy at key times, such as when supporting intimate care or when receiving visitors. However, it was not demonstrated that the implementation of the system was subject to on-going review to ensure that practices at all times protected the same resident's right to privacy and dignity. Inspectors observed that the monitor was visible in the office at the morning team meeting while the resident was asleep in bed. As a result, the resident could be clearly seen and heard by all present in the office at that time.

Judgment:
Substantially 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:
Inspectors reviewed a sample of files and healthcare plans pertaining to residents with the highest healthcare needs in the designated centre.

At the previous inspection in January 2016, it was identified that healthcare plans did not always reflect the assessed needs of the resident and were not updated to reflect when assessed needs changed. It was noted that this remained the case on this inspection as improvements were required to healthcare plans in place to ensure that they reflected residents' current healthcare needs and clearly directed the care and support to be provided to residents. For a resident with special dietary requirements, a significant number of handwritten amendments had been made to the original typed healthcare plan. As a result, key information was not readily accessible. It was identified during the clinical nurse manager's audit of care plans in February 2016 that care plans for residents at a high risk of urinary tract infections due to the presence of urinary catheters were not up to date. On the day of the inspection, three residents required urinary catheters and a care plan reviewed on the day of inspection had not been reviewed since the audit to reflect the current status of the resident. Previous and redundant care plans were not removed from a resident's personal plan when new care plans were developed which could potentially lead to inappropriate care and support being delivered.

Individualised protocols were used to guide staff in relation to residents' complex healthcare needs. A protocol was in place in relation to the care of a resident's line to access during dialysis (femoral line) and outlined daily interventions required to maintain the line, the details of exit line complications and emergency contact details if line became dislodged. A recording sheet was used for staff to record to status of the femoral line on a two hourly basis and details of the condition of the femoral line were also recorded in the daily records made by the social care team and nursing notes. "However, inspectors noted that the status of the femoral line was not recorded from 6am on the day the resident was being transferred to hospital, at 7.50pm. The nursing and social care notes did not record the condition of the line on that day until 6.30pm when care staff noted that the 'femoral line was bleeding' an hour before the resident was transferred. The resident had reported feeling unwell at 12.30pm and was examined by nursing staff. The evidence reviewed did not indicate that this was anything other than poor record-keeping. Entries pertaining to the previous day were detailed and demonstrated that staff recognised clinical deterioration and were responsive to such signs. The same resident had access to their medical practitioner in a

timely manner. Specialist medical support and advice had been sought and provided. However, the individualised protocol was not updated following this incident with additional complications that may occur with the femoral line to guide staff.

A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. The inspector saw that residents were reviewed by the medical practitioner regularly. Medical advice and consultation in the event of clinical deterioration was seen to be sought in a timely fashion. In line with their needs, residents had ongoing access to allied healthcare professionals including physiotherapy, occupational therapy, specialist wound care team, speech and language, dental, optical and dietetics. However, it was noted that the recommendations made by a dietician on 25 January 2016 that related to both nutrition and wound healing for a resident with a Grade 2 pressure area had not been integrated into the relevant care plans. In addition, a mental health care plan had not been updated since July 2015 even though there had been a mental health multidisciplinary meeting in November 2015 where a decision was made to send a referral to a specialist service and a recommendation was made for staff to spend additional 1:1 time with the resident in the evenings.

Where a resident had received hospital treatment, advice and instructions given on discharge from the hospital were clearly captured and were being implemented by staff.

Inspectors reviewed how falls were prevented and managed in the centre. Where residents had fallen, action had been taken as appropriate that reflect the nature and severity of the fall. For example, it was demonstrated that where required, review by the resident's GP and transfer to hospital was arranged. Observations were completed and documented by staff following discharge from the hospital.

However, improvements were required to the management of falls and practices were found to be inconsistent. The organisation's policy outlined a referral system to the multidisciplinary team (MDT) for residents who had experienced falls that was not fully reflected in the assessment template used by staff. This carried a risk of staff being unclear as to how and when to seek MDT input for the purposes of developing multi-factorial falls prevention strategies. In addition, there were two templates in use (an 'initial' and 'advanced' falls risk assessment template). For a resident with a history of falls, only an initial falls risk assessment had been completed. Where the same resident had experienced a further fall, the risk assessment in place had not been reviewed. There was no action plan in place for the management of falls for this resident. The system in place did not ensure that residents with a history of falls, who experienced a further fall, would be appropriately assessed and reviewed. On the other hand, for another resident who had experienced a number of falls recently, the clinical nurse manager (CNM) had completed an audit of falls for this resident, which resulted in a referral to an occupational therapist being made.

Inspectors reviewed recent clinical audits that had been completed in the centre. These included audits of falls, wound care, pain management, nutrition, medication errors, the use of clinical risk assessments and catheter care. Audits identified gaps in relation to practices in place to support residents' healthcare needs. Inspectors found however that the identification of such gaps demonstrated a proactive approach that led to a clear understanding of areas that required improvement. It was also demonstrated that audits

contributed to improved outcomes for residents. For example, the actions outlined in wound care audits completed on 1 February 2016 and less than three weeks later on 19 February 2016, demonstrated learning that contributed to improving practice. A new system had been introduced for communicating which wounds were to be dressed each day, which inspectors observed being implemented in practice at the team meeting that morning.

Audits also identified significant gaps in documentation in relation to monitoring and the completion of checklists as they related to healthcare. Inspectors observed that there were an extensive amount of checks and clinical risk assessments being completed by staff, with many of the checks were being completed on a frequent basis (e.g. half-hourly or hourly). However, it was not clearly demonstrated that the monitoring and checks being completed were based on an assessment of residents' actual healthcare needs.

Judgment:
Non Compliant - Major

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

Findings:
At the previous inspection in January 2016, a judgment of major non-compliance was made in relation to medicines management due to ongoing inappropriate medicines management practices and a lack of a rigorous response to medication related incidents. Inspectors saw that there had been some improvements made in this area but a level of moderate non-compliance remained.

A sample of medication administration records was reviewed. It was noted that medication administration records were left blank at times when medicines were due to be administered with no reason recorded on all charts reviewed but the incidence of these events was less than those observed on the previous inspection. The maximum number of gaps noted in a medication administration record was three.

The medication related incident forms generated since the last inspection were reviewed. The number and severity of reported medication related incidents had reduced - six medication related incidents and two 'near miss' incidents had been reported. Robust measures had been put in place to prevent recurrence in all cases.

However, there had been two reported incidents where it was noted that antibiotics were not given as prescribed as there were dose units left even though the course had been completed.

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):
No actions were required from the previous inspection.

Findings:
Only the aspect in relation to healthcare records and documentation was examined as part of this inspection. Inspectors found that healthcare records required streamlining and updating to ensure they were accurate and clearly directed the care and support to be provided to residents. Each resident had two folders; an 'active' file and a support file. Inspectors found that some pertinent information relevant to the care and support provided to residents was not in the active file. For example, clinical risk management plans and individual risk assessments were not kept in the active file. An inspector reviewed clinical risk management plans for one resident and found that they contained key information in relation to the prevention of injury from the use of a wheelchair lap-belt and foot straps. The plans also contained specific guidance in relation to loosening but not removing the straps in the event of an epileptic seizure.

Judgment:
Substantially 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:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003439
Date of Inspection:	4 March 2016
Date of response:	5 April 2016

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:
It was not demonstrated that the implementation of the the close circuit television system and the associated policy were subject to ongoing review to ensure that practices at all times protected a resident's right to privacy and dignity.

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

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
Following the inspection on 4th March 2016 a review of the needs of this resident was done. In order to maintain a high level of privacy and dignity while prioritising safety; the use of the close circuit television system was discontinued on 8th March 2016.

The resident agreed to hourly checks day and night and these will be reviewed as per the resident`s needs. Risk assessment completed and to be reviewed three monthly or as the needs of the resident change.

Proposed Timescale: 08/03/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Healthcare plans and protocols did not reflect residents' current healthcare needs and did not clearly direct the care and support to be provided to residents.

Gaps were noted in documentation relating to healthcare.

Previous and redundant care plans were not removed from a resident's personal plan.

Improvements were required to the organisation's policy and supporting templates to support best practice in relation to the prevention and management of falls.

It was not demonstrated that a comprehensive assessment of each resident's actual healthcare needs had identified specific required clinical risk assessments and healthcare plans (including on-going monitoring and checks, if any).

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:
1. Following the inspection on the 4th March 2016 the healthcare plans are being audited and all redundant personal plans have now been taken out of active files. 4th April 2016

2. The CNM2 is working with the newly appointed CNM1 in the Main House / apartments and the Senior Support Worker in Sycamore House to put a system in place

for managing the personal plans. The system involves reviewing and updating all current personal plans for all residents over the next four weeks; so as to ensure that they are kept relevant, live and that assessments are kept up to date and reviewed on a regular basis. All plans will be person centred driven and designed on an individual basis. 1st May 2016

3. We are also holding service planning meetings with two residents per month. The aim of the meeting is to provide a forum to bring together the resident and their circle of support in order to agree, plan and review how the service is now, and will be in the next year. 3 reviews have been completed. The remaining are scheduled to take place twice a month until all are completed. 31st December 2016 (ongoing each year)

Proposed Timescale: 31/12/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The recommendations of the dietician or mental health services had not been integrated into the relevant care plans.

3. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
During the review and updating of the personal care plans the Clinical Management team will update the plans to ensure that those who have had consultations or received input from other members of the multi-disciplinary team have their personal plans updated with this information and recommendations has been integrated into their care.

Proposed Timescale: 01/05/2016

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:
Gaps were noted in medication administration records

Medication related incident forms indicated that medicines were not always administered as prescribed.

4. 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:
Following the inspection, on the 4th March 2016 the CNM2 in partnership, with the newly appointed CNM1 in the Main House, Apartments and the Senior Support Worker in Sycamore House, have updated the procedure in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines so as to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Daily Medication audits have been commenced and this involves spot checks during medication administration and we are now implementing monthly audits of the overall process of ordering, storage and dispensing of medications.

In addition we are currently implementing a new medication management policy and extensive Standard Operating Procedure. This will include monthly audits on medication management and medication variances internally by the service with oversight through bi annual audits by the Regional Clinical Partners. The new Policy includes changes to the management of medication variances and errors, all of which will now be reported to the Head of Clinical Services.

All staff will be required to attend 2 yearly Medication Refresher Training which will include both written and practical assessments

Meetings with the Pharmacy have taken place to ensure best practice and the new Cheshire Medication management Policy and Procedure is now being implemented.

Proposed Timescale: 01/05/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some pertinent information relevant to the care and support provided to residents was not in the active file.

5. Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
1. All clinical risk management plans and individual risk assessments are now being kept in the active file. 4th April 2016

2. The CNM2 is working with the newly appointed CNM1 in the Main House / apartments and the Senior Support Worker in Sycamore House to put a system in place for managing the personal plans. The system involves reviewing and updating all current personal plans for all residents over the next four weeks; so as to ensure that they are kept relevant, live and that assessments are kept up to date and reviewed on a regular basis. All plans will be person centred driven and designed on an individual basis. The review will include ensuring that the records meet the requirements of Schedule 3. 1st May 2016

3. We are also holding service planning meetings with two residents per month. The aim of the meeting is to provide a forum is to bring together the resident and their circle of support in order to agree, plan and review how the service is now, and will be in the next year. 3 reviews have been completed. The remaining are scheduled to take place twice a month until all are completed. 31st December 2016 (ongoing each year)

Proposed Timescale: 31/12/2016