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-0003451
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Mark Blake-Knox
Lead inspector:	Lorraine Egan
Support inspector(s):	Rachel McCarthy
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 February 2016 10:00	10 February 2016 18:15
11 February 2016 10:00	11 February 2016 16:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
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 the second inspection of this centre. An 18 outcome announced inspection had taken place in October 2015 to inform the decision to register the centre.

Due to the number and nature of non compliances identified on that inspection a follow up unannounced inspection was required to ascertain if the provider had addressed the non compliances identified and ensured the centre was in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations).

Thirty one Actions were identified as non compliant in the previous inspection, 10 of these had been addressed in line with the provider's response, 10 had been partially addressed but required further action to ensure compliance and 11 had not been addressed.

Inspectors were concerned that the provider had failed to address all non compliances in line with the response and the timeline outlined by the provider.

At the end of the inspection the lead inspector phoned the provider nominee and requested he listen to the feedback by phone. The provider nominee agreed to this request and inspectors' findings were outlined to the provider nominee (by phone), the person in charge and a person participating in management.

One of the 13 outcomes inspected was found to be in compliance with the requirements of the Regulations with 2 outcomes in substantial compliance, 8 outcomes judged as moderate non compliant and 2 outcomes judged as major non compliant.

Areas judged as substantially compliant:
- Statement of Purpose (Outcome 13)
- Records and documentation (Outcome 18)

Areas judged as moderate non compliant were:
- Residents' Rights, Dignity and Consultation (Outcome 1)
- Communication (Outcome 2)
- Links with the community (in Outcome 3)
- Social Care Needs (Outcome 5)
- Health and Safety and Risk Management (Outcome 7)
- Safeguarding and safety (Outcome 8)
- Access to education, training and employment (in Outcome 10: General Welfare and Development)
- Healthcare Needs (Outcome 11)

Areas judged as major non compliant were:
- Governance and Management (Outcome 14)
- Workforce (Outcome 17)

The findings are outlined in the body of the report and the non compliances with the regulations are outlined in the action plan at the end of the 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:
Inspectors did not inspect all aspects of this outcome.

Complaints:
The appeals process had been expanded to include other persons complainants could contact if they wished to appeal the findings of a complaint. The names and contact details of these persons was displayed in the centre.

The policy remained unclear in regard to the role of the person to review complaints. The policy stated that 'complaints data/statistics' would be reviewed on a 'quarterly basis' by the regional manager. It did not specifically state that this person had responsibility for ensuring that all complaints are appropriately responded to and a record of all complaints are maintained as required by the regulations.

Support to vote and exercise political rights:
Residents had been registered to vote since the previous inspection. However, the provider had not ensured that residents were supported to understand the voting process, the upcoming election and the election candidates. It was therefore not evident that residents were supported to exercise their political rights.

Support to attend religious services:
Since the previous inspection a resident was supported to attend religious services in line with their wishes. The person in charge told inspectors that all residents are and will be supported to attend religious services in line with their wishes.

Support to take part in activities:
The provider had hired 'community connector' staff members to support residents to access activities. However, there was limited evidence that all residents were being supported to access activities in line with their interests, capacities and developmental needs.

The person in charge told inspectors that the provision of activities was impinged by health concerns for some residents. Inspectors found it was evident that this had an impact on some residents taking part in activities.

However, residents who did not have these specific health concerns had not been supported to partake in many activities since the commencement of the community connector staff members. The reasons cited for this included the weather conditions and the unavailability of the activity.

An inspector reviewed the activity logs maintained and found that residents were not supported to leave the centre for long periods of time.

For example, in December 2015 a resident accessed activities external to the centre on one occasion and in January 2016 the resident accessed activities external to the centre on two occasions. The record also showed that one external activity was cancelled in each month.

In addition, activities in the centre were limited with the resident taking part in activities on three occasions in December 2015 and on four occasions in January 2016. These in house activities comprised of friends visiting the resident in the centre on four occasions and a therapeutic treatment on three occasions.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
Inspectors did not inspect all aspects of this outcome.

Residents requiring assistance to communicate had been referred to a speech and language therapist (SALT) and assessments had been carried out in January 2016.

One resident had a communication passport in place arising from the recommendations made by the SALT.

The other resident had been referred to an external agency for support in assessing assistive devices which the resident could use to communicate. The SALT had recommended that specific technological aids may be suitable for the resident and had recommended that a communication passport be compiled for this resident.

On the day of inspection an inspector was told the centre was awaiting the appointment with the external agency. It was not evident why a communication passport had not been compiled to support the resident to communicate while awaiting the assessment for a technological aid.

Judgment:
Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
Inspectors did not inspect all aspects of this outcome.

Community connector staff members were in post as outlined by the provider in the response to the action plan from the previous inspection. Inspectors were told these staff members had commenced in November 2015.

A person participating in management, who had received external training in social role valorisation (SRV), told an inspector that it was intended that the community connectors utilised this approach in supporting residents to develop and maintain personal relationships and links with the wider community.

Although there was evidence that some residents had been supported to access community groups, and that the SRV method was used in a planned way to support this resident, this had not been put in place for all residents.

The person participating in management, who was knowledgeable of the SRV method, acknowledged that she did not have sufficient time to train the community connectors in the method as she was the frontline operational manager of the centre and four individualised community houses. The person participating in management was not a trained trainer in the SRV method.

The lead inspector asked the frontline manager to show the inspector the 'social supports planning and delivery' documented in residents' care plans as outlined in the provider's response to the action plan of the previous inspection. The frontline manager told the inspector she was not aware of what this referred to.

The inspector outlined this as an area of concern at the meeting which was held at the end of the inspection to outline inspectors' findings.

Following a discussion it remained unclear as to what this referred to. Inspectors were concerned that the provider nominee and person in charge were unable to outline what their response to the action plan related to.

Judgment:
Non Compliant - Moderate

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

Findings:
Inspectors did not inspect all aspects of this outcome.

Residents' contracts for the provision of services had been amended to describe the service provided and details of additional charges.

The lead inspector was told that contracts were being reviewed by the service providing organisation to ensure the contracts were clear and in a format assessed as suitable for individual residents.

The person in charge said that all contracts will be reviewed with residents and new contracts agreed in line with individual residents' assessed needs and wishes.

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

Findings:
Inspectors did not inspect all aspects of this outcome.

The provider had not addressed the non compliances as outlined in the previous action plan response.

In response to the non compliance with Regulation 5 (1) (b) the provider had stated that the centre would be in compliance by 15 January 2016 and that three actions would be implemented to address this. These areas were:

- an annual review involving multi disciplinary input to be carried out with all residents in December 2015 and January 2016
- the commencement of community connector staff members to support residents to access their community and social supports in line with residents' wishes
- the documenting of social supports and delivery in residents' care plans and review of this on a quarterly basis

Inspectors found that the three actions as outlined by the provider had not been implemented and that residents' social care plans had not been reviewed since the previous inspection.

Annual review involving MDT:
The frontline manager (person participating in management) told the lead inspector that the meetings had not been arranged and there were no dates identified for these meetings to take place.

At the meeting which was held at the end of the inspection to outline inspectors' findings the person in charge disputed that this was accurate and said that a MDT

meeting was taking place for one resident the day after the inspection. However, the frontline manager disputed this stating that this was not a MDT meeting.

Inspectors were concerned that there did not appear to be clear, consistent understanding of these meetings by the person in charge and the frontline manager.

Community connectors:
Community connector staff members were in post. However, as discussed in outcome 3 these staff members had not received required training to enable them to carry out their roles.

The documenting of social supports and delivery:
As outlined in outcome 3 the frontline manager was not aware of what this referred to when asked for an example of this by the lead inspector. Following a discussion at the meeting which was held at the end of the inspection it remained unclear as to what this referred to.

In response to the non compliance with Regulation 5 (6) (b) the provider had stated that the centre would be in compliance by 15 January 2016 and that three actions would be implemented to address this. These areas were:

- The review of care plans with the full involvement of residents or family members where appropriate
- evidence of residents/family input in the designing of care plans
- the person responsible for the achievement of goals documented on care plans and specific and measurable goals.

The lead inspector asked the frontline manager and person in charge to show her the updated personal plans. The inspector was told that the social care plans had not been reviewed, updated or amended since the previous inspection.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Inspectors did not inspect all aspects of this outcome.

The provider had addressed the actions as required in the previous action plan response. However, further measures were required in relation to two actions to ensure there was effective oversight and areas of concern were identified and responded to by the provider where necessary. In addition, inspectors found that some staff had not taken part in a fire drill in the centre.

The hand wash basin in a resident's bedroom had been relocated and was more easily accessible.

Hand towel dispensers had been put in place in each bathroom.

A thermostatic control measure had been put in place to ensure the temperature of the water did not pose a risk of scalding to residents and paint had been removed from the intumescent strips on fire doors.

However, there was no system to ensure regular checks were carried out to ensure these control measures remained effective and any required maintenance was identified and responded to in a timely manner.

Two night fire drills were carried out. These fire drills were unannounced and took part in each service unit/house.

Some staff had not taken part in a fire drill in the centre. The lead inspector found that approximately 20% of staff working in the centre had not taken part in a fire drill.

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

Findings:
Inspectors did not inspect all aspects of this outcome.

Three actions were required from the previous inspection. One action had been addressed in line with the provider's action plan response, one action had been partially addressed and one action had not been addressed.

The staff member who did not demonstrate sufficient understanding of the procedure to follow in the event of an allegation of abuse was interviewed by inspectors. She outlined the procedure to be followed if she suspected, witnessed or received a suspected or confirmed allegation of abuse.

A system to support and protect residents from the risk of financial abuse had been implemented. This included receipts for all transactions and a ledger maintained. The frontline manager told inspectors she would be overseeing this and carrying out audits and transaction checks against residents' bank statements.

One resident was supported by a staff member to manage her money. There was no oversight process and the frontline manager told the lead inspector that she had not checked this resident's transactions against her bank statements since she commenced in the role in October 2015.

At the commencement of the inspection the person in charge told inspectors that the action in relation to ensuring that residents had consented to the use of restrictive procedures had been addressed. However, inspectors found that although an assessment had been carried out there was no evidence that the resident had consented to the use of the restrictive measure.

Judgment:
Non Compliant - Moderate

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Inspectors did not inspect all aspects of this outcome.

The provider had not addressed the non compliances as outlined in the previous action plan response.

In response to the non compliance with Regulation 13 (4) (a) the provider had stated that the centre would be in compliance by 15 January 2016 and that three actions would be implemented to address this. These areas were:

- the commencement of community connector staff members to support residents to access their community and social supports in line with residents' wishes
- assistance for residents to develop goals and support to access employment, education and training as per their personal support plan goals
- the implementation of the centre's policy on access to training, education and employment

Inspectors found that the three actions as outlined by the provider had not been implemented and that residents' personal plans had not been reviewed since the previous inspection.

Community connector staff members were in post. However, as discussed in outcome 3 these staff members had not received required training to enable them to carry out their roles.

Residents had not been supported to develop goals and personal plans had not been reviewed, updated or amended since the previous inspection.

The policy had not been implemented for residents living in this centre.

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

Findings:
Inspectors did not inspect all aspects of this outcome.

The lead inspector viewed documentation relating to a resident's assessed medical needs. An occupational therapist (OT) and a speech and language therapist (SALT) held conflicting professional views of how to best support a resident with a specific medical condition at mealtimes.

The documentation showed that the SALT recommendation could not be adhered to due to the resident's medical condition. The person in charge told the inspector that the service would continue to engage with both the OT and the SALT to ensure the resident's needs were assessed and responded to on an ongoing basis.

Inspectors found the oversight of healthcare needs in the centre was not adequately robust. The nursing staff, who inspectors were told attended the centre for six hours per week, had responsibility for the oversight of residents' healthcare needs. However, the nurses were not included on the staff rota and therefore the days and times of nursing support in the centre was not clear.

Inspectors found the person in charge and the frontline manager did not have oversight of all residents' healthcare needs and that some documentation was not adequately clear. This resulted in the person in charge phoning the nurse and an external dietician when inspectors had queries in relation to residents' weights.

Inspectors' queries were not answered as the person in charge was unable to acquire the required information. This raised concern that the information in some healthcare plans was not effectively ensuring that appropriate health care for each resident, having regard to each resident's personal plan was provided.

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

Findings:
The provider had not fully addressed all non compliances as outlined in the previous action plan response.

The statement of purpose did not include all items required by the regulations. It did not include the details of all therapeutic techniques used in the centre and the size of the rooms in the centre was not adequately clear.

Family members had received an up-to-date copy of the centre's statement of purpose. However, an inspector found that the statement of purpose had not been made available to residents.

The statement of purpose was dated to be reviewed on an annual basis.

Judgment:
Substantially 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:
Leadership, Governance and Management

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

Findings:
Inspectors did not inspect all aspects of this outcome.

The provider had not addressed all non compliances as outlined in the previous action plan response.

An unannounced visit had not been carried out by the provider or a person nominated by the provider. The provider had stated this would be completed by 31 January 2016.

An annual review of the quality and safety of care in the centre had commenced, however it had not been completed. The provider had stated this would be carried out by 26 January 2016.

The frontline manager's working hours were increased to 35 hours per week and she told inspectors she had received information and support from the person in charge in relation to her management role.

The findings on the days of inspection raised concerns that the management systems in place were not ensuring that all aspects of the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Inspectors were concerned that some information received from management was inconsistent and unclear.

The provider had failed to address the non compliances identified on the previous inspection and had failed to ensure the centre was in compliance with the regulations and standards.

Inspectors were not assured that the governance and management arrangements ensured that the centre was in compliance with the regulations and standards.

Judgment:
Non Compliant - Major

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

Findings:
Inspectors did not inspect all aspects of this outcome.

The provider had not fully addressed the non compliances as outlined in the previous action plan response.

The staffing levels had been reviewed and three community connector staff members were now employed for the centre.

The staff rota had been reviewed to include staff and the person in charge's working hours. However, the start and finish times of all working shifts was not detailed and one staff role was not included on the rota.

A working shift was denoted by an abbreviation and although there was an explanation of the meaning of the abbreviation the explanation did not include the commencement time and finish time of the working shift.

Inspectors were told that a staff nurse worked in the centre for six hours each week. However, this was not detailed on the staff rota.

The frontline manager outlined the commencement of formal supervision and support meetings with staff in November 2015. She said she had carried out some meetings and that feedback from staff had been positive.

However, she said she was informed by staff members that they had been informed not to take part in these meetings due to issues which needed to be resolved with the staff union. The frontline manager said she was expecting the issues to be resolved in a short period of time and meetings to recommence.

Some staff working in the centre were employed by another service provider and as such were not directly supervised by the person in charge.

Although there was a memorandum of understanding with one external service provider this was not in place for all service providers supplying external staff to the centre.

The memorandum of understanding outlined the agreement regarding supporting residents and identifying and responding to any issues identified. It stated that the external provider would ensure that each staff member had evidence of Garda vetting within the previous two years, two references and evidence of appropriate qualifications.

However, there was no evidence that all the information required by Schedule 2 of the regulations would be put in place for staff employed by the external service provider.

In addition, there was no evidence that staff employed by two other external agencies met the requirements of Schedule 2 of the regulations.

Inspectors were concerned that the person in charge and provider of this centre did not have all required knowledge of staff members working in the centre. For example, there was no evidence that these staff members had Garda vetting.

Judgment:
Non Compliant - Major

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:
Inspectors did not inspect all aspects of this outcome.

The provider had not fully addressed the non compliances as outlined in the previous action plan response.

The policy on access to education, training and employment had been compiled. However, it had not been implemented in the centre.

The policy on the creation of, access to, retention of, maintenance of, and destruction of records was in draft format.

A directory of residents had been compiled however, it did not contain the matters in paragraph 7 - 9 of Schedule 4 of the regulations as specified in the Authority's 'Regulatory Guidance on Directory of Residents'. The frontline manager told inspectors she had compiled the directory of residents utilising the guidance and said she would review it to ensure it contained all items required.

A recent photograph of each resident was not maintained.

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:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

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-0003451
Date of Inspection:	10 February 2016
Date of response:	10 March 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:
Residents had not received adequate support to exercise their political rights.

1. Action Required:
Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

[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) The residents were supported to review information on the election process and were involved in developing questions for candidates who called to the Home.
B) A folder of candidates was compiled and discussed with residents.
C) Residents were supported to attend the local polling station according to their wishes.

Proposed Timescale: 26/02/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Regular opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs were not provided for all residents.

2. Action Required:
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
A) The Service Coordinator will meet with Community Connector staff to review and expand opportunities for individuals to participate in activities of their choosing. This will be documented in individual personal plans and activities recorded in their social log. For a number of residents their ability to participate in activities is severely limited by their deteriorating health needs. This will be reflected in their plans.

Proposed Timescale: 31/03/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on the management of complaints did not clearly identify a person available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

3. Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
A) The Complaints policy will be amended locally to reflect that the Regional Manager will be the person nominated other than the person nominated in Regulation 34(2) (a)

to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.
B) The Regional Manager reviews complaints on a monthly basis for the centre to ensure complaints are appropriately responded to and appropriate records are maintained. This is documented. He will bring any concerns he has to the attention of the PIC and the Quality Manager for review. The Head of Operations is informed if there is an ongoing concern with how complaints are being dealt with in a service. Records of this oversight will be available.
C) Following the resolution of each complaint, residents will be spoken with and written to by the PIC/PPIM and their satisfaction level recorded both on the complaint form and Provider database.

Proposed Timescale: 31/03/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not evident that all residents were being assisted and supported at all times to communicate in accordance with the resident's needs and wishes.

4. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
A) A communication passport for the resident in question will be revised to incorporate findings from a recent SALT review. The resident has been referred to a specialist provider for the provision of communication aids.

Proposed Timescale: 31/03/2016

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents were not being supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

5. Action Required:
Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Please state the actions you have taken or are planning to take:
A) Personal Plans for residents will be reviewed and staff in Community Connector roles will support individuals to foster, maintain, and strengthen personal relationships and links in their communities.

For a number of residents this may be limited by their deteriorating health needs. For these residents this will be reflected in their individual plans.

B) The PPIM will provide support and information on Social Role Valorisation principles and practical application of same to staff in role of Community Connector through an information session, staff meetings and ongoing one to one supports.

C) The organisation and filing of records were revised to separate Personal Plan information from Care Plan documentation to provide clarity.

Proposed Timescale: 08/04/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident was not carried out as required to reflect changes in need and circumstances for each resident.

6. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
A) Multi-Disciplinary meetings will be held for each resident in March 2016 and documented in care plans. The MDT process was reviewed by the PIC and PPIM and an agreed process established.
B) Community Connector staff will receive support and information from the PPIM through an information session, staff meetings and ongoing one to one supports on SRV principles and practice to enhance their work with residents.
C) The delivery of social supports will be documented and reviewed on a quarterly basis in Personal Plans. These will be updated in conjunction with residents and/or family members where appropriate.

Proposed Timescale: 08/04/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident that personal plan reviews were conducted in a manner that ensured the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

7. Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
A) All personal care plans will be reviewed with the involvement of residents or family members where appropriate.
B) The involvement of residents and/or family members will be documented on each plan
C) Staff responsible for supporting individuals to achieve goals will be identified with timelines on personal plans.

Proposed Timescale: 08/04/2016

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 was no system in place for the ongoing review of risk in the centre in relation to ensuring that control measures remained effective.

8. 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) A monthly check will take place to record water temperatures. This will ensure that the Thermostatic Mixer valve is working and the water is at a safe temperature.
B) The intumescent strips on fire doors will be checked monthly. This will be recorded.

Proposed Timescale: 11/03/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff had not taken part in fire drills in the centre.

9. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
A) A record has been established to ensure all staff have regular participation in Fire drills.
B) All staff will have participated in a fire drill by March 22 2016

Proposed Timescale: 22/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not evident a resident was consulted regarding the use of a restrictive procedure.

10. 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:
A) Residents needs have been assessed to ensure alternative measures are considered before restrictive procedures are considered.
B) Residents and/or their representatives are consulted re the use of restrictive procedures on an individual basis.
C) Following consultation with the resident/their representative their consent is recorded in their care plan for the use of restrictive practise.

Proposed Timescale: 10/02/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The service provider had not implemented systems to protect all residents from the risk of financial abuse.

11. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
A) All money management plans will be reviewed and signed off by PPIM on a monthly basis with oversight from the PIC.
B) Robust money management plans are in place for service users who require support to manage their money. All transactions are recorded and signed for by staff. Bank statements are reviewed to correlate transactions and overseen by the PPIM. All plans are reviewed with the PIC monthly providing further oversight.
C) Residents have access to safes to keep their money and possessions secure.

Proposed Timescale: 31/03/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents were not supported to access opportunities for education, training and employment.

12. Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
A) A survey will be completed with residents to identify their wishes for education, training and employment opportunities.
B) Based on the outcome of this survey the resident will be supported to pursue areas identified. Progress on goals and actions will be recorded in the resident's care plan.
C) The Policy on access to Training, Education and employment will be reviewed with residents and staff at group meetings and implemented in the centre.

Proposed Timescale: 31/03/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Documentation and governance systems required review to ensure that appropriate health care for each resident, having regard to each resident's personal plan was provided.

13. 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:
A) Nursing hours and times are now clearly recorded in the rota.
B) Care plans and documentation will be reviewed and collated to ensure information is clear and easily accessed.
C) An audit of care plans will be completed by nursing staff to ensure that there is a care plan for all areas of assessed need.
D) A weekly written report between PIC/PPIM will be implemented.
E) A Nursing handover will be completed and submitted to the PIC and PPIM after each site visit.

Proposed Timescale: 08/04/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's statement of purpose did not contain all the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

14. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
A) The size of rooms has been added to the statement of purpose.
B) Details of therapeutic techniques used in the centre have been clarified in the Statement of Purpose

Proposed Timescale: 10/03/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose had not been made available to residents.

15. Action Required:
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

Please state the actions you have taken or are planning to take:
A) The statement of purpose was available in common areas of the home however an individual copy has been inserted in each resident's folder.

Proposed Timescale: 01/03/2016

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:
An unannounced visit to the designated centre had not been carried out since the commencement of Regulation and in line with the timeline outlined by the provider in the response to the previous inspection.

16. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
A) A list of scheduled unannounced visits has been submitted to the Authority by the Provider. The PIC/PPIM is unaware of exact dates due to the nature of the process.
B) An unannounced Audit by the Provider has taken place March 08/09 2016 report is pending.

Proposed Timescale: 08/04/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the quality and safety of care and support in the designated centre had not been carried out.

17. Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
A) An annual review of the centre will be completed and an Annual Plan formulated by March 31 2016.

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Findings on inspection raised concern that the management systems in place were not ensuring that all aspects of the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

18. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
A) A weekly written report between PIC/PPIM will be implemented to strengthen communication.
B) This weekly report will be forwarded to the Regional Manager who will raise any areas of concern with the Provider and Head of Operations.
C) The Registered Provider is currently undertaking a national review of management systems for all services with a view to implementing a robust system of checks and measures which will be standardised across services and address areas such as auditing, accountability, monitoring and evaluation of services.
D) A list of scheduled unannounced visits has been submitted to the Authority by the Provider. The PIC/PPIM is unaware of exact dates due to the nature of the process. An unannounced Audit by the Provider has taken place March 08/09 2016 report is pending.

Proposed Timescale: 30/04/2016

Outcome 17: Workforce
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The information specified in Schedule 2 was not in place for staff working in the centre and employed by an external service provider. **19. Action Required:** Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff. **Please state the actions you have taken or are planning to take:** A) Schedule 2 information for staff not employed by the Provider has been requested directly from the staff members. This will include Garda clearance processed by the Provider and all other Schedule 2 information.
Proposed Timescale: 15/04/2016
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The staff rota did not show the hours some staff were working in the centre. **20. Action Required:** Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night. **Please state the actions you have taken or are planning to take:** A) Nursing hours have been identified on the rota. B) Hours for All shifts have been identified on the rota.
Proposed Timescale: 01/03/2016

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 policy on access to education, training and employment had not been implemented in the centre. The policy on the creation of, access to, retention of, maintenance of, and destruction of records was in draft format.

21. Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
A) The policy on access to education, training and employment will be implemented in the centre.
B) The policy on the creation of, access to, retention of, maintenance of and destruction of records is being finalised by the Registered Provider.

Proposed Timescale: 30/04/2016

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 the matters in paragraph 7 - 9 of Schedule 4 of the Regulations as specified in the Authority's Regulatory Guidance on Directory of Residents.

22. Action Required:
Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

Please state the actions you have taken or are planning to take:
A) The directory of residents was amended to reflect dates residents not residing at the centre.

Proposed Timescale: 15/02/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A recent photograph of each resident was not maintained.

23. Action Required:
Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

Please state the actions you have taken or are planning to take:
A recent photograph of all residents is on file and in their personal profiles.

Proposed Timescale: 07/03/2016