## Richmond Cheshire House

**Centre ID:** OSV-0003444  
**Centre county:** Co. Dublin  
**Type of centre:** Health Act 2004 Section 39 Assistance  
**Registered provider:** The Cheshire Foundation in Ireland  
**Provider Nominee:** Mark Blake-Knox  
**Lead inspector:** Conor Brady  
**Support inspector(s):** None  
**Type of inspection:** Unannounced  
**Number of residents on the date of inspection:** 11  
**Number of vacancies on the date of inspection:** 0
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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: 30 August 2016 11:00  
To: 30 August 2016 16:00

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

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<th>Outcome</th>
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<td>05: Social Care Needs</td>
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<td>08: Safeguarding and Safety</td>
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Summary of findings from this inspection

Background to the inspection
This unannounced inspection was the third inspection of this centre which is part of the Cheshire Foundation (hereafter called the provider). This inspection was to monitor the planned closure of the centre following the notification of this intention to HIQA by the provider.

This designated centre was located in an urban location in South Dublin operated by this provider.

The centre comprised of a large accommodation building that was registered to provide care and support for 15 residents. The centre had been working towards a phased closure as part of the organisations de-congregation of group home settings. This inspection specifically inspected the transition plans of residents and the safeguarding and protection of residents in the centre. Unsolicited information was received by HIQA in relation to concerns about the transition of some residents to the community. However in reviewing the quality of transition plans and meeting the transition officers the inspector found transitional plans of a good standard developed with residents, families and advocacy services.

This inspection was carried out to monitor compliance in specific areas in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013), Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations (2013) and the associated National Standards for Residential Services for Children and Adults with Disabilities (2013).
How we gathered our evidence
As part of the inspection, the inspector met and observed some of the residents who resided in this centre. The inspector had the opportunity to meet five residents and other residents were observed going out on activities over the course of the day. One resident highlighted that it was their opinion that the service 'set the standard' and was very complimentary about the service that was provided in the centre. The inspector spoke with and observed the practice of the person in charge, the assistant manager, senior social care staff, and a number of care staff. The inspector reviewed documentation such as safeguarding policy, protocols and procedures, complaints, incident reports, safeguarding follow up, residents transitional plans, care plans and meeting minutes.

Description of the service
The provider had a statement of purpose in place that outlined the service that they provided.

There were 11 residents accommodated in the designated centre on the date of inspection. The centre was a large accommodation building that was registered to provide care and support for 15 residents. The building was sold at the time of inspection and plans were in place for all residents to transition out of this centre by December 2016.

According to the centre's statement of purpose, the centre provided residential services to adults with physical disabilities and neurological conditions. This centre supported people with a variety of disabilities including the following: Fredrick's Ataxia, Cerebral Palsy, Multiple Sclerosis, Spina Bifida, Hydrocephalus, Acquired Brain Injuries and Epilepsy. The statement of purpose highlighted that people who use service often have secondary disabilities which could include a learning disability, mental health difficulties or medical complications like diabetes.

Overall judgment of our findings
Overall, the inspector found that this centre provided safe care to the residents residing in the centre. The inspector found effective monitoring systems were in place and a good standard of care was delivered to residents. Residents presented as happy in this centre but some were anxious about the closure of the centre as they have lived in the centre for long periods of time. The quality and work regarding the transitioning of residents was found to be clear, person focused and comprehensive. The inspector found some improvements were required in the area of staff understanding of policies and procedures regarding the protection of vulnerable adults.

All findings are discussed in further detail within the inspection report and accompanying action plan.
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 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
This inspection focused predominantly on the standard and quality of transition planning that was taking place in this designated centre given the pending closure of the centre.

The inspector reviewed a number of transitional plans and found that two transitional officers were in place and had been working with residents to transfer out of this centre. The plans reviewed were found to be comprehensive, resident focused and of a good standard.

The person in charge highlighted that this has been an on-going process over the past number of years and that he had commenced his position as manager to move the centre towards closure and to oversee the successful relocation of residents to suitable accommodation within their communities.

The inspector found that the transition staff were passionate and professional in their roles and presented as person centred in their focus. Plans were based on resident's needs, wishes and preferences. Transitional plans reviewed incorporated individuals needs in the areas of housing, healthcare, housekeeping, financial, relationships, roles, service proposals and communication support needs.

A lot of work with residents, families, independent advocacy services and multiple branches of community and social housing services was evident on the part of the provider. Examples of residents who have already moved to new community based homes were cited as very successful by the transitional team.
The inspector found that as this designated centres property was sold by the provider, the onus at the time of inspection was to have all of the remaining 11 residents transitioned out of this centre by December 2016. Transitional plans were established with locations identified and plans in place for all but two residents. Some transitional plans were subject to changes and other variables such as suitable alternative placements and support accommodation.

Residents and families were anxious about these transitions. One resident told the inspector she had lived in the centre for 20 years and was very anxious, frustrated and worried about her move. However she stated that she wanted to move when asked further about this. In speaking with staff the inspector found that this was an issue for a number of residents.

An assessment tool that was devised by the provider was used to determine whether residents should transition into a designated centre or not. The majority of these assessments concluded that residents moving to the community would not transition to a designated centre. Only one resident was assessed to require to transition to a designated centre. This resident will transition to a nursing home according to staff and his transitional plan. Other residents' who have family involvement and advocacy are exploring other placement options.

The inspector questioned directly the provider's decision to transition residents to non-designated centres whereby residents would no longer enjoy the protection of the regulations and standards. The person in charge and transition staff highlighted that they used the provider's assessment tool and based their findings of resident's needs primarily on this assessment. Further information and clarity will be sought by HIQA regarding this matter.

Judgment:
Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The inspector found that residents were protected from abuse in this centre and found that there were appropriate measures in place to ensure the safeguarding and protection of residents. Residents highlighted their satisfaction with the centre to the inspector stating they were very happy with the service they received. Some improvements were required in the area of some staff member's knowledge of the types of abuse, signs and symptoms of abuse and the reporting protocols around the management of allegations and disclosures of abuse.

Residents spoken to stated they were happy in the centre and aside from some residents understandable anxiety around the closure of the centre the inspector found no issues of concern from a safeguarding perspective.

The inspector reviewed a number of complaints, accidents and incidents and safeguarding notifications that were all followed up by the person in charge and management team in the centre. Resident safety and protection was highlighted as the paramount consideration by staff and management alike.

Policies and procedures were in place regarding the protection of vulnerable adults and an updated standard operating procedure was also available and accessible to staff. Training had been provided to staff regarding safeguarding and protection of residents.

On speaking with a number of staff the inspector found some inconsistencies in terms of staff knowledge of the signs and symptoms of abuse and how to manage, report and record same. Refresher training was required to ensure staff knowledge mirrored policy and standard operating procedures highlighted in the centres policy guidance.

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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003444</td>
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<tr>
<td>Date of Inspection:</td>
<td>30 August 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 September 2016</td>
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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 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While training was evident refresher training was required for some staff.

1. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and

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

**Please state the actions you have taken or are planning to take:**
Bespoke training in Safeguarding provided by HSE approved Safeguarding Trainer to 2 members of staff on 12/09/2106 - Completed

Refresher Safeguarding Training for all staff to be completed by October 28th 2016

**Proposed Timescale:** 28/10/2016