

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003445
Centre county:	Galway
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):	Ivan Cormican
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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 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:
20 June 2016 11:00	20 June 2016 19:00
21 June 2016 10:15	21 June 2016 15:25

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

HIQA undertook a series of inspections of centres operated by Cheshire Foundation Ireland during 2015 and found a high level of non-compliances with the requirements of the regulations and the National Standards. In particular, inspectors found that the provider did not have adequate governance arrangements to ensure a safe and good quality of service for residents. The provider was required to attend a meeting with HIQA on 25 November 2015 and at that meeting, the provider told inspectors of a plan to reconfigure governance arrangements, improve support for local managers and address the areas of non-compliance in each centre.

Since that meeting HIQA has seen evidence that the provider is implementing their actions to improve the services. However, HIQA remained concerned of the level of non-compliance in some centres. The provider was required to attend a meeting in HIQA on 14 April 2016 where concerns regarding services, including this centre, were discussed with the provider. In response to HIQA's concerns, the provider advised of impending changes to the governance and management structures and reporting procedures across the service that would positively impact on the quality and safety of care provided to residents and address all outstanding concerns.

Inspectors will continue to monitor compliance in designated centres to ensure that any improvements required are implemented and that the changes proposed by the provider are addressing the identified non-compliances.

Background to the inspection

This inspection was carried out to monitor compliance with specific aspects of the 18 outcomes and to assess if the provider was implementing improved governance arrangements as outlined to HIQA in their response to the previous inspection and at the meeting held on 14 April 2016.

The previous inspection of this centre took place on 4 February 2016. As part of this inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection. Of the 22 actions required, 17 had been addressed in line with the provider's response and five had not been addressed and remained non-compliant on this inspection.

How we gathered our evidence

As part of the inspection, inspectors met with five residents. Inspectors were available to meet with all residents, however one resident declined to speak with inspectors and three residents were not in the centre on the day of inspection. One resident was on an extended holiday at the time of the inspection. An inspector met with a resident on their return to the centre at the end of the inspection and had a brief conversation. The resident said they were happy living in the centre, felt safe and had no complaints.

Residents spoken with told inspectors they were happy in the centre and liked the person in charge and staff working there. Residents spoke of the positive changes which had taken place since the centre was first inspected. This included improvement in staff attitude and interaction with residents. One resident said 'I'm happy there are people keeping an eye on the place'.

Inspectors also spoke with staff members, the person in charge of the centre and two persons participating in the management of the centre. Inspectors observed practices and reviewed documentation such as residents' support plans, medical records, accident logs, policies and procedures and staff files.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. Inspectors found the improvements made since the previous inspection, and since the commencement of inspections in this centre, had

ensured the service provided was substantially compliant with the service outlined in the document.

The centre is purpose built to provide 10 accessible studio apartments. There is also communal space in the building for residents. The service is available to adult men and women who have physical and neurological disabilities.

Overall judgment of our findings

Inspectors were satisfied that the provider had put systems in place to ensure that the majority of the actions required from the previous inspection were being addressed. This had resulted in an improvement in quality of life for residents, the details of which are described in the report.

However, inspectors found a significant risk in regard to the system to ensure residents who may be at risk of a healthcare associated infection were protected by adopting appropriate procedures. The findings related to this are included in outcome 7.

In addition, further improvements were required in the following areas:

- The procedure for responding to and investigating complaints (in outcome 1)
- The system to ensure all equipment was serviced regularly (in outcome 6)
- One aspect of the statement of purpose which did not meet the requirement of the regulations (in outcome 13)
- The system to ensure an unannounced visit to the centre by the provider or their nominee took place every six months (in outcome 14)
- The identification of staff training needs and the provision of required training for staff (in outcome 17)
- The system for ensuring all information required was in place for all staff working in the centre (in outcome 17)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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 observed respectful interactions between staff and residents. Residents spoken with said staff were nice to them and that they had no concerns about staff currently working in the centre.

There was evidence of consultation with residents. The person in charge met each resident on a one to one basis every three to four months and a record of these meetings was maintained. The record showed that any issues identified were followed up by the person in charge and the outcome was documented.

An inspector was told there were no current referrals for advocacy for residents and that residents would be supported to access advocacy if required. Information about an independent advocacy service was available in the centre.

The way the centre communicated with residents had improved. Information was provided to each resident in their apartment and a local communication procedure had been formulated. The procedure outlined the support which would be provided to residents to ensure all information was provided in a format which was accessible to the resident and stated that all required supports would be provided.

The local complaints procedure had been amended to include the timeline for responding to stage 1 complaints.

The policy on the management of complaints had been amended on the day of the inspection. The amended policy stated that the regional manager was responsible for ensuring that all complaints were appropriately responded to and records maintained.

Further improvement was required to the management of complaints in the centre. An inspector viewed the log of complaints received since the previous inspection. A complaint which had been received from a member of the public had been responded to, however the complainant had expressed dissatisfaction with the outcome. Although this had been referred to another manager in the organisation the complainant had not been made aware of the details of the appeals process. There was no further follow up to this noted and the person in charge was not aware of whether or not the complaint had been followed up with the complainant.

When speaking with a resident's family members an inspector was told the family had made a complaint to the person in charge. There was no record of this logged and this had not been investigated. The person in charge said they had spoken with the family regarding the complaint but had not documented it as a complaint. The family told the inspector that this had not yet been fully resolved to their satisfaction.

When speaking with a resident inspectors were told the resident had made a complaint. Although the resident said this was being reviewed the complaint had not been documented and there was no detail of the investigation or outcome.

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):

No actions were required from the previous inspection.

Findings:

There was a policy on communication with residents.

Staff were aware of the different communication needs of residents and an inspector observed staff communicating with residents in line with their assessed needs and wishes.

Residents had communication plans outlining their preferred way of communicating. These communication plans had been reviewed prior to the inspection. Inspectors were told these were under regular review to ensure the information contained in the plans

were consistent with residents' needs and wishes.

Information in the centre was available in a format which was assessed as suitable for residents' needs.

Each person had access to radio, television, internet and information on local events.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
From speaking with residents and staff, and reviewing documentation such as residents' personal support plans, it was evident family and personal relationships were supported.

Residents told inspectors family and friends could visit them in their studio apartments or in the communal living room.

Personal and intimate relationships were supported, for example residents' aspirations to spend time with significant others were supported in line with their wishes.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

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

Findings:

An inspector viewed a sample of contracts for the provision of services and found that the contracts outlined the service to be provided and the fees to be charged. The contracts were signed by the resident or a representative and the service provider.

There was a policy which outlined the procedure for admitting, discharging and transferring people to the centre. The centre did not cater for emergency admissions. A resident spoken with outlined their admission to the centre which included a period for the resident and the centre to assess if the setting was appropriate to meet their needs. The resident said they were happy with the process.

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):

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

Findings:

Inspectors found that there was adequate progress in this area on this inspection. An inspector viewed the arrangements for assessing and responding to residents' social care needs. The inspector was told, and documentation viewed verified, that the provider's funding body had increased the hours allocated to the staff member responsible for assessing and implementing residents' social care needs.

In addition, the funding body had agreed to the provider working with all residents in the centre in assessing and supporting social care needs. Prior to this agreement the provider was not funded to provide support for all residents in implementing social care plans and inspectors had consistently found non-compliances in relation to the implementation of residents' social care plans on previous inspections.

Residents had comprehensive social care plans which clearly identified their wishes and aspirations. Five residents were being supported to implement their plans and the provider had a plan to commence working with the remaining residents. The inspector

was told that support would be provided to all residents to ensure their social care needs were met.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

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

Findings:

A weighing scales for weighing wheelchair users had been purchased and was in use in the centre.

The refurbishment of the communal room had been completed. Soft furnishing, furniture, curtains and a television had been purchased. Residents spoken with told an inspector they used this room to watch tv and meet with other residents. Residents said they liked the room since it had been redecorated.

There was no system in place to ensure all equipment was serviced regularly and some equipment had not been serviced since May 2015. Inspectors were told the company responsible for this told the person in charge they respond to faults only and do not carry out regular servicing. The person in charge said an alternative arrangement would be sourced.

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):

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

Findings:

The provider had not ensured that residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by HIQA.

Some residents living in the centre had been diagnosed as Meticillin-Resistant Staphylococcus Aureus (MRSA) positive and Extended Spectrum Beta-Lactamase (ESBL) positive. The risk of spread of these infections had not been risk assessed and the measures to prevent the spread of these infections were not adequate. For example, there was no indication residents had been diagnosed with these infections; hand hygiene was not maintained by all persons entering and leaving the residents' rooms; and personal protective equipment was not in place to ensure residents and staff were not at risk of cross contamination.

All residents and staff had taken part in a fire drill. Each resident had a personal emergency evacuation plan which outlined the supports they required to evacuate the centre. Staff spoken with outlined satisfactorily how they would evacuate residents from the centre in the event of a fire.

The fire equipment, fire alarm and emergency lighting had been serviced and there was a regular schedule in place for servicing these items.

Judgment:

Non Compliant - Major

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 provider had supported residents to develop the knowledge, self-awareness, understanding and skills needed for protection. A member of An Garda Síochána had

attended the centre and provided information to residents about personal safety.

Residents spoken with said they felt safe in the centre and said they would speak with the person in charge or a staff member if they did not feel safe or had any concerns. Staff had received training and were aware of what to do if a resident made an allegation of abuse or if they witnessed abuse in the centre.

There were no restrictive practices in the centre. There were procedures for ensuring that any restrictive practices were identified and measures implemented to ensure these were the least restrictive measures for the shortest possible duration.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and all events which required notifying to HIQA had been notified.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

An inspector viewed a sample of residents' personal plans and found that residents' wishes for education, training and employment had been assessed as part of their social care plans. This included accessing third level courses which would provide residents with the skills and knowledge for future employment opportunities. Support was provided to assist residents to achieve these goals, for example transport to and from training courses had been put in place.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

There was improvement in the assessment and response to residents' healthcare needs since the previous inspection. Residents' weights were monitored on a monthly basis. Any required changes to care were implemented.

Residents' healthcare plans had been reviewed and provided specific information about residents' required nutritional support, wound care and the measures implemented to mitigate the risk of pressure sores. Information about the specific pressure relieving devices used by residents was detailed in their healthcare plans.

An inspector reviewed a sample of residents' healthcare plans and found these provided comprehensive information. Staff spoken with were knowledgeable of residents' specific healthcare needs and the support required.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Improvement was evident in the management and response to medicines management errors since the previous inspection. An inspector found that the incident report forms clearly outlined the response taken at the time of the error and any further response required to mitigate the risk of reoccurrence.

An inspector found that the implemented measures, which included the addition of a staff member in the mornings and improved oversight by the centre's nurse and the person in charge, were resulting in a decrease of risk to residents.

Documentation such as residents' prescription records and administration records contained all required information. Medicines were recorded as administered at the times outlined in the prescription records.

Medicines were stored in a secure location and medicines which required refrigeration were stored in a refrigerator.

The nurse was responsible for overseeing medicines in the centre. An inspector interviewed the nurse and found she was knowledgeable of residents' prescribed medicines and was ensuring the improved oversight systems were implemented. This included regular audits of medicines and practices relating to recording, administering and response to errors.

Judgment:

Compliant

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:

There was a written statement of purpose which set out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflected the diverse needs of residents. The inspector found the service provided in the centre was consistent with the statement of purpose.

The statement of purpose contained all the information required by the regulations with the exception of a description of the rooms in the centre including their size and primary function.

The inspector was told the statement of purpose will be kept under review at intervals of not less than one year.

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):

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

Findings:

Findings on this inspection showed that systems for ensuring that all aspects of the service provided was safe, appropriate to residents' needs, consistent and effectively monitored had improved.

The person in charge was in the process of transitioning to a seconded post. The provider had carried out a recruitment process and was in the process of recruiting a suitable candidate to replace the person in charge of the centre.

The person in charge spoke of the challenge in undertaking the person in charge role alongside the post she had been seconded to. She told inspectors that the interim arrangements for the governance of the centre would be formalised and notified to HIQA.

An unannounced visit to the centre had not been carried out at least once every six months. The previous visit took place on 16 and 17 December 2015.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a system for governing the centre in the absence of the person in charge. The person in charge's line manager who held the role of regional manager and the centre's nurse had been identified by the provider as persons participating in the management of the centre. Inspectors were told that these persons governed the centre in the absence of the person in charge.

Inspectors met with and interviewed these persons. Inspectors found these persons were aware of their roles, responsibilities and the role of person in charge in regard to overseeing the day to day operational management of the centre. In addition, findings on this inspection were evidence that governance had improved in the centre.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

No actions were required from the previous inspection.

Findings:

On this inspection inspectors found the centre was resourced to provide the effective delivery of care and support in line with the centre's statement of purpose. The centre had received additional funding to ensure residents were supported to achieve their social care goals.

Judgment:
Compliant

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:

It was not evident that all staff training needs had been identified and provided. A training needs analysis had not taken place for staff working in the centre.

Staff had not received all required training. Staff had not received required training in wound care and infection control and some staff had not received training in manual handling, food safety and training in providing appropriate care for residents who required the support of a percutaneous endoscopic gastrostomy (PEG) to ensure their nutritional needs were met. The centre's nurse told inspectors training on infection control was scheduled to take place in July and August 2016 for all staff.

Some staff files did not contain all required information, for example a full employment history and role description.

There was regular informal supervision of staff. The process to supervise staff on a formal basis which had been outlined on previous inspections had not been implemented. The person in charge attributed this to the lack of an agreement with the staff union and said that discussions and meetings were taking place with a view to resolving this and implement the formal supervision and performance appraisal system for staff working in the centre.

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):

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

Findings:

The centre's policies had been amended to contain information specific to the centre. The policy on the creation of, access to, retention of, maintenance of and destruction of records had been finalised

Inspectors found that staff spoken with were knowledgeable of their responsibilities and the centre's systems and these were consistent with the centre's policies and procedures.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003445
Date of Inspection:	20 June 2016
Date of response:	02 August 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:

A complainant had not been informed of the details of the appeals process.

1. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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:

- The Complainant has been contacted. The Complainant has been notified of actions taken to date in relation to the complaint and informed of their right to appeal the outcome of the complaint. Documentation of this has been retained and attached to the complaint.

Proposed Timescale: 25/07/2016

Theme: Individualised Supports and Care

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

The system for ensuring that all complaints were investigated promptly was not effective.

2. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

To ensure regular oversight of, and the timely response to complaints, the Two Weekly Service Report has been modified to include the following information regarding complaints;

- Number of complaints received
- Response time (within 3 days).
- Notification of right to appeal.
- Current status, (resolved, unresolved)

A complaints review is completed monthly by the Regional Manager and any outstanding issues followed up with the Service Manager.

Proposed Timescale: 25/07/2016

Theme: Individualised Supports and Care

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

A complaint made by a resident had not been documented.

3. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

A) The complaint has been followed up with the family which raised the concern, and documented appropriately. The complainant is satisfied with the outcome and documentation of this is attached to the complaint.

Proposed Timescale: 25/07/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was no system in place to ensure all equipment was serviced regularly.

4. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

- A) All equipment whether supplied by the service provider or by other organisations is now included in the service provider's maintenance schedule.
- B) Records are maintained of all items serviced.

Proposed Timescale: 15/08/2016

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 were no procedures in place to ensure that residents who may be at risk of a healthcare associated infection were protected.

5. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- a) Risk Assessments for residents at risk of healthcare associated infections have been completed and are in place. (26.07.16)
- b) The Nurse/ Care – Coordinator has liaised with the G.P to confirm the diagnosis and status of healthcare associated infections for those considered to be at risk. A response is awaited from the GP.
- C) Training has been provided to care staff in the following: Appropriate use of Personal Protective Equipment, Hand Hygiene, Chain of infection. Completed 20.07.16

Proposed Timescale: 31/08/2016

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 statement of purpose did not contain a description of the rooms in the centre including their size and primary function.

6. 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:

The Statement of Purpose has been amended to include room size & primary function.

Proposed Timescale: 29/06/2016

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 centre had not been carried out at least once every six months.

7. 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:

An unannounced visit was completed in the Service 28th & 30th June 2016. A Quality and Safety Audit report has been completed and delivered to the Service. The Regional Manager and Person in Charge will review the audit findings and address any gaps found.

Proposed Timescale: 30/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some staff files did not contain all information specified in Schedule 2.

8. 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:

- All staff files will be reviewed for remaining gaps and appropriate information obtained to meet the requirements of Schedule 2 of the regulations.

Proposed Timescale: 31/08/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff training needs had not been analysed and it was therefore not evident that all staff training needs were being identified and responded to.

Staff members had not received all required training.

9. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

A learning needs analysis is carried out locally and nationally which includes 3 steps

1. Mandatory statutory training is included on the Learning Needs analysis for all centres. (For example Moving and Handling, Fire Safety)
2. The Provider's Heads of function decide on national organisational training needs on an annual basis in consultation with Senior Management and this is also included in the Learning Needs Analysis.
3. Learning needs identified in the local service are also included in the learning needs analysis and communicated to the Provider's Learning and Development Officer. The Learning needs analysis is then updated as care needs arises
4. An analysis is being undertaken by the PIC for the needs of the designated centre, including mandatory and locally specific training. This will be completed by 19th August 2016

Infection Control Training in the following areas has been completed (20.07.16);

- Appropriate Use of PPE
- Hand Hygiene

- Chain of Infection
- PEG Tube Management

Infection Control Training in the following areas is pending delivery;

- Environmental Hygiene
 - Healthcare Waste Management
 - Management of Exposure
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- Moving and Handling Training will be scheduled for any staff who have not received it
 - Food Safety Training will be scheduled for those staff who have not received it

Proposed Timescale: 02/09/2016