

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Abbey View Residences
Centre ID:	OSV-0003453
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Colin McIlrath
Lead inspector:	Ivan Cormican
Support inspector(s):	Catherine Glynn
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	3

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:
08 September 2016 10:00	08 September 2016 18:30
09 September 2016 09:00	09 September 2016 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 23 and 24 September 2015. As part of this inspection, inspectors reviewed the 19 actions the provider had undertaken since the previous inspection. Inspectors found that six of these actions had not been addressed in line with the provider's response and remained non compliant on this monitoring inspection.

How we gathered our evidence:

As part of the inspection, inspectors met with five residents, one resident chose not to meet with inspectors. Inspectors observed that residents' bedrooms were individually decorated with personal photographs of family and friends and music

posters. Inspectors met with seven staff members, including the person in charge and a person participating in the management of the centre. Inspectors also spoke with two personal assistants who were supplied by an external organisation to support residents on a part-time basis. Inspectors observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records, healthcare plans and emergency planning within the centre was also reviewed.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, inspectors found that the service was being provided as described in that document. The designated centre comprised a single story dwelling that accommodated up to 10 residents who may have cerebral palsy, physical disabilities, multiple sclerosis and acquired brain injury. Residents may also have secondary disabilities which could include an intellectual disability, mental health difficulties or medical complications such as epilepsy. Each resident had their own self contained studio apartment which had an en suite bathroom. The centre also had a laundry room which residents could access if they so wished. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The designated centre was located within walking distance of a large town where public transport such as trains, buses and taxis were available. Some residents provided their own transport which they used to access the local community. The designated centre did not provide transport for residents.

Overall judgment of our findings:

On this inspection, inspectors found that the provider had put systems in place which promoted the best possible health for residents. The provider also offered opportunities to residents to access employment and contact with families was actively promoted within the centre. Inspectors noted that all residents complimented the staff employed in the centre stating that the staff they were very kind and caring. Inspectors also observed staff interacting warmly with residents throughout the monitoring inspection. However, inspectors found that out of the 15 outcomes inspected, six outcomes such as maintaining residents' dignity, accessibility of residents' apartments, the on-going review of risks, the governance and management structures within the designated centre, resources and staffing records required significant improvements and were each deemed as major non-compliant. The inspectors also found that improvements were required in relation to residents' contracts of care, management of residents' finances and the storage of medications.

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):

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

Findings:

On this inspection, inspectors found that residents were consulted about how the designated centre was planned and run. The actions from the previous monitoring inspection were addressed with a revised complaints procedure now in place and also extra resources available to support a resident to access the community. However, the inspectors found that the dignity of residents was not maintained within the designated centre.

Inspectors reviewed intimate care plans which guided staff in relation to providing personal care for residents. The plans detailed what supports the residents required and where necessary were applied in conjunction with occupational assessments which detailed the safe transfer of residents with mobility issues. Inspectors interviewed two staff members and the person in charge who indicated that some residents with mobility issues who wanted a shower were transferred to a shower trolley in their bedroom and then wheeled through a corridor to a large bathroom. Inspectors observed this routine and found that staff did their utmost to protect the dignity of residents. Inspectors interviewed three residents with mobility issues who were transferred in this manner. One resident stated that they liked being transferred like this, one resident stated that they did not mind and one resident stated that they did not like being transferred in this manner and it was done as staff did not have the time to transfer the resident from their bed to a wheelchair and then from a wheelchair to a shower trolley. Inspectors found that this practice did not respect the dignity of all residents.

Inspectors also reviewed documentation which stated that residents with significant mobility needs were offered showers on two set days per week. Staff and residents who were interviewed also confirmed this. Inspectors spoke with three residents who stated that they were not happy with this arrangement and would prefer to have the opportunity of having more showers during the week on a day and time of their choosing. Inspectors found that these arrangements failed to offer residents a choice in relation to their individual care needs and also impacted negatively on the dignity of residents. This was brought to the attention of the person in charge on the day of inspection who indicated that the centre was under-resourced to facilitate residents to shower on a day and time of their choosing. The person in charge stated that she had spoken with residents in relation to altering their preferred time for showers but residents stated that they would prefer their showers in the morning.

Inspectors reviewed the revised complaints procedure within the designated centre. There was an easy read complaints procedure and appeals process on display within the centre. Inspectors noted that residents were given formal feedback in relation to their complaint and that all complaints were reviewed by the area manager on a monthly basis. The centre had two persons nominated to manage complaints as detailed in the regulations. The centre had also revised its feedback form to include electronic feedback for residents who used assistive technology.

There were regular residents' meetings taking place within the centre. The minutes of these meetings were made available to residents. Residents were encouraged to attend with their decision not to attend also being respected. Residents also had access to an independent advocate who visited when requested by residents. The centre had closed circuit television monitoring of the exterior of the centre. There was also a policy in place in respect of closed circuit television monitoring.

Judgment:
Non Compliant - Major

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

Findings:
On this inspection, inspectors found that residents were supported to maintain links with family and the wider community.

The actions from the previous monitoring inspection were implemented with additional resources made available to facilitate a resident to access the community. Residents' families were actively encouraged to visit the centre. Inspectors observed family members visiting residents' apartments over the two day inspection. The centre also had a policy on visitors within the designated centre.

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):

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

Findings:

On this inspection, inspectors found that contracts of care were in place. However, inspectors found that the designated centre had two separate contracts of care in place for each resident, neither of which clearly outlined the service provided or additional fees which may be incurred by the resident. Inspectors also found that the service agreements failed to identify the frequency of contribution payments.

Judgment:
Non Compliant - Moderate

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:

On this inspection, inspectors found that residents' wellbeing and welfare was supported by the designated centre. The actions from the previous monitoring inspection had been addressed. Inspectors reviewed residents' goals which clearly outlined start dates and were regularly reviewed. Personal plans had also been reviewed and now contained a social support template which guided staff in relation to residents' social supports, personal goals and family contact.

Inspectors reviewed a sample of residents' personal files with the permission of residents. Inspectors spent time with residents who were happy to discuss their individual plan. Some residents spoke at length in regards to their social interests such as attending mass, work placements, socializing in the local town, going to the cinema and local shows. Residents indicated that they were supported to utilize local services with the aid of personal assistants which were supplied by an external agency. Residents indicated that they would plan their social events up to a week in advance with their personal assistant.

Residents were supported to achieve personal goals. Inspectors reviewed a sample of residents' goals some of which included attending college, volunteering, work placements and maintaining links with external agencies. Inspectors found that residents were supported by the organization to have goals which were identified through an individualized planning process with the involvement of residents, family members and staff.

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:

On this inspection, inspectors found that the premises did not meet the assessed needs of all residents. The actions from the previous action plan had been addressed with assistive technology employed within the centre to support residents to access their

apartments.

Inspectors spent time with a number of residents throughout the two day inspection. Inspectors observed how residents were supported to access their apartments and how residents with mobility issues were supported to live as independently as possible. The centre had aids and appliances such as hoists, adjustable height beds and air mattresses which were all appropriately serviced.

Inspectors observed that the premises was warm, bright and clean. Residents' apartments were individually decorated to reflect their personal interests with items such as pictures of family and friends, art and music posters.

However, inspectors found that the premises did not meet the assessed needs of all residents. Inspectors observed that residents with mobility issues, had floor to ceiling storage supplied which left them unable to access all of their personal belongings. Residents were also unable to safely access cooking facilities such as induction hobs which were also out of reach. Kitchen sinks were again, at an unsuitable height to allow residents with mobility issues free access. Residents also complained that they were unable to access their bathrooms with mobility aids as the doors were too narrow. This resulted in some residents having to attend to some aspects of their personal care in their open plan apartment. Residents also highlighted that mobility aids such as self propelling shower chairs which promoted the independence of residents were not available within the designated centre.

Judgment:
Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

On this inspection, the inspectors found that the health and safety of residents, visitors and staff was promoted within the designated centre. However, inspectors found that improvements were required in relation to the management of risk within the centre.

Inspectors reviewed the arrangements for managing risk within the designated centre. The centre had a risk register in place which identified risks within the centre into categories such as generic risks, specific risks and risks which may affect residents. Inspectors found that all the identified generic risks within the centre for example, first

aid, chemicals and emergency procedures had no risk rating applied. Inspectors also found that improvements were required in relation to the on-going review of risk and to the control measures applied to identified risks.

Inspectors reviewed the risk management plan for residents who were self medicating. Inspectors found that although these risk assessments had been reviewed, they failed to actively respond to an escalation of an identified risk. Inspectors reviewed medication administration error forms which detailed that a resident with significant medication needs and an underlying diagnosis of epilepsy had recently taken excessive medication on two separate occasions. The initial risk assessment had been rated as high, but subsequent reviews of the risk management plan failed to escalate the risk rating and also failed to employ further control measures to safely support residents who self medicate.

Inspectors also found that control measures used within the designated centre failed to fully support residents with epilepsy to safely access the community. The control measures listed on the resident's risk assessment stated that all staff who support residents with epilepsy must receive training in epilepsy, training on the administration of buccal midazolam, medication management and first aid. However, the person in charge could not provide documented evidence that the resident's personal assistant had received such training. The provider also failed to ensure that when a resident with epilepsy wished to access the community independently that additional control measures were implemented to support this independence.

Inspectors observed that fire safety was actively promoted within the designated centre. Regular documented fire drills were taking place and staff were carrying out weekly checks of the emergency exits, fire extinguishers, emergency lighting and smoke detectors. Inspectors observed that fire detection equipment and fire fighting equipment had been recently serviced. Inspectors also observed that fire doors were in place throughout the building. Each resident also had a personal emergency evacuation plan in place and the centre had a centre specific emergency evacuation plan on display.

The designated centre also had a method of reporting and responding to accidents and incidents. Inspectors reviewed a sample of logged incidents which had been appropriately addressed by the person in charge.

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:

On this inspection, inspectors found that the safeguarding of residents was promoted within the designated centre. However, a significant safeguarding issue was highlighted to the inspectors on the final day of inspection. This was brought to the attention of the person in charge and a person participating in management who were unaware of this safeguarding issue prior to the inspection. Subsequent to the inspection the person in charge submitted the relevant notification to HIQA. This safeguarding issue will not be discussed further in this report in order to protect the identity of the resident concerned. Inspectors also found that the procedures in place for the management of residents' finances did not protect residents from potential financial abuse.

Inspectors observed that residents interacted warmly with staff and in turn each staff interacted with residents in a caring manner. All staff were trained in safeguarding measures and could clearly articulate to inspectors the actions that they would take in response to any alleged abuse. Staff could also identify the persons designated to deal with allegations of abuse within the centre.

The centre had restrictive practices in place in the form of bed rails and lap belts. The centre policy on restrictive practices stated that consent for a restrictive practice should be sought from the resident prior to its implementation. Inspectors observed that all restrictive practices used within the centre had been recently reviewed and that signed consents were in place in each relevant resident's personal plan.

Inspectors reviewed the financial management procedures used within the designated centre to support residents to manage their money. Inspectors viewed financial balances of petty cash within the centre and the associated recording mechanisms for those transactions. Inspectors found that receipts were documented incorrectly and did not accurately reflect monies which was spent on behalf of the resident and therefore the recorded balances were incorrect. Inspectors also noted that receipts were not present for monies which was spent on the behalf of the resident. Inspectors spoke to the person in charge in relation to the use of residents bank cards and the procedures in place for the recording of these transactions. The person in charge stated that she audited the residents' bank statements. However, inspectors noted that this was done on a six monthly basis and that on the day of inspection staff were unable to find receipts which had been spent the previous week. This was brought to the attention of the person in charge.

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):

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

Findings:

On this inspection, inspectors found that residents were supported to access the community for employment and further education. The action from the previous monitoring inspection was addressed with additional support hours made available for residents.

Inspectors spoke with residents who stated that they had interests outside of the designated centre. Residents attended employment, worked as volunteers and had aspirations of attending further education. Some residents were also supported to go on holidays and to attend local community events such as plays and concerts.

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:

On this inspection, inspectors found that the health of residents was actively promoted within the designated centre. The actions from the previous monitoring inspection had been addressed with a full-time nurse now employed within the designated centre. The centre also had arrangements in place to cover occasions when the nurse was on annual leave.

Inspectors reviewed a sample of files which showed that residents had access to allied health professionals such as speech and language, occupational therapy and physiotherapy. The sample of files reviewed also showed that residents were regularly

seen by their general practitioner and had access to specialists such as neurology.

Each resident also had a best possible health assessment tool which was completed by the registered nurse. Subsequent to this assessment, appropriate care plans were formulated and implemented to guide staff in relation to residents' healthcare needs in areas such as suprapubic catheter care, percutaneous endoscopic gastrostomy care and pressure area care.

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):

No actions were required from the previous inspection.

Findings:

On this inspection, inspectors found that the designated centre had policies and procedures in place for the ordering, prescribing, storing and administration of medicines and that residents were actively supported to take responsibility for their own medication. However, inspectors noted that some residents who were managing their own medications were not offered suitable storage facilities for these medications.

Inspectors viewed risk assessments which supported residents to manage their own medication. In some instances residents were fully independent in managing their own medications whilst some residents required staff to remind them to self medicate. Inspectors found that some residents were not offered suitable storage for their medications and that medications were left openly in residents' apartments, even though the centre policy on medication stated that "in all instances, medications must be stored securely so visitors and other members of the public cannot have access to them". This was brought to the attention of the person in charge who fitted suitable storage for residents' medications prior to the departure of inspectors.

Inspectors spoke with a number of staff who could accurately describe the procedures used in the event of an medication administration error with all staff indicating that they would seek medical advice, contact the manager on-call and complete the centre's medication error form. Inspectors noted the registered nurse performed monthly audits and stock takes of the medications within the designated centre. Inspectors also reviewed staff training files which stated that all staff who administer medications were trained to do so.

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):

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

Findings:

On this inspection, inspectors found that the statement of purpose accurately reflected to service which was provided. The actions from the previous monitoring inspection had been addressed with the whole time equivalent of staffing now amended.

Judgment:
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:

On this inspection, inspectors found that the designated centre had an ineffective management system in place. The provider had not addressed the actions from the previous inspection as management structures within the designated centre failed to apply appropriate support and supervision of all staff deployed within the centre. The registered provider also failed to carry out the annual review of the quality and safety of

care and support as listed in the regulations.

Inspectors spoke with five staff members, each of which stated that they felt supported by the person in charge. Staff also stated that regular team meetings were taking place and that there was an on-call manager available in times of emergency. The person in charge also stated that formal staff supervision was to commence in the near future. The centre also had clear management structures in place for staff employed directly by the provider.

Inspectors found that personal assistants which were employed by an external provider and utilised within the designated centre were not subject to the management structures of the designated centre. For example, the person in charge stated that personal assistants did not attend staff meetings and were not subject to the proposed staff supervision. The person in charge also stated that personal assistants were not accountable to her. The person in charge also stated that this was an unsuitable arrangement as she did not have complete oversight of all persons deployed in the designated centre.

Inspectors reviewed two, six monthly audits which were carried out by the provider to monitor the safety and quality of care and support provided the designated centre. The actions from these audits had for the most part had been addressed by the person in charge. One item which was outstanding and that was also mentioned in this report was in relation to residents contracts of care. Other items which were completed were the commencement of residents' meetings and the accessibility of residents' apartments.

Judgment:
Non Compliant - Major

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):

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

Findings:

On this inspection, inspectors found that the resources deployed within the designated centre failed to meet the assessed needs of all residents. The actions from the last monitoring inspection were not addressed with additional support hours failing to meet the assessed needs of residents.

Inspectors reviewed a sample of documents which indicated that residents could access the community. However, upon closer examination inspectors found that some residents with significant mobility issues were unable to freely access the community. Inspectors spoke with residents who stated that their families had to employ a person to visit them and bring them out to the local town. Inspectors found that some residents had as little as four weekly hours allotted to them in order to access the local community. The provider had resourced volunteers for some residents but these were only available one day per week.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that improvements were required in regards to training provided to staff deployed at the centre.

The registered provider was unable to provide documented evidence for all staff deployed in the designated centre as listed in Schedule 2 of the regulations such as garda vetting, employment history, details of qualifications and appropriate references. The registered provider was also unable to provide documented evidence of training for all staff deployed in the designated centre. Inspectors noted that these staffing issues related to twelve personal assistants which were provided to residents from an external agency. Inspectors found that these staffing arrangements posed a significant level of risk in terms of the safeguarding of residents and in terms of staff development to meet the on-going assessed needs of residents.

Inspectors found that staff employed directly by the provider had received training in safeguarding, manual handling, administration of medications, infection control, tracheostomy care. However, inspectors found that not all staff had received training in percutaneous endoscopic gastrostomy care, even though the centre provided a service to residents who required this care.

Inspectors reviewed the staff rota which was displayed within the centre and found it to be accurate on the days of inspection.

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):

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

Findings:

On this inspection, inspectors found that records and documentation was maintained to a good standard. However, the inspector noted that there were significant failings in the availability of training records for staff as detailed in outcome 17.

The actions from the previous inspection were addressed with a revised complaints policy now in place which listed two nominated persons to manage complaints. Inspectors also noted that all policies as detailed in Schedule 5 of the regulations were in available in the designated centre and had been recently reviewed.

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:

Ivan Cormican
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 report¹

Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003453
Date of Inspection:	08 September 2016
Date of response:	17 October 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:

The provider failed to ensure that all residents could be facilitated to shower on a day and time of their choosing.

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

1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

- The PIC is holding meetings with all service users on the week of 17th of October. Residents will be asked how they wish to request a shower and how often each week.
- All residents' wishes will be facilitated to shower on a day and time of their choosing.
- One resident requested an extra shower per week and this has been facilitated

Proposed Timescale: 31/10/2016

Theme: Individualised Supports and Care

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

The provider failed to ensure that the dignity of residents was maintained within the designated centre.

2. Action Required:

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

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

- An OT referral has been made and an assessment arranged for 17/10/2016 to enable one resident to use the bathroom within their own apartment for personal care rather than a shared bathroom.
- Residents will be consulted and their wishes respected in relation to how personal care is provided to them

OT assessment carried out on the 17th Oct 2016 resident can have a shower in their own apartment, equipment provide to facilitate shower in own bathroom, trial was completed 4/11/16 resident has declined this option. This option remains available to the resident if and when required and this has been documented to ensure a review of the wishes of the resident is undertaken and any changes made as agreed with them

Proposed Timescale: 19/10/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The provider failed to ensure that an appropriate contract of care was in place for residents which clearly outlined the frequency contribution payments, the service provided and any additional charges which may be incurred by the resident.

3. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

- Service agreements are being updated to reflect the service provided, any additional fees incurred and the frequency of contribution payments.
- The updated service agreements will be explained to each resident and/ or their representatives.
- Updated tenancy agreements are in place from 12th October 2016.

Proposed Timescale: 31/10/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider failed to ensure that the designated centre met the assessed needs of residents in terms of accessibility.

4. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

- One resident has relocating to another Apartment within the service, with lower storage units and facilities. This will promote their independence. The resident has moved to this Apartment on the 31/10/16
- Access to bathrooms using mobility aids will be reviewed for all residents and measures taken to ensure access is possible.
- OT assessment carried out on the 17th Oct 2016 resident can have a shower in her own apartment, equipment provide to facilitate shower in own bathroom, trial was completed 4/11/16 resident has declined this option and this has been documented

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

The provider failed to ensure that the designated centre was suitable equipped to promote the independence of residents.

5. Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

- One resident has relocated to another Apartment within the service, with lower units and facilities. This will promote their independence. The resident has moved to this Apartment on the 31/10/16
- The PIC held a meeting with a resident. An OT assessment was carried out on the 17th of Oct 2016 and arrangements put in place to enable resident to shower in their own bathroom within their own apartment. Resident has declined using their own bathroom and this has been documented
- Referrals for assessment for any additional equipment which would promote independence such as self propelling shower chairs will be made by the PIC/PPIM to Community Services department,
- Assessment carried out by OT on the 17th of Oct 2016, OT has applied for shower chair.

Proposed Timescale: 31/10/2016

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:

The provider failed to appropriately review residents' self medicating risk assessments.

The provider failed to apply additional controls to identified risks within the designated centre

6. 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:

- The PIC has reviewed the generic risks identified within the Risk Management system to ensure that it is correctly rated.
- The Provider Nominee and PIC will review the Risk management system to ensure that generic risks are centre specific and relevant.
- A review of risk assessments will take place at least annually or more frequently as required.
- A Risk assessment on the self -management of medication was carried out on 14th September 2016 with a resident's consent and participation.
- Following the assessment the resident agreed to receive supports from the Provider in relation to medication.

- A locked press was fitted in a resident's apartment on 9/09/16 for safe storage of medication.
- On the 14th of Sept 2016, an emergency plan was agreed regarding one resident accessing the community
- A protocol was put in place on the 19th of Sept to safeguard a resident who goes out independently without supports
- This protocol was further reviewed between the PIC and the resident on the 05/10/16 to ensure its effectiveness.

Proposed Timescale: 31/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that residents are free from all types of abuse including financial abuse.

7. 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 safeguarding issue identified on the day of inspection is the subject of further investigation by the Provider. A safeguarding plan is in place.
- A money management plan in place for one resident who requires supports has been reviewed and made more robust. This will involve a weekly review of expenditure reconciled with a monthly review of bank statements.
- All residents who require assistance with money management will have reviewed money management plans in place by 30/11/16
- The Provider will ensure that money Management plans are reviewed annually or more frequently as required.
- The Provider's Regional Quality Officer will review money management systems and report any concerns to the PIC and the Regional Manager

Proposed Timescale: 30/11/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The provider failed to ensure that residents were offered suitable storage for medications.

8. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

- A locked press has been fitted in a resident's apartment 09/09/16 to ensure safe storage of medication.
- All residents within the centre have locked storage available for their medications

Proposed Timescale: 09/09/2016

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:

The provider failed to ensure all staff deployed within the designated centre were accountable to the person in charge, for example the residents' personal assistants.

9. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

- A Meeting with HSE and other providers outside of service will take place on the 17th October 2016. This meeting is designed to put in place arrangements to ensure that
 - all staff supporting residents are accountable to the PIC of the centre for the support given to residents.
 - Information required under schedule 2 of the regulations is provided by the staff of external providers
 - Arrangements are agreed for communication and support of external staff by the PIC of the designated centre in relation to resident's welfare and requirements.
- The outside external provider of services has sent all Schedule 2 documents on the 8th of November 2016.

Proposed Timescale: 11/11/2016

Theme: Leadership, Governance and Management

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

The provider failed to ensure that the annual review of the quality and safety of care and support in the designated centre had been carried out.

10. 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:

- An Annual review is almost completed and group feedback on the services within the centre is being sought at a resident's meeting on 19th October 2016 prior to completion. Completion date for this Annual Review is 21st October 2016
- An Annual Review using enhanced consultation and process for year 2016 will be completed for the centre by 31st December 2016. The Provider's Regional Quality Officer will assist the PIC and residents in this process.
- An Annual review was sent to the inspector on the 24th of Oct 2016

Proposed Timescale: 31/12/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The provider failed to ensure that the designated centre was adequately resourced to meet the social needs of residents.

11. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- A Meeting with the external funder and other providers outside of service will take place on the 17th October 2016 to discuss the increased provision of social supports to residents to ensure that the assessed needs of residents are met.
- The PIC has identified residents with lower levels of social supports. One resident who had the lowest levels of support has a social support worker assigned to them and has substantially increased their social activities since the inspection.
- The Provider and PIC will continue to review levels of social supports and put in place measures to ensure increased social access for residents with lower levels of support.
- Resident with lower levels of social support hours have been increased, resident is now receiving 8 social support hours per week, over 7 days, 4hrs during the week and 4hs at weekends.
- Social supports are delivered by Cheshire Ireland staff and CE Support Worker on alternate weekends.
- CE Participant worker is due to finish in February 2017 another CE Participant worker will fill this position, in the event that the position will not be filled Cheshire Ireland will approach the HSE or other providers to ensure that the residents social support hours are continued. Should there be a time between the CE Worker leaving and a new

worker starting Cheshire Ireland will ensure that a staff member is in place to support the person

Proposed Timescale: 15/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure that information and documents as detailed in schedule two of the regulations were obtained for all staff.

12. 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 Meeting with the external funder and other providers outside of service will take place on the 17th October 2016. This meeting is designed to ensure that all staff supporting residents are accountable to the PIC of the centre for the welfare of residents.
 - The Provider and PIC will require that schedule 2 information is in place for all staff supporting residents within the centre.
- The outside external providers of services has sent all Schedule 2 documents on the 8th of November 2016 and these are now on file

Proposed Timescale: 15/11/2016

Theme: Responsive Workforce

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

The provider failed to ensure that all staff had received training in the care of percutaneous endoscopic gastrostomy.

The provider failed to ensure that training records were available for all staff deployed in the designated centre.

13. 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:

- Training records have been requested from External Providers for all staff who provide supports within the centre.
- PEG training was held on 6th September and a further session is being held on the 9th November for remaining staff who have not yet received it.

Proposed Timescale: 15/11/2016