

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ardeen Cheshire Home
Centre ID:	OSV-0003456
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Violet Lennon
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
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:
05 October 2016 09:30	05 October 2016 17:30
06 October 2016 08:30	06 October 2016 17:30

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 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 unannounced inspection of this designated centre operated by the Cheshire Foundation (hereafter called the provider) was the second inspection of this centre. This inspection was of a large rural premises on extensive grounds consisting of multiple buildings providing residential services to 22 residents. There were three vacancies at the time of inspection. The purpose of this inspection was to follow up on a high number of non-compliances in this centre with the Regulations. These non-compliances were found on the previous inspection conducted on 19, 20 and 23 November 2015 following which an action plan was submitted to HIQA that outlined the provider's undertakings to improve this centre.

This inspection was carried out in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with

Disabilities) Regulations (2013), Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013) and the associated National Standards for Residential Services for Children and Adults with Disabilities (2013).

How we gathered our evidence:

As part of the inspection, the inspector met with a number of residents who resided in this centre. Some residents who communicated verbally spoke to the inspector and some residents communicated on their own terms with the inspector. Residents who were communicated with and were observed by the inspector offered very good insights into what it was like to live in the centre. The inspector met the service coordinator, head of care, members of management, nursing staff, care staff, household staff and community employment staff. The provider nominee attended preliminary feedback.

The inspector spoke with and observed the practice of the service coordinator, persons participating in management, nursing staff and health care assistants. The inspector reviewed documentation such as policies, protocols and procedures, residents' personal plans and health care plans, incident and accident reports, safeguarding notifications, safeguarding plans, support plans, resident finances and supporting documentation, staff files, training schedules and meeting minutes.

Description of the service:

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

There were 22 residents accommodated across the centre on the date of inspection. The centre had capacity to provide places for 25 residents at the time of inspection so there were three vacancies. However, the centre was not accepting new admissions.

According to the centres statement of purpose, the centre provides residential services to adults with physical disabilities and neurological conditions. Staff provide support to people with a variety of disabilities including the following: Muscular Dystrophy; Spina Bifida; Polio; Cerebral Palsy; Multiple Sclerosis; Hydrocephalus and Acquired Brain Injury. Often people have secondary disabilities which may include a learning disability, mental health difficulties or medical complications like diabetes.

Overall judgment of our findings:

Overall, the inspector found that this centre provided an appropriate standard of care to the residents who lived in this service in a number of areas. However there remained a number of areas that were not adequately addressed following the last inspection carried out by HIQA. This did not assure HIQA that residents support needs were being appropriately addressed by the provider. Governance and management arrangements in place demonstrated some improvements locally however the provider had not effectively ensured the necessary overall changes that were required to move this centre into compliance in a number of core outcomes. The inspector found that the areas of risk management, staffing, resources and social care provision remained a concern in this centre. Improvements were found in

areas of resident's privacy and dignity, contracts for the provision of services, records and documentation and healthcare.

The inspector found that a number of failings found in the HIQA inspection conducted in November 2015 were found again on this inspection demonstrating on-going breach of the Health Act and associated regulations.

All findings of this inspection are discussed in the main body of this report and accompanying action plan.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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:

Overall the inspector found that the provider demonstrated good improvements in this area. While all of the actions in the provider's action plan were not yet complete the inspector found sufficient evidence of good compliance levels in the areas of consultation with residents, access to advocacy services, complaints management and resident privacy.

The inspector found good examples of on-going consultation with residents both individually and collectively. Resident meeting forums were in place and residents had access to advocacy services. Residents' could make complaints to a nominated complaints officer and there was evidence of follow up action whereby complaints were made.

Regarding previous findings whereby resident privacy was compromised, a premises and accessibility audit was undertaken by the provider and action was in progress. Builders were working in the centre at the time of this unannounced inspection. This will be discussed further in Outcome 6.

The provider had ensured window curtains were put in residents rooms, resident's personal belongings were protected and out of sight and an automated door system was in the process of being installed as part of the action plan to better promote residents privacy and security.

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):

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

Findings:

The inspector found that while some improvements were evident progress had not ensured all residents had regular access to the local community. As highlighted in the previous inspection, the inspector found that resident's access to their surrounding community was not in line with their expressed needs and preferences.

There were some good examples of activity being provided or bought in to the centre such as art, therapies/treatments and community/family open days happening. There were reviews of social planning and social planning meeting outlined in the action plan response to the previous inspection. One resident had recently been elected 'Mayoress' of the locality due to her fundraising endeavours for the local community. A social planning ideas box was also introduced in this centre. An activities coordinator was present in this centre.

In reviewing resident's personal plans, social activity planners and relevant documentation it was evident that an increased onus was put on this area by the person in charge since the previous inspection.

However residents informed the inspector that they did not have enough access to getting out of the centre. This inspection found this was an issue for a variety of reasons. For example, residents cannot get down to a local pub/hotel at weekends due to staffing issues.

This is not meeting the needs of the residents in terms of accessing their local community nor does it comply with the requirements of the Regulations and Standards.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspector found that residents had a contract for the provision of services in place and the provider had implemented the actions for the previous inspection. For example, since the previous inspection the provider had ensured residents and representatives signed a contract for the provision of services. Residents availing of respite care in the centre were signing these on an 'on admission' basis.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector reviewed a sample of resident's personal plans and found that while some progress had been made since the previous inspection further development was required to ensure resident's social care plans appropriately addressed and provided for their social care needs. The inspector found the standard of some personal plans remained low and some residents goals were not achieved.

The inspector found inconsistency in the standard of personal plans reviewed. Some plans outlined goals and gave some insight into resident's needs, wishes and preferences. However other plans were of a poor standard.

The inspector found evidence of some residents engaging in activities like going to visit and look at boats and going on holidays. Other residents went on drives and one resident's social plan highlighted weekly trips to the beauticians for a hand massage. However, one plan reviewed contained 'At present I do not have any aspirations I wish to achieve', this was removed when highlighted by the inspector.

In discussing social care provision with staff it was apparent that some staff saw this aspect of care as not part of their job. The inspector discussed this issue with the provider and manager at the conclusion of this inspection.

The inspector found that the standard of social goal setting required improvement and arrangements to ensure residents social care needs were being met in the centre. Furthermore this needs to be implemented consistently for all residents in this centre. These actions were issued to the provider on the previous inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector found that while remedial works were planned and had commenced in some parts of this centre, some of the premises and accessibility issues that were highlighted in the previous inspection remained an issue at the time of inspection.

This was a large rural estate that consisted of a number of buildings, structures and accommodation settings. There was a large main house that was primarily used for day time activities, a number of self contained apartments, cottages and a respite house. The location was picturesque with very beautiful country-side surroundings which were very well maintained in terms of landscaping and grounds keeping.

Some of the areas highlighted in the previous report had been addressed for residents. For example, an extra phone line had been installed in a resident's bedroom, storage facilities had improved, one resident's room had been redecorated and fire evacuation doors had been installed in resident's bedrooms requiring same. The person in charge had completed an accessibility audit and this made a number of findings regarding recommended improvements to the centre. Some funding was available to complete some aspects of the premises refurbishment, but this was being done incrementally. This required review as the standard of some resident's bedrooms still required substantive attention and this issue was highlighted on the previous inspection almost one year ago.

Some resident's bedrooms, bathrooms and toilet facilities required improvements. For example, some residents could not access their bathroom without being supported onto a bed bath and wheeled in through a very narrow entrance, privacy arrangements in a shared bedroom were insufficient with curtains being used instead of doors into bathrooms/toilets. The apartments were also small in size and as the majority of residents used large motor powered wheelchairs so a number of internal doors (when opened) caused obstruction and accessibility issues.

Issues with the call bell system were highlighted on the previous inspection and the inspector found further issues with the call system again on this inspection.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector found that while there were risk management policies and a risk register in place, some assessed high risks were not being appropriately managed in this centre, citing staff shortages as an issue.

Staff spoken to presented as reasonably aware of the risks in the centre. However the inspector found evidence whereby risk assessments that had been completed were not being adhered to and control measures were not being implemented. For example, instances whereby safe manual handling risk assessments stipulated residents required the support of two staff for transfers were not being adhered to. In addition, a resident highlighted as a risk of injury causing fire (due to smoking) had a risk assessment in

place outlining 15 minute checks by staff as necessary. This was not being adhered to.

The inspector sought immediate assurance from the coordinator that this risk assessment would be updated and implemented to ensure this resident was appropriately protected by control measures that were being consistently implemented. This assurance was given by the provider before the inspection ended. The provider completed a new risk assessment and management plan for this resident whereby checks were completed every 30 minutes. This was communicated to all staff and the new risk assessment and management plan was sent to HIQA the day following inspection.

The inspector found that improvements had been made since the previous inspection in the updating of fire safety equipment, procedures and training for staff. In reviewing policies in place there was a disconnect between organisational overarching policy and operational policy. A risk register was reviewed and there were comprehensive risk assessments found in some areas and less comprehensive assessments conducted in others. This seemed to vary depending on the particular staff member completing the risk assessment. There were a lot of documented risk assessments found to be in place and it was clear a bigger emphasis had been placed on 'risk' since the previous inspection. The risk register included risks such as resident's falls, choking, epilepsy and smoking.

In addition, the inspector found that improvements were required regarding response to residents call bells. The issue of residents call bells was highlighted on the previous inspection. The inspector sat with an elderly resident and asked the resident to press their call bell. There was no response to this call bell. This resident was located in an individual apartment and was vulnerable in terms of support needs. Immediate action was sought by the coordinator (who was present at the time) and the call bell/electrical company were called to address this which was completed before the inspection ended. A previous issue with the call bell system was noted in the inspector's review of the incident and accident reports.

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):

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

Findings:

The inspector found improvements in this area and follow up actions had been completed since the previous inspection.

The inspector found that there were reasonable measures in place to ensure residents were protected from being harmed or suffering abuse. The inspector found improvements were required in the review of Garda Vetting of staff working with vulnerable adults. This issue will be addressed in Outcome 17 Workforce in the accompanying action plan.

The inspector found policies in place and reporting structures around the protection of vulnerable adults and staff demonstrated knowledge on most of the forms of abuse and the reporting systems in place. The provider demonstrated reporting and follow up in relation to a number of responses to allegations, disclosures or suspected cases of abuse that had occurred in the centre. Staff training had been provided in this area and residents spoken to stated they felt safe.

Regarding financial abuse the inspector reviewed this area as there were recent issues notified to HIQA regarding resident's finances. Residents had money management plans in place that were reviewed and audited. Residents whose finances were managed by the provider were checked and found to be correct in accordance with financial documentation reviewed.

There had been auditing of restrictive procedures and the inspector found that this centre was not overly restrictive by design or layout.

Judgment:

Substantially 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):

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

Findings:

While there were internal activities observed in the centre such as reading and music the inspector was not satisfied that there had been sufficient improvement in this area since the previous inspection. As highlighted in previous outcomes the inspector did not find residents were being engaged in appropriate levels of social activities.

Some residents were not found to be engaged in any planned or programmatic activities external to the centre and there was not a lot of opportunities for education, training and employment for residents evident. A minority of residents had access to day programmes/services outside of the centre with other providers but the majority of residents were not attached to any service or programme.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that residents were supported on an individual basis to achieve best possible health. The head of nursing care and nursing staff demonstrated a strong awareness of resident's healthcare needs.

The inspector reviewed a number of resident's healthcare plans and found that residents were supported with complex health needs in some cases and that the provision of care and oversight was of a good standard. Residents were supported with specific dietary needs, dysphagia, epilepsy care and diabetes. The inspectors found care plans in place and nursing staff who knew residents needs very well.

Residents spoken to reported they were happy with the care provided to them. The inspector reviewed resident's access to allied health professionals and found residents were well supported in terms of healthcare needs and being facilitated to and from appointments. A physiotherapist and physical therapist come into the centre on a weekly basis. Health care plans reviewed residents had access to G.P., specialist nursing care, hospital appointments, dental care, dietician and occupational therapist.

From a food and nutrition perspective residents were provided with home cooked meals from a canteen onsite. The inspector joined a resident at dinner time and found the meal to be nutritious. Residents requiring support at mealtimes were observed being

provided with same in a caring and dignified manner. Residents spoken to told the inspector they were happy with the food and beverages provided in the centre.

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:

The inspector reviewed medicines management practices and found that residents were adequately protected by the designated centres policies and procedures. Staff demonstrated good knowledge of the medicines policies and protocols and had systems in place to monitor medication practices. All medicines were managed and administered by qualified nursing staff in this designated centre.

For example the inspector found:

- There was a clear policy for medicines management.
- There were clear and effective procedures for prescribing and administration of medicines.
- The documentation reviewed by the inspector was clear and accurate in terms of the prescription and administration of medicines within the designated centre.
- The procedures regarding medicines safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Administration records were signed by nursing staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- There were PRN (as required) guidelines for medications requiring same.
- Medicines procedures for the management of controlled medications were in line with best practices.
- Residents' were assessed and encouraged to manage their own medications whereby they had capacity to do so.
- There were regular reviews and audits of medication and a system for managing medication errors was in place.
- Staff re-training occurred whereby on-going errors were apparent.

The inspector found in reviewing this area that the maximum dosage of PRN 'as required' medicines was not stated in prescription documentation which is not in line

with best practice guidelines.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

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

Findings:

While improvements were found regarding the local operational management structures in place, the inspector was concerned that due to the continued levels of non compliance found on this inspection that more substantive improvements were required from this provider in terms of governance and management.

The person in charge and service coordinator demonstrated improvements in a number of areas of care delivery since the previous inspection and this was evidenced and reviewed in the context of action plans submitted to HIQA. For example, auditing and action plans showed improvements in the areas of parts of the premises, complaints, some residents plans, elements of safeguarding practices and residents' privacy and consultation. Improvements were further found whereby unannounced visits, increased auditing and an annual review were completed by the provider. However while these actions were identifying issues including many of those identified in this report; subsequent actions were not implemented in a timely in order to adequately address identified failings.

Judgment:
Non Compliant - Moderate

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.

<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The inspector found that this centre was not appropriately resourced to ensure the effective delivery of care and support to all of the residents. This area was found non compliant on the previous inspection.</p> <p>The inspector found that there were resourcing issues that prohibited the facilities/premises from being compliant with the regulations, evidence throughout this report identifies inability to meet the assessed needs of residents. In addition, while transport vehicles were available and driver's courses were planned, the matter of staff transporting residents on activities outside of the centre was found to be an issue on this inspection.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The inspector found that this area had not been sufficiently addressed since the previous inspection. The staff numbers and skill mix were not appropriately meeting residents support needs.</p> <p>According to the centres statement of purpose, the primary focus of the nursing staff is to manage and supervise the provision of care to ensure the best possible health and social outcomes for each individual resident. A new member of nursing staff was working their first shift on the date of inspection, however two nurses had vacated their</p>

posts since the previous inspection. Of the 70 staff employed in this centre there were only two staff nurses providing nursing care oversight in this centre on a 1.5 (Whole Time Equivalence) basis. These nurses were supervised by the head of care, who worked part-time in the centre. In light of the identified need to have nursing staff manage and supervise the provision of care it was unclear how this could be done given that the centre operated for significant periods of time with no nursing staff present.

In discussing and reviewing staffing levels from resident's perspective, the inspector found that there were not enough staff to meet resident's needs. The inspector found that a shortage in nursing and care staff was having a negative impact on service provision, particularly in terms of providing for residents activity levels but also meeting basic care needs.

As outlined in a previous inspection report this provider once heavily relied on a substantive volunteer programme to meet residents social care needs. The inspector reviewed former volunteer rosters with up to seven volunteers supporting residents on a consistent basis with social outings and activities. This programme came to a sudden halt and the service that was provided was not replaced which has had a significant impact on residents social activities and outings (as outlined in Outcomes 5 and 10). In addition, staff shortages were cited in risk management documentation and accident and incident records (as outlined in Outcome 7).

In addition to the above, the inspector found that over 50 staff had no updated Garda Vetting documentation in place at the time of inspection. This was discussed with the provider and service coordinator and the urgency of same was highlighted. Follow up information was requested and submitted within required timeframes to HIQA following this 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:

The inspector found that there had been improvements in the standard of record keeping and documentation since the previous inspection. The issues highlighted in the previous inspection were found to be addressed.

The provider had implemented a directory of residents and improved a directory for respite residents also. Staff members had now all read and signed off on the policy in respect of the use of CCTV cameras in this centre. The person in charge had good systems in place and documentary evidence of follow up and work achieved in action plans.

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:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ardeen Cheshire Home
Centre ID:	OSV-0003456
Date of Inspection:	05 October 2016
Date of response:	09 November 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 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

Residents' did not have sufficient access to their wider communities.

1. Action Required:

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

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

accordance with their wishes.

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

- A detailed personal social plan will be developed, and regularly reviewed, for each resident to ascertain individual SMART goals in relation to family and personal relationships and links to the community.
- A complete restructure of service delivery within Ardeen will increase available staff hours for social activities, facilitating greater access to the wider community as required.
- Group social outings will be made available to residents.
- Individual social outings and activities will be offered in accordance with resident's wishes.
- Driver training will be made available to staff in the service, any issues or difficulties will be addressed through the performance management system, supported by the Regional HR Partner.

Proposed Timescale: 31/03/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Arrangements were not in place to meet residents social care needs.

2. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- A complete restructure of service delivery within Ardeen will increase available staff hours for social activities.
- A calendar of events, outings and activities will be produced each week.
- Training will be provided in understanding the social role and SMART goal setting. This training will be delivered by the Service Quality Team.
- General administrative duties currently held by the Activities Coordinator will be facilitated elsewhere, freeing the Activities Coordinator to be more "hands on" in the provision of activities and to effectively oversee the documentation of all aspects of the resident's social plan.
- A schedule of regular social planning meetings is being prepared for 2017
- A trial Social and Recreational Activities Record will be maintained for all residents for an initial period of one month. The aim is to identify ongoing activities previously unrecorded, highlight gaps in patterns of activity and heighten staff awareness of the need to record all activities.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

The standard of social goal setting in personal plans did not maximise resident's personal development and were not being achieved in some cases.

3. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

- The Service Quality Team will deliver training focussing on understanding the social role and SMART goal setting.
- A more stream-lined role for the Activities Coordinator will enable her to support staff in implementing the principles of SMART goal setting.
- A progress report on each resident's goals will be delivered by keyworkers at the regular social planning meetings. Timeframes for achieving completion of goals will be highlighted at these meetings.
- Social care plans and resident goals will be team-reviewed at least once a year.
- The message that meeting the social care needs of residents is the responsibility of all staff will be delivered by the PIC through the system of monthly meetings.

Proposed Timescale: 31/03/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Call bell systems were not in good working order and were ineffective.

4. 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:

- An external emergency callout company will be engaged to carry out a comprehensive health check of the call bell system in order to identify any faults and make recommendations on system upgrades to ensure a fully functional and efficient system.
- A 24/7 emergency on call arrangement with an external emergency callout company will be costed and forwarded to the Finance Department of Cheshire Ireland.
- Through the monthly meeting system the PIC will remind staff to report any faults on the call bell system without delay and record an adverse event for same.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

Parts of residents accommodation were not accessible to residents.

5. 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:

- A review of the Accessibility Audit will be undertaken by the PIC and Maintenance Coordinator. The PIC will seek the opinion of each resident on accessibility within their own home, particularly in relation to internal doors.
- Along with the Accessibility Audit, a Maintenance and Standards audit of all resident's homes will inform a plan of works. Funding for such works will be sought from the Finance Department of Cheshire Ireland.
- Privacy arrangements will be addressed in one shared living situation by replacing curtains with doors in the bathroom/toilet area.
- Renovation work in one house has been completed ensuring that the resident need no longer access the bathroom via a narrow entrance.

Proposed Timescale: 31/03/2017

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 risk management system in place was not found to be effectively managing identified risks.

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:

- Review of existing Risk Register leading to the creation of a user friendly Risk Database of active risk assessments, highlighting due dates of review.
- Introduction of a system of audit of associated actions/controls.
- A complete restructure of service delivery within Ardeen will increase available staff hours to both document risk assessments and implement/audit associated actions.

Proposed Timescale: 31/12/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Residents were not provided with good opportunities to access opportunities for education, training and employment.

7. Action Required:

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

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

- A detailed personal social plan will be developed for each resident to ascertain individual SMART goals in relation to accessing opportunities for education, training and employment.
- As required the Activities Coordinator will link with local education and training providers to ensure that the particular needs of the individual resident are addressed.
- A complete restructure of service delivery within Ardeen will increase available staff hours for social activities. Accessing and maintaining both education and employment will be facilitated with additional support through the social programme.
- Progression of an individual's goals and objectives in relation to education, training and employment will be monitored through the regular social planning meetings.

Proposed Timescale: 31/03/2017

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:

Prescription records did not state the maximum dosage of PRN medications.

8. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- A complete review of all PRN medications used by residents is being undertaken by the General Practitioner and nursing team.
- The GP will specify on the prescription Kardex the maximum dose of PRN medication within a specified period of time.

Proposed Timescale: 31/01/2017

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:

While monitoring was taking place at provider level through auditing and review, necessary actions were not taking place to ensure change implemented within care practices.

9. Action Required:

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

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

- A comprehensive In-Service Audit plan is being developed for 2017.
- Each In –Service Audit will generate an action plan. Each action will be assigned to a member of the senior team, time-framed and reviewed at the monthly senior team meeting.
- Actions required from provider audits will be reviewed at monthly Senior team meetings.

Proposed Timescale: 31/03/2017

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 designated centre was not resourced to ensure the effective delivery of care and support to residents.

10. 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:

- Driver training will be made available to all staff, any issues or difficulties will be addressed through the Performance Management System supported by the Regional HR Partner
- A complete restructure of service delivery within Ardeen will increase available staff hours, addressing both social and care needs.
- Funding will be sought for refurbishment works as described under Outcome 6

Proposed Timescale: 31/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The numbers of staff and skill mix in place were not meeting residents needs.

11. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- Several Senior Care Worker roles will be created from existing Care Support Worker positions. These roles will revolve around the frontline management and supervision of the provision of care reporting to and supported by the nursing staff.
- The Service is recruiting for a further half WTE nursing position.
- A complete restructure of service delivery within Ardeen will increase available staff hours, addressing both social and care needs.
- The PIC will continue to address the staff shortages with the HSE Disability Manager.

Proposed Timescale: 31/03/2017

Theme: Responsive Workforce

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

Garda vetting was not in place for a large cohort of 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:

- Garda vetting has been submitted to the Garda Vetting Bureau for all active staff whose vetting was out of date
- Over two thirds of the required vetting reports have already been received by the service.
- A newly devised staff database allows for easier identification of renewal dates.

Proposed Timescale: 31/12/2016