

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |                                       |
|---|---------------------------------------|
| <b>Centre name:</b>                                   | St Laurence Cheshire                  |
| <b>Centre ID:</b>                                     | OSV-0003439                           |
| <b>Centre county:</b>                                 | Cork                                  |
| <b>Type of centre:</b>                                | Health Act 2004 Section 39 Assistance |
| <b>Registered provider:</b>                           | The Cheshire Foundation in Ireland    |
| <b>Provider Nominee:</b>                              | Patrick Quinn                         |
| <b>Lead inspector:</b>                                | Julie Hennessy                        |
| <b>Support inspector(s):</b>                          | Conor Dennehy                         |
| <b>Type of inspection</b>                             | Unannounced                           |
| <b>Number of residents on the date of inspection:</b> | 15                                    |
| <b>Number of vacancies on the date of inspection:</b> | 7                                     |

## **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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 23 March 2017 09:30 To: 23 March 2017 15:00

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

|   |
|---|
| Outcome 05: Social Care Needs                     |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 11. Healthcare Needs                      |
| Outcome 14: Governance and Management             |

**Summary of findings from this inspection**

Background to the inspection:

Following repeated findings of poor governance and management and poor quality of care and support for residents, the provider was issued with a Notice of Decision to refuse and cancel registration of this centre on the 25 November 2016. The provider appealed the notice of decision to the district court and there were a number of deferrals of court hearings while another provider engaged with the service. During the appeal period, the Health Service Executive, with the assistance of another provider, had put enhanced management arrangements in place in the centre with the consent of the provider, to address the significant deficits in health and social care and support for residents.

On 28 July 2017, the provider withdrew their appeal to the district court. The registration of Cheshire Foundation in Ireland as the registered provider for this centre was cancelled and another provider became the registered provider for the centre.

This inspection took place during the appeals timeframe. The purpose of this inspection was to monitor the quality and safety of care being provided to residents in this centre and to determine the progress being made against the plan submitted on the 22 December 2016 and the effectiveness of the enhanced management arrangements. The progress made to address failings identified at the previous inspection was also assessed.

Description of the service:

The centre can accommodate up to 22 residents. The centre comprises a main house with 10 single bedrooms; eight self-contained apartments and a separate four-bedroomed house. The centre mainly provided a service for residents with physical disabilities and/or intellectual disabilities.

How we gathered our evidence:

Inspectors met with the six residents who said they were happy to meet with inspectors. Inspectors also met with the person in charge, staff and senior management and discussed practices in place and progress against actions. Documentation pertaining to residents was reviewed.

Overall judgment of our findings:

Residents spoke of improved communication and consultation and how they were much happier with the information being provided to them. Residents appeared, through their demeanour and conversation, to be more relaxed and less anxious than at the previous two inspections. Staff told inspectors that they felt well supported in their role by the person in charge and persons participating in the new management arrangements in the service.

The significant improvement, identified at the previous inspection as a result of the enhanced management arrangements, relating to residents' healthcare needs and clinical oversight, had been sustained and further progressed. For example, the skill mix had been addressed through the recruitment of additional nurses since the previous inspection and the team leader structure was being implemented to support the more effective delivery of day-to-day care and support. A key action that related to the completion of a comprehensive assessment of need for each resident was being satisfactorily progressed. Work was on-going in relation to the development of new care plans, personal plans and incident management. Future priorities, identified in the short-term, related to analysis of medication-related incidents, maintaining residents' skin integrity and addressing training gaps. Where there had been an adverse clinical event since the previous inspection, the systems in place had been reviewed and strengthened to prevent recurrence.

Overall, while it was evidenced that three agencies now involved in managing the service were working collaboratively together to deliver a safe service that was appropriate to residents' needs, it was not clear what management structure would be in place in the medium to long-term.

Outcomes found to be at the level of moderate non-compliance related to:

- the procedures in place for the prevention and control of healthcare associated infections (outcome 7)
- ensuring that recommended dietary supplements were prescribed and the progressing of planned work relating to maintaining residents' skin integrity (outcome 11)
- clarity regarding the medium to long-term plan relating to the governance and management of this centre, as referenced above (outcome 14)

The reasons for these findings are explained under each outcome in the report.

Because of the action being taken by the office of chief inspector to cancel the registration, the provider was not required to submit an action plan.

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

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall, inspectors found that the new governance arrangements were effective in improving the support and care being delivered to residents.

At this inspection, specific lines of enquiry were followed. These included the progress being made in relation to a key failing previously identified to complete a comprehensive assessment of needs for each resident. Also, the progress being made in relation to ensuring residents had access to opportunities and activities that met their wishes, interests and support requirements was assessed. Finally, the inspector reviewed the arrangements in place to develop residents' personal plans. Overall, satisfactory progress was demonstrated in relation to the three inspected lines of enquiry.

Prior to the new governance arrangements, the provider had consistently failed to appropriately assess the needs of residents and to ensure that the service was responding to those assessed needs. On this inspection, the recently appointed person in charge demonstrated that a key action regarding the completion of a comprehensive assessment of residents' needs was being satisfactorily progressed. At the time of this inspection, three assessments had been completed and two were in progress. The key focus of the assessment of needs was in terms of meeting residents' mobility, postural and positioning support requirements and this had been completed by an occupational therapist. The person in charge outlined how the plan was to complete assessments of need for all residents by June 2017 (three months time). The assessment completed by the occupational therapist would also be added to by other healthcare professionals including nursing, speech and language, dietetics and physiotherapy.

A person participating in the management of the service outlined the progress being made in relation to residents' personal plans. Personal plans are an important component of ensuring that staff have direction about the way in which care and support are provided to each resident. At the time of the inspection, seven personal plans had been developed in a revised format. Plans were now being developed with the participation of residents. The inspector reviewed a sample of a new plan that clearly outlined key information to know about each resident, including their preferred daily schedule and any support requirements.

Where residents wished to do so, they were being facilitated to explore an alternative day service that better met their interests, abilities and preferences. Where applicable, residents were being supported to move to independent living.

There was evidence that progress had been made to significantly improve residents' access to social activities and outings. Gardening workshops had commenced on a weekly basis, facilitated by the nearby university. A gentle exercise programme had just commenced. Yoga, art therapy, cookery and mindfulness were now being offered. The occupational therapist was exploring ideas for setting up a sensory room. Residents told inspectors that they had recently attended the St. Patrick's Day parade in the city centre and a match; a visit to the pub was planned for that weekend and residents spoke of trips to Dublin and abroad that were planned over the following few months. Training for residents to enhance life skills and independence was being explored, including in relation to food safety and hand hygiene. Information and support sessions had taken place also in relation to food safety for residents who prepared their own meals and medication safety to support the self-administration of medication.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall, inspectors found that the new management arrangements had achieved improvements in the management of risk to residents in the centre, however further improvements were required.

Lines of enquiry explored at this inspection included learning from incidents (including medication errors) and the procedures in place to prevent and manage the spread of infection. Further improvement was required to ensure that there were satisfactory

procedures in place to protect residents who may be at risk of acquiring a healthcare associated infection.

Where residents were at risk of acquiring a healthcare associated infection, some arrangements were in place. Staff articulated the measures in place to prevent the spread of infection, including the role of hand hygiene, environmental cleaning, careful management of laundry and the provision of information to residents. Also, advice had been sought from a HSE infection control nurse. However, the system was not sufficiently robust. A risk assessment or care plan had not been developed with respect to a specific infection to ensure that staff received consistent information in relation to the required preventative measures. Also, an in-house system was not in place for monitoring the effectiveness of practices and procedures in place. A number of staff still required hand hygiene and infection control training, although this was in the process of being arranged.

An infection control audit had been completed in December 2016 by an infection control nurse attached to the Health Service Executive (HSE). The audit report demonstrated progress that had been made between an audit earlier in the year and this audit. This audit also made further recommendations for improving infection control practice.

Based on observations and discussions with the person in charge and members of the household staff, actions from the most recent audit were being implemented. However, improvements were required in the oversight of these actions. There was no action plan to demonstrate the progress against each recommendation or ensure that all recommendations would be completed. This was discussed at the feedback meeting at the close of inspection along with the gaps identified in the previous paragraph.

Incidents and adverse events were now being recorded, reported and reviewed by the person in charge and other members of the management team. Learning was being shared at shift handover and staff meetings. Significant work had been completed in relation to the prevention of falls, supported by a physiotherapist and occupational therapist. A person participating in the management of the service (clinical nurse manager) outlined that an analysis of incidents and medication errors at individual level had been identified as the next priority.

The person participating in the management of the service also demonstrated progress now being made in relation to developing individual risk assessments for residents. Key clinical risk assessments had already been completed, including in relation to maintaining skin integrity, the prevention of falls, residents with dysphagia and swallowing difficulties, supporting mobility needs, nutrition and hydration. Risk assessments in place were being reviewed and updated and communicated to staff on a weekly basis.

**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:**

Over the course of previous inspections, the provider had repeatedly failed to take effective action to ensure that the healthcare needs of residents were being met. On this inspection, inspectors found that the new management arrangements had ensured improvements in healthcare for residents, and some further improvements were required.

Since the previous inspection a notification had been received by HIQA that related to wound care. That notification highlighted a failing in relation to clinical oversight as the person in charge had not been aware of the presence of a wound. Inspectors found that the new management team had responded to the incident and had improved their own monitoring arrangements to prevent a recurrence. Weekly meetings were now being held between the person in charge and nursing staff that included review of wound charts. Input and advice had been sought from a specialist nurse in tissue viability regarding wound care and the use of dressings. Wound care training was being sourced for nursing staff and the person in charge and clinical nurse manager had been providing support to nursing and non-nursing staff regarding how and what to report concerning lack of skin integrity.

Residents had access to medical, nursing and allied health care services. All residents had been seen by an occupational therapist since the previous inspection and residents were receiving support from a physiotherapist with physiotherapy services now being provided on-site on a full-time basis. Input from speech and language, dietetics, tissue viability and infection control was sought and arranged where required. Appointments and reviews were scheduled and facilitated including, for example, with the lymphedema clinic or vascular surgery. Weekly multidisciplinary team meetings were now taking place. An area was identified that required improvement in that where nutritional supplements had been recommended by a dietician, the person in charge had not ensured that these were considered and prescribed by the resident's general practitioner.

The person in charge had commenced the development of a new healthcare planning system and this was now being further progressed following the recruitment of additional nursing staff. Six healthcare plans were completed. The inspector reviewed sample care plans that clearly identified residents' healthcare needs, the required interventions, required multidisciplinary support, supporting information (such as clinical risk assessments) and a clear means of reviewing the information provided. Based on the sample reviewed, the information provided clear direction for staff as to how to support residents' healthcare needs and reflected residents' actual healthcare needs.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

In previous inspections, inspectors had found that there were poor governance and oversight arrangements in this centre. The provider was failing to identify for themselves significant issues of concern in relation to the safety, care and support of residents and were also failing to take effective action in relation to issues being identified by inspectors.

On this inspection, overall inspectors found that there had been improvements in the oversight and governance arrangements. It was evident that three agencies involved in managing the service were working collaboratively together to deliver a safe service that was appropriate to residents' needs.

A management structure was now in place. The person in charge (at assistant director of nursing level) worked full time and was on secondment from another service provider and in the post since the 18 December 2016. She reported to a regional manager, also on secondment from the same service provider and based in the centre three days a week. The representative of the provider met with the regional manager every two weeks to review the quality and safety of the service being provided.

The person in charge was supported by a clinical nurse manager (CNM2) two days a week, again on secondment from the same service provider and another clinical nurse manager (CNM3) on secondment from the Health Services Executive (HSE) three days a week. While the management structure at the time of the inspection demonstrated that the service provided was overall safe and appropriate to residents' needs, it was not clear what management structure would be in place in the medium to long-term.

Overall, improvements found on the previous inspection had been sustained and further progressed. For example, the staff skill mix had been improved through the recruitment

of additional nurses since the previous inspection and the team leader structure was being implemented to support the more effective delivery of day to day care and support. Of particular importance, residents with whom inspectors spoke said that they were much happier with the consultation and communication that had taken place in recent months, including about planned and actual changes. Staff with whom inspectors spoke said that they felt well supported by the management team.

Progress was demonstrated in relation to care planning, personal planning, incident management, communication and activities and opportunities for residents. Further priorities identified to progress in the short-term included an analysis of medication related incidents and errors, maintaining residents' skin integrity and addressing training gaps. While a failing in clinical oversight had occurred since the previous inspection (as discussed under outcome 11), the person in charge demonstrated that the systems had been strengthened to mitigate against the risk of recurrence.

**Judgment:**

Non Compliant - Moderate

**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:***

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