

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Richmond Cheshire House
Centre ID:	OSV-0003444
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Violet Lennon
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 January 2017 08:15 To: 18 January 2017 15:45

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

Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management

Summary of findings from this inspection

Background to the inspection.

This was the fourth inspection of the designated centre. The purpose of the inspection was to monitor the centre's regulatory compliance in relation to information received by the Health Information and Quality Authority (HIQA). Three outcomes were reviewed on this inspection. The centre had previously been inspected in August 2016 and was found to be in compliance or substantial compliance with the outcomes inspected against on that day. The provider had submitted a notification to HIQA of it's intention to close the centre in January 2017. More recently the provider indicated to HIQA the proposed date of closure of the centre is April 2017.

How the inspector gathered evidence.

The inspection took place over one day and was facilitated by the person in charge and a clinical nurse manager. The inspector also met with two staff members and spoke to three residents. Overall residents expressed their satisfaction with the care and support in the centre and resident stated they felt safe in the centre. The inspector also reviewed documentation such as medication management plans, medication administration and prescription records, staff training records, risk management plans, incidents records and financial records.

Description of the service.

The centre had produced a statement of purpose which outlined the service and facilities provided. The centre provided accommodation and care and support to eight adults with physical and neurological conditions.

Overall judgement of findings.

The inspector found a good standard of support in relation to the three outcomes inspected against. The centre was in compliance with outcome 7, health and safety and risk management and outcome 8, safeguarding and safety. A substantial compliance was identified in outcome 12, medication management. These findings are discussed in the body of the report and in the action plan at the end of the report.

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 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:

The inspector found appropriate arrangements were in place to promote the health and safety of residents and staff. Not all aspects of this outcome were inspected against.

The inspector reviewed records of incidents occurring in the centre and found all incidents had been appropriately responded to. For example, additional staff instruction had been provided, and reviews with allied healthcare professionals had been completed.

There was a policy in place on risk management which included the risks as specified in Regulation 26. Individual risk management plans were developed in a number of areas for residents. Control measures were identified in these plans. While the inspector found some of the control measures in plans were not specific enough to guide practice, staff gave a detailed account of how these risks were managed. The person in charge had arranged by the end of the inspection for an enhanced guide in managing these risks to be made available in personal plans.

Environmental risk assessments were also developed in areas such as chemicals, access and egress, trips and falls, and fire. These assessments outlined the control measures in place to mitigate risks of adverse injury and were subject to a minimum of annual review.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided

with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The inspector found measures were in place to safeguard residents.

The inspector spoke to two staff in relation to safeguarding. Staff were knowledgeable on the types of abuse and the actions to take in the event of an allegation, suspicion or disclosure of abuse. Safeguarding concerns had been responded to appropriately and measures were in place to safeguard residents. The inspector reviewed a sample of five staff training records and found staff had up-to-date training in safeguarding. Residents told the inspector they felt safe in the centre.

The inspector reviewed financial records for residents requiring support to manage their money. An account was kept of all monies received or spent by the resident and receipts were available for all purchases made. Records were kept of withdrawals from residents' bank account and the inspector found all monies were accounted for in the records maintained. An audit of residents' finances had recently been completed by an administrator in the centre.

Not all aspects of this outcome were inspected on this inspection.

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:

The inspector found overall residents were protected by the centre's policies and procedures for medication management. Some improvement in identifying medication errors was required.

There was a policy on medication management which included the ordering, prescribing, storage and administration of medication. Medications were securely stored in the centre. The inspector reviewed medication prescription and administration records and found these contained the required information. PRN (as required) prescription and corresponding protocols specified the circumstances under which medication should be administered and the maximum dosage in 24 hours was stated. Administration sheets confirmed medications had been administered as prescribed, to the resident for whom they had been prescribed. Medications prescribed by external professionals had been transcribed onto medication prescription sheets within the timeframe specified in the centre policy and all medications were signed on the prescription sheet by the general practitioner.

Plans were developed as part of residents' personal plans, detailing the support residents required to manage their medication.

Residents were supported to self medicate following an assessment by a registered nurse and by their general practitioner. Residents availed on the services of a community pharmacy of their choice. A resident spoke to the inspector about the services provided to them by their local pharmacy.

The inspector reviewed records of medication errors occurring in the centre. Most errors had been responded to appropriately and additional instruction had been provided to staff where required. One recent incident had not been identified as an error and a preventative action to reduce the likelihood of reoccurrence had not been implemented, as per the centre policy. This was discussed and acknowledged by the clinical nurse manager and the deputy centre manager on the day of inspection.

Staff had received training in medication management and some staff had received training in the administration of emergency epilepsy medication. However, on review of training records and the staff rosters there were times where there were no staff available to administer emergency epilepsy medication. By the end of the inspection, the clinical nurse manager had arranged training for staff within a one week time frame, to ensure adequately trained staff were available at all times to support residents in the event of this emergency.

An account was kept of all medications received into the centre and medications were checked on receipt by two staff. Weekly stock audits were completed for PRN (as required) medication. Medication management audits were completed twice a year and included an audit of administration and prescription records, discontinued medication and storage of medication.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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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-0003444
Date of Inspection:	18 January 2017
Date of response:	07 February 2017

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 12. Medication Management

Theme: Health and Development

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

A medication error had not been identified, and as such preventative measures had not been implemented in accordance with the centre policy on medication management.

1. 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

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

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:

All medication records reviewed by the CNM 1 to ensure compliance with variance reporting – completed 18/01/2017

Monthly audit of medication records to identify any potential variance commenced on 30/01/2017

Reminder to all staff of the requirement to ensure medication variance reporting and subsequent follow up as per our policy – issued 06/02/2017

Met with senior staff to clarify their responsibility for ensuring individuals (as in this example) who are attending outside appointments etc. have their medication administered and recorded in a timely fashion – completed 03/02/2017

Proposed Timescale: 06/02/2017