

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kerry Cheshire
<b>Centre ID:</b>	OSV-0003447
<b>Centre county:</b>	Kerry
<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>	Margaret O'Regan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	11
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. 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:
02 May 2017 10:45	02 May 2017 18:30
03 May 2017 09:30	03 May 2017 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and follow up on issues identified on the previous inspection, which took place in May 2016.

How evidence was gathered:

As part of the inspection, the inspector met with eight of the eleven residents who were residing in the centre. Overall, residents were satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them. The inspector noted that since the May 2016 inspection, the provision of social activities had evolved to include residents achieving their own personal goals, group activities being organised in the centre on a Monday evening and the running of a very successful 20th birthday celebration. Residents were involved in the community through attending third level colleges, art classes, music sessions and concerts.

The inspector spoke with staff who shared their views about the care provided in the centre, aspects of the service which worked well and areas which could be improved. The inspector spoke with the person in charge and other members of the

management team and gained an insight into their roles in the operation of the centre. In particular, the governance arrangements around support for the person in charge and how she delegated responsibilities to members of the management team.

The person in charge and her deputies made themselves available throughout the inspection and were present for the inspector's feedback at the end of the inspection.

The inspector examined documentation such as care plans, risk assessments and medication records.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one with 12 self contained apartments with a communal sitting room, kitchen and laundry. The mission of Cheshire Ireland, as set out in its statement of purpose, is to work with the resident to design supports that help residents to "live the best possible life" and to work with the residents in a manner which "is respectful and honest".

The centre is a single storey purpose built apartment complex in Co. Kerry. Each resident has an open plan ground floor, single occupancy bedroom, kitchen and living area. Each apartment has accessible toilet and shower facilities. The service is available to both male and female residents.

Residents were able to get out and about by means of wheelchair accessible transport, use their own motorised wheelchairs to get to the town centre or access the nearby train station for longer journeys.

The apartments and the centre overall was well maintained. Residents availed of a variety of day services from Monday to Friday. Transport was provided to and from the day services.

Overall judgement of our findings:

The inspector noted the good quality of life that residents enjoyed. The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw residents going on outings, being able to spend leisure time together and develop friendships. Residents were offered independence while their security was safeguarded.

The inspector found that all of the actions from the previous inspection had been addressed. The inspector noted that the service was striving to comply with its stated mission i.e. residents living "the best possible life". Overall, the inspector was satisfied this was achieved. However, some areas were identified by the inspector where, in order to further facilitate "the best possible life", minor improvements were needed.

The supports provided to residents by community services were varied and generally easily accessible. For example, residents accessed community occupational therapy, public health nursing service and dietetics. The community "assisted living service"

was utilised by residents with whom the inspector met. This was an individualised service provided to enable residents to get out and about and engage in social activities with the assistance of a personal assistance. This service was also organised through the community care services in conjunction with the Irish Wheelchair Association.

Health care practices were generally safe and staff had received updated training in the past 12 months to safely provide for the complex health care needs of many of the residents. Health care supervision was provided by local general practitioners (GPs), trained nursing staff, a clinical partner who visited the centre monthly and the public health nursing department.

Improvements were identified as being required under Outcome 1 (Resident's Rights Dignity and Consultation) in relation to recording complaints and under Outcome 6 (Premises) where a door blind needed to be repaired or replaced.

These findings are outlined under each outcome in 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 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:**

There were policies and procedures for the management of complaints. Residents were aware of the complaints process. There was evidence that complaints were followed up upon and action taken to address the matter of the complaint. However, in one instance a verbal complaint was not documented.

A resident's forum was in place and minutes were maintained of meetings held. Efforts were ongoing to find an independent advocate to chair the resident forum meetings.

Residents were encouraged to maintain their own privacy and dignity. For example, residents had private access to their apartments, staff knocked before entering residents apartments and residents were facilitated to hold their own records if that was their preference. Personal care practices were respectful and each resident was provided with private sanitary facilities. Residents had personal assistants. It was a service funded and supported from community care services. Residents received between four and eight hours personal assistance per week to engage in social activities of their choice. All residents reported this to be working well for them.

Most residents needed assistance with getting up and going to bed. Residents reported that in general this support was available without delay and delivered in a caring manner albeit that at times both residents and staff stated they would welcome a situation where they (staff) were able to spend more time with the residents.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Residents were actively involved in an assessment to identify individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, reviewed on a quarterly basis and resulted in improved outcomes for residents. For example, one resident was facilitated to attend a third level course, another attended a family special occasion in the company of staff and another participated in local art classes. In addition residents attended a variety of day services, enjoyed concerts in local hotels and music sessions in nearby hostelries. Residents and their family members (where appropriate) were consulted and involved in the review process. For example, residents signed their own plan of care. The social aspect of care was augmented by the community based assisted living programme.

Staff and residents had identified within the past 12 months, that activities was an area that required improvements. Staff in conjunction with residents, had developed a programme of in house activities for one evening a week. These activities varied from enjoying a meal together, having a quiz, watching a film and celebrating birthdays. Residents and staff had recently organised and held a very successful 20th anniversary celebration. This event was attended by family, neighbours and members of the wider community.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose which was to provide an environment that assisted residents to achieve the best quality of life possible. The premises met the needs of residents and the single storey design and layout promoted residents' safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. The centre and the individual apartments were free from significant hazards which could cause injury. The centre was clean and suitably decorated. Residents were involved in the decoration of their own apartments. Apartments had sufficient furnishings, fixtures and fittings; however, one apartment had a broken blind which needed to be repaired or replaced. This blind was on the glass door of one apartment and the door opened to the front of the centre. This impacted on the resident's privacy.

There was adequate private and communal accommodation. There was a well equipped kitchen within each apartment with sufficient cooking facilities and equipment. There were adequate toilets, bathrooms and showers which were adapted to meet the needs of residents.

There was a suitable outside areas for residents. Residents had access to appropriate equipment which promoted their independence and comfort such as specialised beds, walking frames, wheelchair adapted transport. The equipment was fit for purpose and there was a process for ensuring that equipment was properly installed, used, maintained, tested, serviced and replaced. Staff were trained to use equipment and equipment was stored discreetly safely and securely

**Judgment:**

Substantially 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:**

The centre had policies and procedures relating to health and safety. There was an up-

to-date health and safety statement. There were satisfactory procedures in place for the prevention and control of infection. The risk management policy was implemented and covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. There was evidence that learning took place from incidents that occurred in the centre. For example, medication errors had decreased and such incidents were managed in a "non blame" approach. Resident social activities had developed and continued to evolve according to the expressed preferences of residents.

There were arrangements in place for responding to emergencies. Reasonable measures were in place to prevent accidents. Staff were trained in moving and handling of residents where required.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at four monthly intervals and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment. Emergency lighting was in place.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were measures in place to safeguard residents and protect them from abuse. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. However, as referenced and actioned under Outcome 1, there was inadequate documented investigation into an allegation of poor communication with a resident.

Residents reported to the inspector that overall they felt safe in the centre. Staff with whom the inspector spoke with and training records viewed, satisfied the inspector that appropriate training had been provided to staff in understanding abuse.

Efforts were made to identify and alleviate the underlying causes of behaviours that challenge for each individual resident. Specialist therapeutic interventions were implemented in consultation with the resident through their personal plans. Interventions were regularly reviewed to assess their impact on improving challenging behaviour and improving the lives of the resident.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was carefully monitored to prevent abuse or overuse.

The use of medication to manage behaviour that challenged was monitored. Staff were trained in the use and implications of restrictive procedures.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within three days of occurring. A quarterly report was provided to the Health Information and Quality Authority (HIQA) to notify the Chief Inspector of incident occurring in the centre as is required by regulation.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Residents' health-care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Individual residents' healthcare needs were appropriately assessed and met by the care provided in the centre.

Residents had access to allied health care services which reflected their diverse care needs. This included nutritional support from community dietician, physiotherapist and occupational therapist. Also available to residents was psychological and psychiatric support.

The care delivered encouraged and enabled residents to make healthy living choices. Residents were actively encouraged to take responsibility for their own health and medical needs. Staff supported residents to attend clinic appointments.

Food was nutritious, appetising varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day. Residents decided what to eat and when to eat. Residents were offered support with food preparation and enabled to eat and drink when necessary in a sensitive and appropriate manner. Residents nutritional status was monitored and recorded in the residents' notes.

Regular health checks were accessed by residents and included, medication review, blood levels profiling and routine health screening. The centre had access to good quality equipment such as hoists, pressure relieving mattresses and walking aids.

**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 written policies relating to the ordering, prescribing, storing and administration of medicines to residents were reviewed within the past 12 months.

A monthly audit of medication management was carried out. Staff were encouraged to report and document medication errors. Corrective action was taken to address errors and further training provided where indicated. The number of medication incidents (usually related to documentation) had decreased over the past 12 months.

Discontinued medication was signed accordingly by a doctor. This was a matter that had been addressed since the previous inspection. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation.

There were appropriate procedures for the handling and disposal for unused and out-of-date medicines. Residents were responsible for their own medication following an appropriate assessment. Changes took place in the past 12 months to facilitate residents, who were self-medicating, more autonomy over their medication.

Controlled drugs were securely stored and administered by the public health nurse. A log was maintained of the medication count at the beginning and end of each shift.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering. This was facilitated through

regular staff meeting and regular 1:1 supervision meetings with staff.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. Senior management had a regular presence in the centre and were accessible to both residents and staff.

The person in charge could demonstrate knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. Residents could identify the person in charge.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. Staffing levels took into account the statement of purpose and size and layout of the building. Staffing levels had increased since the previous inspection.

There was an actual and planned staff rota. It was displayed on the notice board in the centre and included all staff such as cleaning staff, maintenance staff and management staff. This roster had become more detailed since the previous inspection and included all staff.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner. Residents and staff confirmed to the inspector that assistance was generally received in a timely manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. For example, staff had up-to-date training on managing gastrostomy tubes, dysphagia, medication, catheter care, infection control

and food hygiene. This was in addition to the mandatory training in safeguarding, fire safety and moving and handling.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards was available in the centre.

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability. For example, staff reported that the 1:1 meetings were a good forum to discuss their (staff) needs in addition to residents' needs.

There were effective recruitment procedures that included checking and recording required information. The requirements of Schedule 2 had been met.

**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:***

Margaret O'Regan  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
<b>Centre ID:</b>	OSV-0003447
<b>Date of Inspection:</b>	02 May 2017
<b>Date of response:</b>	19 May 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

A verbal complaint had not been adequately recorded.

#### 1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and

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

whether or not the resident was satisfied.

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

Verbal complaint has been recorded and being addressed appropriately.

**Proposed Timescale:** 02/06/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

A blind on the glass door of one apartment was broken which impacted on the resident's privacy.

**2. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Service contractor for the blind has been contacted and blind has been repaired.

Proposed Timescale:

Completed 18/05/2017

**Proposed Timescale:** 19/05/2017