

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Centre 5 - Cheeverstown Community Services (Hillcrest/Ballyroan)
Centre ID:	OSV-0003556
Centre county:	Dublin 6w
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Cheeverstown House Limited
Provider Nominee:	Paula O'Reilly
Lead inspector:	Karina O'Sullivan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	0
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 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: 07 September 2017 12:00 To: 07 September 2017 15:45

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was completed as a result of the provider submitting an application to vary the registration of this designated centre. The designated centre had been inspected previously. The provider applied to replace one house within the designated centre with another house, therefore, this inspection was focused upon the new proposed house.

How we gathered our evidence:

As part of the inspection, the inspector visited the proposed house. The inspector had made contact with staff members to arrange to meet with residents, however, one resident was out of the country and the remaining two residents decided not to meet with the inspector. The inspector viewed proposed documentation templates such as, care plans, person centred support plans, recording logs, policies and procedures. The three residents currently live together in another house and plans were in place for these residents to move together into the new house.

Description of the Service:

This proposed house will be operated by Cheeverstown House Residential Services

and is based in Dublin 16. There were no residents living in the proposed house at the time of this inspection. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The proposed house aimed to provide community residential support to three male adults with intellectual disabilities as outlined in the statement of purpose. The proposed designated centre is a four bedroom house in a new housing development.

Overall Judgments of our findings:

Ten outcomes were inspected against. Six outcomes were found to be in full compliance. Three outcomes were found to be substantially compliant and one outcome was found to be moderately non-compliant. Areas of improvement included staff training, supervision, and schedule 5 policies and procedures.

One of the two persons in charge facilitated the inspection.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection 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 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was informed three resident's wellbeing and welfare would be maintained to a high standard of evidence-based care and support.

The person in charge identified that each resident would have the opportunity to participate in meaningful activities appropriate to their interests and preferences.

The inspector was informed the assessed needs of residents would be identified within a personal plan. This plan will contain the needs, interests and capacities of residents. These plans will be devised in collaboration with each resident and their family members in accordance with resident's preferences.

The inspector viewed three transition plans in place for residents. These outlined various steps in the process leading up to and including the proposed move to this house. This included family members visiting the house with residents.

The person in charge identified residents would continue to attend the same day services and community activities such as, volunteering in a school and church. The inspector was informed once residents became familiar with the new location they may choose to partake in other local community activities. Staff members would facilitate this with residents to pursue this area if they wished.

The inspector determined from discussions with the person in charge the care and support proposed to be offered within the proposed house would be in line with the assessed needs and wishes of residents.

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):
This was the centre's first inspection by the Authority.

Findings:
The inspector found the proposed house will be suitable and safe for the proposed needs of residents.

The premises is a semi-detached house containing four bedrooms, three bedrooms for residents and one for a sleep over staff member.

There was an open plan kitchen cum dining room, this opened out into back garden. The person in charge outlined plans to develop this area with residents, through the use of raised planters. There was also a sitting room and utility and toilet located on the ground floor.

Four bedrooms were located upstairs, one bedroom had an en suite and the other three bedrooms had shared access to a bathroom. The person in charge outlined plans to ensure facilities for items to be securely stored such as, files, money and medications. Some of these were installed and others would be before residents moved in to the house.

The inspector found the proposed designated centre will meet the requirements of Schedule 6 in the regulations. For example, the designated centre was suitably heated, had suitable kitchen and laundry facilities with adequate private and communal accommodation available.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found the health and safety of the proposed residents, visitors and staff will be promoted. Improvements were required in relation to the guidance available to direct staff members in the event of emergencies.

The person in charge discussed plans in relation to routine checks and services of the fire detection, alarm system, equipment and emergency lighting being conducted by a fire professional. All proposed staff members had undertaken fire training. There were provisions for weekly checks to be conducted in the proposed house. The inspector was shown records for the fire detection, alarm system and fire fighting equipment all of which had been recently inspected.

Fire drills will take place and these will also include when some of the residents are in the premises by themselves. This will ensure residents are able to evacuate the premise without staff members assistance. The inspector viewed a record of a fire drill which was completed with the three resident's during one of their visits to the house. From the drill some actions were specified including some extra lighting within the sitting room and kitchen area. The person in charge identified this would be installed before residents moved into the house.

The inspector viewed the risk management policies and procedures dated 01 April 2015 and found them to meet the requirements of the regulations. There was a location risk register in place and this will be expanded once the designated centre is opened. Staff members will be working in a lone worker capacity. Guidelines in relation to this will be devised prior to residents moving into this house.

There was a health and safety statement in place.

The inspector viewed the emergency plan and found this contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as, flood or power outage. However, some improvements were required in relation to local guidance for staff members to follow, for example, should a resident go missing from the house. The information contained within the document present was related to the designated centres on campus and not within the community.

From speaking with the person in charge and viewing documentation, the inspector determined there will be a system of oversight in relation to any accidents, incidents and near misses in the house.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found measures will in place to protect residents from being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse, this was revised in March 2015. The person in charge outlined the procedures to be followed should an allegation of abuse arise.

The inspector determined proposed residents will be assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

The inspector found proposed residents will be provided with emotional, behavioural and therapeutic support in accordance with their assessed needs.

The person in charge discussed current safeguarding plans in place and these will transfer with residents and remain in place until the safeguarding team is satisfied the issue is resolved.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found proposed resident's healthcare needs will be regularly reviewed with appropriate input from multidisciplinary practitioners when required.

The inspector determined residents will have access to a general practitioner (GP).

The inspector found if the proposed practices were implemented, resident's nutritional needs will be met to an acceptable standard.

Care plans will be developed from a health assessment completed with proposed residents. This will identify healthcare needs, the assessment will include areas such as, communication, breathing and circulation, nutrition and hydration, continence and elimination, personal care, meaningful activities and sleep and rest.

The inspector found residents will be supported to achieve the best possible health while in the house.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found the proposed medication management policies and procedures would be satisfactory and safe if implemented as described.

Safe storage facilities will be provided for medication within the house.

Audits will be undertaken to ensure compliance with the designated centre's policy and to ensure all required documentation is accurately completed.

Judgment:

Compliant

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Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The details contained within the statement of purpose in relation to the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 required improvement to include the accurate staffing requirement for the centre.

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):
This was the centre's first inspection by the Authority.

Findings:
The inspector found the quality of care and experience provided to residents will be monitored and developed on an on going basis.

Arrangements were in place for the person nominated on behalf of the provider to carry out an unannounced visit to the centre on a six monthly basis. This will review the safety and quality of care and support provided in the proposed designated centre.

The persons in charge and other staff members had responsibility for carrying out

regular audits in the designated centre. A schedule of audits will be developed for this house.

The inspector found there was a management structure identified. The house is proposed to be managed by two suitably qualified, skilled and experienced people in charge. These staff members will have authority, accountability and responsibility for the provision of the service. Both persons in charge were registered nurses in the division of intellectual disabilities. One of these individuals was present during this inspection and had previously met inspectors on 10 June 2016 and the second individual was met on 22 December 2016.

The person in charge present outlined the system in place in relation to staff meetings within the house. One of the persons in charge will meet with a clinical nurse manager three on a monthly basis. The clinical nurse manager three in turn will meet with the operations manager who meets with the representative of the provider.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found there will be sufficient staff numbers to meet the assessed needs for residents. Some improvements were required in relation to the supervision of staff members and refresher training.

The inspector was provided with a proposed rota, this will be linked to the assessed needs of residents.

The inspector was informed proposed staff will be supervised by the persons in charge through a performance management system, however, regular relief staff members were not included in this system. The inspector found the system in place via a relief manager did not ensure these staff members were appropriately supervised in their role within the house.

Another inspector reviewed a sample of staff files for the organisation on a separate day to this inspection and found one staff member required a reference as required by Schedule 2 of the Regulations.

The inspector viewed the records of staff training for ten members of staff. From the records viewed one staff member required training in the area of manual handling. Two staff members required refresher training in the areas of adult safeguarding and protection and medication management.

It was not expected that volunteers will be involved within the house. Should this change, the person in charge was aware of the requirements of the regulations in this regard.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector viewed the schedule 5 policies for this proposed designated centre as these were submitted to the HIQA in July 2017.

The inspector identified the medication policy this was titled cheeverstown community service medication protocol. This document contained no date of approval or for review. Therefore, the inspector was unable to determine if this document was kept under review every three years as required by regulations.

The staff training and development policy was in draft format dated 2017 and the admissions policy was awaiting board approval.

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:

Karina O'Sullivan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Cheeverstown House Limited
Centre ID:	OSV-0003556
Date of Inspection:	07 September 2017
Date of response:	19 October 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 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 system in place in the designated centre for responding to emergencies did not related to this centre.

1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated

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

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:

Risk management PPPG's subgroup under the chair of Risk Manager will complete a review of the "Policy Guidelines and Procedures in the Event of an Unexplained Absence of a Person we Support" (Incidents where a resident goes missing) to ensure a community protocol is included which will guide staff practice across locations in designated centre 5.

Proposed Timescale: 30/10/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose required review to ensure the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were reflected within the document.

2. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose for DC5 will include all information required as per regulation 03(1) including accurate staffing requirement for the centres.

Proposed Timescale: 01/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The information and documents as specified in Schedule 2 for all staff required review from the sample viewed.

3. 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:

All DC5 staff files have been audited by HR department and two staff files have 1 document still to be obtained. (Copy of birth cert for 1 & identification confirmation for 1) Both documents required under schedule 2 will be in place by Wednesday 25th Oct

Proposed Timescale: 25/10/2017

Theme: Responsive Workforce

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

From the records viewed one staff member required training in the area of manual handling. Two staff members required refresher training in the area of adult safeguarding and protection and medication management.

4. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Outstanding staff for Manual Handling completed on 18th September 2017

2 staff booked for Safeguarding Training on 16th October 2017

One staff (nurse) identified has completed Medicines Management elearning programme on HSEland and other nurse is time lined to complete same.

Proposed Timescale: 27/10/2017

Theme: Responsive Workforce

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

The system of supervision required review to ensure staff received appropriate supervision.

5. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Managers/PIC's attend in each location both announced and unannounced and use these opportunities to provide supervision for all staff. Commencing October 2017 formal supervision plans will be documented for those identified staff who provide resource/relief cover in DC5 completed in conjunction with the Support/relief Team Manager and PIC's.

Proposed Timescale: 27/10/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The medication policy contained no date of approval or for review.

The staff training and development policy was in draft format dated 2017 and the admissions policy was awaiting board approval.

6. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Updated Community Medication Management protocol is completed and implementation training is commencing on October 17th with community residential staff.

Staff Training & Development policy issued on September 29th 2017

Admission policy is approved and circulation will commence week of Oct 16th.

Proposed Timescale: 23/10/2017