

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cherry Orchard Hospital
Centre ID:	OSV-0003730
Centre county:	Dublin 10
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Deirdre Murphy
Lead inspector:	Karina O'Sullivan
Support inspector(s):	Michael Keating
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 December 2016 08:00 To: 12 December 2016 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

An initial inspection of this centre was completed 2014, as a result of the provider submitting an application to register this designated centre in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, at the time the designated centre was not found to be in sufficient compliance with the regulations in order for the Chief Inspector to grant registration. This was the second inspection of this designated centre, and it was conducted to inform a registration decision. The provider has applied to register this designated centre for 34 residents.

How we gathered our evidence:

As part of the inspection, inspectors visited the designated centre, met with approximately 20 residents and spoke with the person in charge, seven staff members and two family members. Inspectors viewed documentation such as; care plans, person-centred support plans, recording logs, policies and procedures. Over the course of this inspection, residents communicated in their own preferred manner with inspectors. Residents allowed inspectors to observe their daily life in the designated centre. This included meal times and activities. Inspectors spoke with six residents. Some residents allowed inspectors to view their bedrooms.

Description of the service:

This designated centre is operated by the Health Service Executive (HSE) and is based in Dublin. The designated centre is located within a hospital campus and consists of two separate buildings in close proximity to each other. The provider had produced a document called the statement of purpose, as required by regulation. This described the service provided. Inspectors found the service provided was not in line with the statement of purpose. This is discussed under outcome 13. At the time of inspection there were 28 residents in the centre. One unit had the capacity to accommodate 11 residents and the second unit had the capacity to accommodate 21 residents. On the day of inspection there were 19 residents in one unit; 17 of these residents were full time with two residents availing of respite. The second unit was home to nine residents this totaled a number of 28 residents. The designated centre aimed to provide continuing care to young chronic sick beds (disability), including six respite beds to both male and female residents over the age of 18 as outlined in the statement of purpose.

Overall judgments of our findings:

18 outcomes were inspected against and three outcomes were found to be major non-compliant. Inspectors found significant improvements were required in outcome 5 in relation to the wellbeing and welfare of residents from a social perspective. Outcome 8 Safeguarding and Safety was also found to be in major non-compliance as the provider could not confirm if all staff members working in the centre had An Garda Síochána (Ireland's national police service) vetting disclosure in place, and improvements were required in behaviour support plans and the use of restrictions to ensure all staff members were guided effectively. Outcome 14 Governance and Management was also found to be in major non-compliance. Inspectors found the provider had not put adequate arrangements in place as there was a lack of effective governance and management systems within the designated centre.

Six outcomes were found to be moderately non-compliant. Three outcomes were found to be substantially compliant. Six outcomes were found to be compliant.

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 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:

Inspectors reviewed this outcome in respect of the seven actions identified from the previous inspection and found the actions had been achieved. During the course of this inspection other areas of non-compliance were identified in relation to this outcome.

One full time resident was required to share their bedroom with respite residents. No consultation had taken place with this resident in relation to this arrangement.

Advocacy meetings had commenced, however, these included management grades of staff members. Some residents identified they did not participate in these meetings due to the membership of management within the group.

Inspectors viewed complaints and found one complaint where a resident identified that the practice of half hourly checks during the night was disturbing their sleep. The outcome of this complaint resulted in the resident not requiring night checks ever half hour. Staff spoken with by the inspectors identified all residents were checked every half hour. Inspectors found inconsistencies in relation to documents within the designated centre in relation to the outcome of complaints. In addition, there was no individual assessment of need in place to identify the need for half hourly checks, involving staff members entering resident's rooms throughout the night.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found the designated centre ensured the communication support needs for residents were met.

The designated centre had a communication policy in place. Staff spoken with were aware of the communication needs for residents and these were clearly described in the communication care plan maintained for each resident.

Inspectors reviewed a sample of residents' communication documents. These outlined each resident's method of communication. Some of these included gestures and what actions may reflect the resident's mood and state of wellbeing. For example, if a resident became upset, afraid or angry this was clearly explained in the resident's file. Inspectors observed that assistive equipment and supports were put in place to promote resident's communication such as, computerised devices.

Residents were supported to develop and maintain personal relationships and links with the wider community. Families were also encouraged to get involved in the lives of residents.

Residents had access to speech and language therapy.

Residents had access to radio, television, internet, social media and information on local events.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

From the information available inspectors found families and friends were encouraged to get involved in the lives of residents. The actions from the previous inspection had been implemented.

Staff outlined how they facilitated residents to maintain contact with their families. This included access to telephones, transport home for visits and family invitations to events in the designated centre. These included significant life events such as; birthday parties and special occasions.

Regular contact with family members was evident between staff and their relatives in accordance with residents' wishes. Family communication documentation was evident within the designated centre and clear records were maintained by staff around family involvement.

Visitors were welcomed within the designated centre.

Residents had pictures of family members in the designated centre. Inspectors found residents were supported to develop and maintain personal relationships.

Family members could and did visit the designated centre on a regular basis and were free to do so.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

Residents now had written agreements in place however, the fees charged and the services provided to each resident were not specified in the agreements. For example, both multiple and single occupancy rooms were identified in the sample of agreements viewed by inspectors even though from the sample viewed none of these residents were

in single occupancy rooms.

The designated centre had revised the admission policy; this outlined the criteria for admissions into the designated centre.

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):

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

Findings:

Inspectors found significant improvements were required in relation to the wellbeing and welfare of residents. The two actions from the previous inspection had not been achieved.

Residents' plans were not based on an assessment, and the effectiveness of plans was not always assessed. From the plans viewed, it was not clear to inspectors if residents participated in meaningful activities appropriate to their interests, preferences, needs and capabilities. This information was not reflected in some plans viewed. Inspectors viewed one resident's plan where "smoking" was recorded by staff members an area documented the resident was 'good at'. Inspectors found this document required reviewing to accurately record the abilities and capabilities of the resident. Inspectors were informed of social care assessments completed however; these were not available on the day of inspection when inspectors requested to view these.

Residents had opportunities to participate in activities within the designated centre; however, residents had very limited activities outside the designated centre. For example, some residents went to a shopping centre two to three times a year. Activation staff members were employed to work with residents within the designated centre to facilitate activities Monday to Friday. Very limited activities took place at the weekends. This was also identified during the previous inspection.

Residents' family members were consulted in relation to the personal plans in line with residents and family members' preferences.

Judgment:

Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Inspectors found improvements had occurred in relation to the actions from the previous inspection. The provider has taken measures to reduce the number of residents residing in multi-occupancy bedrooms.

The provider outlined that further plans were in place to address the structural issues within one of the units.

Inspectors found there was adequate communal space for residents within the designated and there was space for residents to see visitors in private.

Inspectors found both units to be clean and suitably decorated.

Equipment and facilities used by residents and staff were maintained in good working order.

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:

Inspectors found the designated centre was suitable and safe for the number and needs of residents. The two actions from the previous inspection had been implemented.

The designated centre had a health and safety statement in place. This document outlined; the responsibilities of the various staff members within the organisation. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. The designated centre had an emergency evacuation plan in place for a number of various events such as, fire, adverse weather conditions, flooding and power failure. The plan also identified where overnight accommodation would be provided in the event residents could not return to the designated centre.

The designated centre had an organisational risk management policy in place this included that the specific risks identified in regulation 26. The designated centre had a risk register; this recorded a number of risks within the house and the controls in place to address these. There were also individual risk assessments in place which included; self-harm, choking and mobility.

Inspectors viewed records of fire drills; no issues were identified within these as it was recorded that residents evacuated the designated centre safely.

Inspectors viewed a sample of residents PEEPs (personal emergency evacuation plans) and found these contained up-to-date information.

There was certification and documentation to show the fire alarm, emergency lighting and fire equipment were serviced by an external company as required by regulations.

Inspectors viewed evidence of beds and air mattress being serviced along with hoists within the designated centre.

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:

Inspectors found the action from the previous inspection had been achieved; however, during the course of the inspection other areas of non-compliances were identified.

Inspectors found appropriate measures to protect residents from being harmed were in place within the designated centre. Improvements were required in relation to behavioural support plans.

Behaviour support plans were in place. However, some of the information within these plans was unclear and the language used was not person-centred and therefore, did not effectively guide practice. To protect residents involved the details of these plans are omitted from the report. These were discussed in detail with the person in charge and the provider. Inspectors also found one resident's plan was awaiting review since June 2016.

C.P.I. (crisis prevention intervention) was identified within some plans with no identification of the type of interventions required for residents. Inspectors found these plans did not guide staff members effectively and consistently in the management of displays of behaviours.

The provider and the person in charge were unable to confirm if all staff members had undertaken an Garda Síochána vetting disclosure. Inspectors requested conformation for the number of staff members within the designated centre who required vetting as the provider had commenced a process to rectify this issue. At the time of writing this report no such confirmation was received.

There was a policy in place on the prevention, detection and response to abuse which was dated 31 March 2014. Staff members spoken with by the inspector were knowledgeable in relation to the management of an allegation of abuse. Staff members could outline the procedures to be followed should such an allegation arise.

Intimate care plans were in place for residents as required.

Judgment:

Non Compliant - Major

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors found the person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Inspectors viewed the incidents log maintained in the designated centre and found incidents were appropriately notified to HIQA.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The opportunities for residents to participate in new experiences, social participation, education, training and employment were limited. This was also identified during the previous inspection.</p> <p>Inspectors were informed assessments were completed with relevant and appropriate links established based on residents' needs and preferences. Inspectors requested to view these assessments; however, these were not available within the designated centre.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>

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

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

Findings:

Inspectors found some residents were supported to achieve the best possible health. However, improvements were required within the details of the interventions specified for some healthcare needs. The review of the effectiveness of the interventions also required improvement.

Inspectors found the action from the previous inspection had been achieved in relation to access to allied health professionals.

The healthcare needs of residents were completed via a plan incorporating areas of assessments. These included areas such as; communication, breathing and circulation, nutrition and hydration, continence and elimination, personal care, meaningful activities, sleep and rest. This was a new system implemented since the previous inspection.

Inspectors found that some plans viewed were not based on an assessment for example, goals and interventions relating to nutrition, however, the MUST (malnutrition universal screening tool) score for the resident was blank. The goal set did not contain measurable targets to assess the effectiveness of the interventions set out. Other information conflicted with goals set for example, the plan identified a stable weight for the resident for the past six months.

Some sections of residents' healthcare plans were blank for example, in the area of mobility. Inspectors found that despite assessment into the area of mobility being completed, staff were completing monthly falls assessments. Inspectors requested why this occurred, staff members identified all residents had monthly falls assessments. Inspectors found this practice was not based on residents' individual needs', instead this was based on historical practice without an evidence-based rationale for this intervention. No proactive measures were taken to assist the resident to mobilise more effectively through interventions following the completion of a mobility assessment. Instead a reactive approach was conducted through falls assessments.

Inspectors viewed epilepsy plans in place. These did not specify the type of seizures experienced by residents. Inspectors found these plans did not effectively guide care delivery.

Residents had access to allied health professionals. Inspectors viewed evidence of this including physiotherapy, occupational therapist and psychiatrist.

Residents requiring modification to the texture of their food had this need clearly outlined in the resident's file. Staff members were knowledgeable in relation to implementing of resident's food requirements. Inspectors viewed feeding, eating, drinking and swallowing (F.E.D.S) assessments in place for some residents. However, some of these required improvements for example, difficulty in swallowing was identified as an issue but within the same page swallowing was identified as not an issue.

Inspectors found this plan did not guide staff effectively in providing appropriate medical treatment.

During the inspection, poor practice was also identified in relation to the support provided to two resident's meal experiences. The practice observed was not in line with the individual's feeding guidelines. To protect residents involved the detail of this poor practice is omitted from the report. This issue was discussed in detail with the person in charge and the provider.

Inspectors viewed user-friendly menu selection of refreshments and snacks were available for residents outside mealtimes within the designated centre.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors found the medication management system within the designated centre required some improvement in relation to the management and administration of medication.

No guidance was available in relation to the administration of some p.r.n. medicines (a medicine only taken as the need arises). Inspectors found staff members were not guided effectively and consistently in the administration of medication, for example, when a resident was experiencing pain.

During a medication round, inspectors found one product was not administered as prescribed in the resident,s plan. This was rectified by the end of the day with the product rewritten within the resident's administration chart by a medical professional.

Some staff members were unfamiliar in relation to the procedure for administering rescue medication for seizure management.

The designated centre had written policies and procedures related to administrating, transcribing, storing, disposing and transferring of medicines. Medication was recorded when received and a stock check was carried out once a week.

There was a system in place for recording, reporting errors and reviewing medication. Inspectors viewed incidents which occurred within the designated centre and found preventative measure were put in place to mitigate the risk of future occurrences.

Inspectors found the signature bank within the designated centre was completed.

Inspectors observed all medication was stored in a secure, locked cabinet and the keys to access the medication cabinet were held securely by staff.

Judgment:

Substantially Compliant

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):

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

Findings:

Inspectors found the statement of purpose did not fully meet the requirement of schedule 1 of the regulations. This was also identified in the previous inspection.

The documented stated that 32 continuing care young chronic sick beds (disability) including six respite beds were located within the designated centre. However, the application submitted to HIQA identified 34 beds were available.

The document specified different numbers for the two units within page 4 and page 10. The provider was requested to provide an update in relation to this following inspection.

The document also identified undergraduate student nurses were facilitated on site. Inspectors were informed on the day of inspection students nurses were not involved in either two units.

Overall, the document lack clarity in relation to the actual capacity within the designated centre compared to the current number of residents.

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):

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

Findings:

Inspectors found significant improvements were required within the overall governance and management structure within the designated centre. Improvements were required in the management systems in place to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

There were three actions identified from the previous inspection. One of these actions remained outstanding and another action was not completed within the time frame identified. The third action was ongoing however, inspectors found further improvements were required.

The two units were managed by a clinical nurse manager two and supported by two clinical nurse manager one's. All three nurse managers worked on the front line. The clinical nurse manager two met with the person in charge every three months. The person in charge of the designated centre was the Director of Nursing. This individual was also the person in charge of the older persons' designated centre within the same campus. In the context of the findings contained within this inspection report, inspectors formed the view the management arrangements in relation to the person in charge did not ensure effective governance, operational management and administration of this designated centre. For example, some residents did not know who the person in charge was and other residents identified they may not see this individual for several months. The person in charge identified they would visit the designated centre two to three times per year. Inspectors did acknowledge the presence of assistant directors of nursing were evident. However, overall inspectors found senior management had limited knowledge in relation to the day-to-day running of the designated centre including the residents availing of respite.

No annual review of the quality and safety of care and support in the designated centre was present for 2016. The provider identified this was currently being compiled. Inspectors viewed the previous annual review however, this document was not sufficiently comprehensive to provide assurances that the care and support being

delivered had been fully analysed.

Staff supervision was not taking place, nor was there any performance reviews being conducted with staff members. Inspectors were informed the only exception to this were staff members who were under performing.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

Inspectors were advised in the absence of the person in charge the assistant director of nursing was the designated person to manage the designated centre.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

Inspectors found the designated centre was resourced to ensure the delivery of care and support in accordance with the statement of purpose.

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):

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

Findings:

Inspectors found there were sufficient staff numbers deployed to meet the assessed needs of the residents. Improvements were required in relation to staff training and ensuring staff members were appropriately supervised.

Since the previous inspection, one day of training had been facilitated in relation to social care provision in the area of disabilities, with a further day planned for January 2017. Two staff members were undergoing formal education in the area of social care delivery. Inspectors acknowledged this progress, however, highlighted the limited provision since 2014. The person in charge identified a meeting was scheduled for the following day with the education provider to enhance the provision of training in this area.

Inspectors viewed 24 staff members training records; four staff required refresher training in people moving and handling.

Inspectors found there were adequate staffing supports to meet the assessed needs of residents.

Staff files were not reviewed as part of this inspection. Non-nursing files were held on-site and nursing files are held in off site.

There were no volunteers within the designated centre.

Judgment:

Substantially Compliant

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):

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

Findings:

Inspectors found the documentation required by the regulations to be maintained in the designated centre required improvements in relation to schedule 3 and 5 of the regulations.

Written operational policies, as listed in schedule 5 of the regulations were in place to inform practice and provide guidance to staff. However, some of the required policies as outlined in schedule 5 were not maintained in accordance with the regulations. Some of these policies included:

- incidents where a resident goes missing was dated 2010
- sharps and needle stick injury was dated May 2005
- the use of restrictive procedures and physical, chemical and environmental restraint was dated June 2010
- residents' personal property, personal finances and possessions was dated February 2010

The person in charge identified during feedback that some of the above policies were updated and had been distributed to the designated centre. However, inspectors were presented with the outdated versions by staff members as these remained in circulation within the designated centre.

Inspectors reviewed documentation submitted as part of the application to register, including confirmation of insurance from the director of the state claims' agency.

Records and documents viewed in accordance with schedules 3 as listed in the regulations required improvements. Some aspects of documents were blank including

sections in healthcare assessments. The directory of residents did not contain the required information and this document was not maintained up-to-date For example, 16 residents were listed on the document when 19 residents were present.

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:

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 Health Service Executive
Centre ID:	OSV-0003730
Date of Inspection:	12 December 2016
Date of response:	07 March 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:

Access to advocacy services involved management grades of staff within the designated centre.

1. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access

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

to advocacy services and information about his or her rights.

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

Each resident has access to independent one to one advocacy services. Management recognise the rights of residents to have advocacy meetings with no management involvement.

Proposed Timescale: 08/03/2017

Theme: Individualised Supports and Care

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

One full time resident was required to share their bedroom with numerous respite residents. No consultation had taken place with this resident in relation to this arrangement.

2. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

Following discussions involving the resident and their family; the resident is now in a room with other long term residents.

A separate room has been designated for respite clients only.

Proposed Timescale: 08/03/2017

Theme: Individualised Supports and Care

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

The practice of staff entering resident's rooms to complete regular checks was not promoting the privacy and dignity of residents. The need for this practice was not clear.

3. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The checks do not involve the staff actually waking any resident; these checks are carried out to ensure the resident is safe. Once a resident with capacity makes the decision that they do not want to be checked during the night an MDT meeting is arranged, and with the resident, an informed decision is made.

The medical officer will discuss this issue in relation to all residents with capacity at the

next unit MDT in April 2017.

Proposed Timescale: 30/04/2017

Theme: Individualised Supports and Care

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

Actions identified following a complaint were not consistent with practices outlined by staff members.

4. Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

A complaints template is in place on all units which staff are required to complete once a complaint of any nature is made. This template includes documenting whether the complainant was satisfied or not with the outcome and if the complaint had to be escalated to senior management. Education sessions for staff around the management of complaints are on the training programme for July 2017.

Proposed Timescale: 31/07/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Residents written agreements did not include the fees charged to each resident.

The details of services to be provided for each resident were not specified.

5. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

All residents and/or family representatives are notified by the Nursing Home Support Office as to their individual contributions towards their cost of care. Those not covered under the NHSS are notified in accordance with HSE policy.

The contract of care is offered to each resident on admission. The current contract of care will be amended to reflect what services are included in respect of each individuals

contribution, along with any separate charges that are applicable.

The new contract of care will be available to all persons admitted from 31st March 2017. Engagement with remaining residents will commence from 1st April 2017 in relation to agreeing a new contract of care.

A uniform contract of care is currently being devised across all residential units in CHO 7. This contract will outline the charges applicable for services covered under the appropriate legislation.

Proposed Timescale: 31.03.17

Revised Standard Contract 31 December 2017

Proposed Timescale: 31/12/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident was not evident within the files viewed.

6. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

These files were being held in the social work department but have now been relocated to the multidisciplinary files on the units and are available for inspection.

All new admissions will have a comprehensive health and social care needs assessment carried out prior to admission.

These assessments will be monitored by an oversight group including the local Disability Manager.

Proposed Timescale: 08/03/2017

Theme: Effective Services

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

Personal plan reviews did not assess the effectiveness of each plan and take into account changes in circumstances and new developments for residents.

7. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

As part of the training programme currently running with the Open Training College, which will be completed by the end of May 2017, personal plans for all residents are being developed which will be audited to assess their effectiveness.

Proposed Timescale: 31/08/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were not available for all residents within the designated centre in relation to meeting the privacy and dignity needs of all residents.

8. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

It is planned to have a new build on site by 2021 which will see the relocation one unit to a more modern facility within the campus. The new build is provided for under the HSE Capital Plan 2015-21. A design Team for the new development has been appointed. Other minor capital works have taken place over the past number of years with a view to meeting HIQA compliance, including the provision of a visitor's room on each unit.

Proposed Timescale: 31/12/2021

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Behaviour support plans did not provide staff with sufficient information to respond to displays of behaviour that challenge and to support residents to manage their behaviour

Language contained within some behaviour supports plans and recording documents were not person-centred.

9. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Responsive behaviour policy is in draft form; the completed version will be available on the units by the end of May 2017. An intensive education programme will be developed and implemented by the clinical nurse specialist in Behavioural Therapy

Proposed Timescale: 31/05/2017**Theme:** Safe Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Restrictive procedures were not specified within some behavioural support plans.

10. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The action submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:**Theme:** Safe Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Confirmation if all staff members had undertaken An Garda Síochána vetting disclosure was unavailable.

11. Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

A submission has been made to the Garda Vetting Bureau to verify Garda Vetting for all health care staff. A letter has been issued by the Person in Charge to all care staff advising of the requirements under the National Vetting Bureau Act, which outlines the requirements for compliance within the Act.

Assurances have been given to the Deputy Chief Inspector regarding Garda Vetting for all new staff that have commenced in Cherry Orchard Hospital since 29 April 2016.

A response has been forwarded to HIQA which advises the steps which are being taken to address any incidences of non compliance in relation to Garda Vetting, in line with National Vetting Bureau Act.

The provider has sought urgent assistance from HR colleagues with a view to expediting and prioritising Garda Vetting for all care staff on site.

Proposed Timescale: The designated centre will ensure that its obligations are met under the National Vetting Bureau Act. The expected timeframe for completion of this process is December 2017

Proposed Timescale: 31/12/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Residents are very limited access to opportunities for education, training and employment within the designated.

12. Action Required:

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

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

A social worker has carried out assessments for all residents on both units to explore their interests including education/training etc.

A link with the HSE training and guidance service has been established to explore opportunities for education, training and employment for any resident who indicates their desire to partake in such activities.

Proposed Timescale: 31/03/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some healthcare plans contained inconsistent information.

13. Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Issues raised under Outcome 11 will be addressed through a full care plan audit for all residents on both units and outcomes will be actioned as appropriate.

Proposed Timescale: 31/05/2017

Theme: Health and Development

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

Some healthcare interventions were not based on assessments.

Epilepsy plans did not effectively guide practice.

14. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A policy on epilepsy which will include guidelines for administration of emergency medications will be developed. The Senior Medical Superintendent will provide a series of education sessions for nurses throughout the centre on the policy and guidelines which will guide practice.

Proposed Timescale: 30/04/2017

Theme: Health and Development

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

Some residents were not provided with appropriate assistance during meal times.

15. Action Required:

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

The inspection report states 'Inspectors found there were sufficient staff numbers deployed to meet the assessed needs of the resident'. All staff have been spoken to about using stools provided when assisting residents at meal times. An observational audit on meals and mealtimes experience will be carried out quarterly.

Proposed Timescale: 30/06/2017

Outcome 12. Medication Management

Theme: Health and Development

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

No guidance was available in relation to the administration of some p.r.n. medicines.

Some staff members were unfamiliar in relation to the procedure for administering rescue medication for seizure management.

16. Action Required:

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

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

All medicines are prescribed in the generic form, the dose or dose range is documented, the maximum frequency is documented as is the route of administration and, where indicated, permitting crushing of medication is documented on the prescription. A medical peer review will be undertaken of the Drug Kardexes of the prescription charts to check their compliance with best practice

A policy on Epilepsy which will include guidelines for administration of emergency medications will be developed. The Senior Medical Superintendent will provide a series of education sessions for nurses throughout the centre on the policy and guidelines

Proposed Timescale: 30/04/2017

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 did not contain accurate information in relation to some of the areas as set out in Schedule 1.

17. 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:

A revised Statement of Purpose will be provided to the Inspector

Proposed Timescale: 31/03/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge was also the person in charge on another designated centre and effective governance, operational management and administration of this designated centre was not evident.

18. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

In order to ensure effective governance, the HSE will appoint a Person In Charge specifically for the Disabilities Units. In order to make this appointment, the HSE will need to review and reconfigure existing staffing structures within Cherry Orchard Hospital. The HSE will commit to completing this process by the end of December 2017.

In addition, monthly Management meetings for the Disabilities Units will now take place with GM for Disabilities service, Director of Nursing, Medical Director and other key personnel as appropriate which will commence in March 2017 pending reconfiguration of existing resources.

Proposed Timescale: 31/03/2017

Theme: Leadership, Governance and Management

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

No system was in place to effectively to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services they delivered.

19. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services

that they are delivering.

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

All new staff have three monthly performance reviews for the first year of employment. An annual training and education analysis is carried out across the service and this along with HIQA reports and audit results guides the education programme for that year. Any staff member who has been identified as under-performing has a programme put in place with their line manager and education officer, including utilising the HSE's Disciplinary Policy where appropriate.

Proposed Timescale: 08/03/2017

Theme: Leadership, Governance and Management

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

The management systems in place in the designated centre did not ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

20. Action Required:

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

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

In order to ensure effective governance, the HSE will appoint a Person In Charge specifically for the Disabilities Units. In order to make this appointment, the HSE will need to review and reconfigure existing staffing structures within Cherry Orchard Hospital. The HSE will commit to completing this process by the end of December 2017.

In addition, monthly Management meetings for the Disabilities Units will now take place with general manager for Disabilities service, Director of Nursing, Medical Director and other key personnel as appropriate which will commence in March 2017 pending reconfiguration of existing resources.

Proposed Timescale: 31/03/2017

Theme: Leadership, Governance and Management

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

The previous annual review was did not review of the quality and safety of care and support in the designated centre comprehensively.

21. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the

quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The Registered Provider has completed the Annual Report for 2017 and this has been made available to all staff and residents on the units.

Proposed Timescale: 31/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Four staff required refresher training in people moving and handling.

Limited training had been provided in the area of social care provision in the area of disabilities since the previous inspection.

22. 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:

A training programme for the staff on these 2 units has been developed by the Open Training College and senior nurse management. 2 days of training have taken place and there is one more scheduled for April/May this year. The course content is specific to the area of social care including the development of person centred plans/communication/concentrating on the social model of care.

As a result the staff are currently developing personal profile plans with the residents. 2 staff have been accepted and funded for the Genio SSDL course which commences on the 1st of February 2017

Proposed Timescale: 31/05/2017

Theme: Responsive Workforce

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

No formal supervision was completed for staff members.

23. 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:

All new staff has 3 monthly performance reviews for the first year of employment. An annual training and education analyses is carried out across the service and this along with HIQA reports and audit results guides the education programme for that year. Any staff member who has been identified as under-performing has a programme put in place with their line manager and education officer, including utilising the HSE's Disciplinary Policy where appropriate.

Each unit is managed by a CNM 1 & 2 who is managed by a senior nurse manager in nursing administration.

Proposed Timescale: 31/03/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some scheduled 5 policies and procedures were not reviewed at intervals not exceeding 3 years.

24. 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:

All relevant policies will be reviewed and updated.

Proposed Timescale: 31/05/2017

Theme: Use of Information

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

The directory of residents was not maintained up-to-date and did not contain all the information specified in Schedule 3.

25. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 directory will be updated on a daily basis (Monday-Friday) and available on the unit

for inspection

Proposed Timescale: 28/02/2017

Theme: Use of Information

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

Some Schedule 3 documents were not maintained up-to-date and some aspects were left blank.

26. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

These documents were held by the Senior Social Worker but are now part of the Multidisciplinary records and are available for inspection on the units.

Proposed Timescale: 31/12/2016