

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003452
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Mark Blake-Knox
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
26 January 2016 10:45	26 January 2016 19:40
27 January 2016 09:30	27 January 2016 18:35
28 January 2016 09:30	28 January 2016 13:30

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

This was the first inspection of this centre which provided a residential service for five adults and a respite service for a maximum of two adults at any one time. The centre provided residential and respite care and support for adults diagnosed with a physical or neurological disability. In addition, some residents and respite users had health and dietary support needs.

At the time of the inspection the centre was undergoing extensive refurbishment as it had been identified that the centre was a congregated setting and did not meet residents' and respite users' need for personal space.

The inspector viewed building plans and visited the building site and saw that the centre was being reconfigured and would be a smaller and more homely centre once the refurbishment was completed.

All residents would have individual apartments with a living room/dining room/kitchen, an accessible bathroom and one or two bedrooms. Respite users would have a large bedroom with en suite and shared kitchen, dining and living space.

The centre was located in a rural area and was a ten minute drive from the nearest towns. The centre had three vehicles for residents and respite users to use and some residents had purchased their own vehicles.

As part of this inspection the inspector met with residents, respite users, staff, the person in charge and two persons participating in management. The inspector reviewed a variety of documents including residents' personal plans, medication documentation, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

Prior to and following this inspection the inspector reviewed a number of questionnaires submitted by residents, respite users and family members. The questionnaires outlined overall satisfaction with the service provided. Most of the questionnaires received from residents and respite users said they would like more social activities in the centre and the opportunity to attend more social activities outside the centre.

The inspector met with residents and respite users who indicated their satisfaction with the centre and the service provided. In line with some residents' communication needs the inspector was facilitated by staff and/or family members when speaking with them.

Overall the inspector found that residents were safe, were receiving an adequate service and were supported by staff and management who respected and liked the residents. However, significant improvement was required in a number of areas to ensure residents were supported to achieve the best quality of life possible.

1 of the 18 outcomes inspected was found to be in compliance with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations) with 2 outcomes in substantial compliance, 9 outcomes judged as moderate non-compliant and 6 outcomes judged as major non-compliant.

Areas judged as substantially compliant were:

- Social Care Needs (Outcome 5)
- Statement of Purpose (Outcome 13)

Areas judged as moderate non-compliant were:

- Residents' Rights, Dignity and Consultation (Outcome 1)
- Communication (Outcome 2)
- Links with the community (in Outcome 3)
- Contracts for the Provision of Services (in Outcome 4)
- Health and Safety and Risk Management (Outcome 7)
- Safeguarding and safety (Outcome 8)
- Notification of Incidents (Outcome 9)
- Healthcare Needs (Outcome 11)
- Records and documentation (Outcome 18)

Areas judged as major non-compliant were:

- Safe and suitable premises (Outcome 6)
- Access to education, training and employment (in Outcome 10: General Welfare and Development)
- Medication Management (Outcome 12)
- Governance and Management (Outcome 14)
- Use of Resources (Outcome 16)
- Workforce (Outcome 17)

The findings are outlined in the body of the report and the areas which required improvement are included in the action plan at the end of the report.

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

Outcome 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):

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

Findings:

Rights, consultation and access to advocacy

It was not evident that residents and respite users had been adequately supported to participate in decisions regarding the running of the centre. Questionnaires viewed stated that residents would like to be more involved in the running of the centre.

Residents told the inspector that they had had not been consulted about the changes to the centre or the décor of the refurbished centre. The person in charge told the inspector that the building contractor had not yet furnished her with the samples of flooring, paint and other items. She said she would ensure that residents were supported to choose all items including floors, paint colours and furniture.

Residents had not received any education, training or support to understand their rights. The majority of questionnaires completed by residents and respite users stated they were not aware of their rights with comments such as 'I'm not sure, I don't know' and 'I used to but I don't any longer'.

A questionnaire completed by a resident raised concern that the centre was not ensuring that the response to and management of risk was proportionate to residents' rights. The resident commented 'I think that I am not allowed to make mistakes when it comes to safety the same way as a person without a disability would be, and learn from it, it can be frustrating'.

A resident spoken with also raised a query regarding the balancing of residents' rights versus risk and HIQA's view on this. The inspector outlined the regulatory requirement of the provider to ensure that all risk was proportionate and that residents' rights were upheld at all times.

The person in charge said that residents and respite users were supported to access advocacy services from the national advocacy service. She said the advocate was a regular visitor to the centre in the past.

The inspector viewed documentation which showed the national advocacy service had been utilised to support a resident in regard to a specific issue in 2014. There were no recent or current referrals to the advocacy service at the time of inspection.

Privacy and Dignity

Support provided and language used by staff was respectful and in line with the residents' assessed needs and wishes.

It was evident residents and respite users had developed positive relationships with staff on duty. The inspector observed friendly interaction and the residents and respite users appeared relaxed in the presence of staff.

Residents and respite users were encouraged to maintain their own dignity and privacy. There were intimate care plans in place to identify the support they required in areas such as personal hygiene.

Personal property and possessions

There was a policy on residents' personal property, personal finances and possessions. Residents and respite users retained control over their own possessions and were supported to do their own laundry if they wished.

Residents and respite users had access to appropriate storage facilities. Residents and respite users had access to locked storage in line with their wishes.

Activities

The person in charge outlined the addition of social support hours to the roster to ensure activities were facilitated.

The inspector acknowledged the provision of access to activities had improved in the months prior to the inspection. However, the hours allocated to this remained insufficient to meet all residents' and respite users' needs.

The lack of access to activities was raised by residents on many occasions over the days of the inspection and was outlined in questionnaires viewed.

Complaints

There were policies and procedures for the management of complaints. The complaints process was user-friendly and displayed in the centre and there was a nominated person to deal with complaints.

The inspector viewed the measures implemented in response to a complaint and found that all measures required to mitigate the risk of reoccurrence had not been identified and implemented.

It was not evident that the nominated person was overseeing the complaints and ensuring that all complaints were responded to appropriately and records maintained.

The inspector found it was not documented that all complaints were appropriately responded to and that residents were satisfied with the outcome.

In addition, it was not evident that all complainants were made aware of the appeals process. This had not been identified prior to the inspection and raised concern that the oversight of complaints was not effective.

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):

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

Findings:

There was a policy on communication with residents.

Staff were aware of the different communication needs of residents and respite users and the inspector observed staff communicating with residents and respite users in line with their assessed needs and wishes.

Residents and respite users who required assistance had a communication profile outlining their preferred way of communicating.

A resident whose verbal communication skills had decreased in recent years had been assessed by a speech and language therapist (SALT) and recommendations were being implemented. The inspector used one of the communication aids with the resident and found it worked effectively.

Information in the centre was available in a format which was assessed as suitable for residents' and respite users' needs.

Each person had access to radio, television and information on local events.

Improvement was required to ensure residents and respite users could access the internet. Some residents and respite users had their own individual devices to access the internet and there was broadband internet throughout the centre.

However, there was no shared device, for example a computer, laptop or tablet, for residents or respite users who did not have their own devices to access the internet.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There was evidence that residents and respite users were supported to develop and maintain relationships with family and friends when staying in the centre.

Families were invited to attend and participate in meetings to discuss and identify goals for residents and respite users and in multidisciplinary meetings. There was evidence that families were kept informed and updated of relevant issues where the resident or respite user wished for their family to be involved.

A number of questionnaires were reviewed by the inspector. These outlined residents', respite users' and family members' satisfaction with the service provided. Access to more social activities both in and outside the centre was the only source of dissatisfaction outlined by residents and respite users.

Residents, respite users and staff spoken with outlined the ways respite users were supported to spend time and participate in community events and access local amenities.

Many residents and respite users said they would like more opportunity to access community events. Lack of staff to support residents and respite users in regard to this was identified as the reason for this not being facilitated.

The inspector met with one of the centre's community transition coordinators. This staff member was initially hired by an external funding body to assist residents to identify social roles and become more valued members of their local communities. The organisation retained this employee when the funding from the external organisation ceased.

It was evident that a lot of work had been undertaken and was ongoing to facilitate residents to identify where they would like to live and the community roles they would like to undertake.

The focus of this work was on ensuring the resident had the best quality of life possible. It was evident the organisation had recognised and was committed to supporting this work to ensure residents had the opportunity to achieve their dreams and aspirations.

However, it was also evident that there were insufficient staffing hours to ensure that all residents and respite users could access the community as often as they would like to. This required review to ensure that the plans identified and goals set could be implemented effectively.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

An inspector reviewed the procedure for admitting residents and respite users to the centre. There was a clear process in place which included a pre-admission assessment.

Each resident had a tenancy agreement and a service agreement and respite users had service agreements. The inspector viewed a sample of both and found improvements were required.

The tenancy agreements were written using language which did not meet the needs of all residents in regard to supporting them to clearly understand their rights and responsibilities. The agreements included responsibilities which some residents may not have the ability to undertake, for example washing windows and repairing broken items.

The service agreements outlined the service provided and in some agreements the amount payable by the resident or respite user was included. However, some service agreements did not include the fee and it was therefore not evident that all residents

and respite users had agreed to pay the fee outlined.

From speaking with residents, family members and the person in charge it was highlighted to the inspector that some residents, who had lived in the centre for a very long period of time, had been told that the centre was their home for life when they first moved to the centre.

Although this had been identified as a source of required reassurance for some residents, this was not included in residents' service agreements or tenancy agreements. It was therefore not evident that this agreement would be adhered to.

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):

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

Findings:

Residents and respite users had individual personal plans which outlined their assessed personal and social care and support needs. Improvement was required to ensure residents and respite users had access to all information about them.

Plans outlined the supports required and included an outline of the input of multidisciplinary professionals where relevant. For example, residents and respite users had been supported to attend physiotherapy in the centre and external occupational therapy.

Social care plans had been developed by the community transition coordinators in conjunction with residents and respite users.

The inspector viewed a sample of the plans and found they were comprehensive and clearly outlined the 'discovery' process (a process of intensive work carried out to understand what the person wants and needs to live a life of their choosing) which had been used to ascertain what the person's goals were. From speaking with residents the

inspector found these goals were reflective of the person's hopes and dreams for their future.

Residents and respite users were receiving support to achieve these goals many of which related to moving from the centre to a house in the community of the person's choice.

Comprehensive detail was maintained and support was provided thereafter to ensure the move was successful and sustainable for the person. The organisation continued to provide staff support to residents who had moved from the centre to their own homes in the community.

The inspector was told there was a plan in place for multidisciplinary meetings to take place on an annual basis and that these meetings would be attended by all relevant people and clearly documented minutes of discussions and actions agreed would be maintained in residents' and respite users' personal files.

Residents and respite users provided feedback to the centre as part of a questionnaire which had been disseminated to people to ascertain their views as part of the annual review of the quality and safety of care in the centre.

All questionnaires completed by residents and respite users stated that residents and respite users had not been supported to access their personal plans or files maintained in the centre. Some residents provided feedback stating they were not aware that they would be permitted to view the files.

Judgment:
Substantially 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 provider and person in charge had identified that the centre did not meet the current needs of residents and respite users. The person in charge told the inspector that this had been identified many years prior to this and that the discussions and plans for refurbishment had been taking place for many years.

Documentation viewed evidenced this and the inspector could see the process from the identification of the unsuitability of the centre to the current stage of refurbishment.

The centre, which was a large 30 bedded centre when first constructed in the 1970's, was partially used at the time of the inspection.

Some residents were living in two bedroom apartments which had been constructed some years prior to the inspection and these apartments were meeting the needs of those residents.

However, some residents and the two respite users were accommodated in very small single bedrooms which did not meet the needs of these people.

Part of the centre was under construction at the time of the inspection. The inspector viewed floor plans and visited the building site to view the changes which were being undertaken.

New one bedroom apartments were being constructed for residents and two large en suite single rooms were being constructed for respite users. In addition, a new living room/dining area/kitchen would be available for resident and respite users to use.

From the information available on the day of inspection it was evident that, if the centre was decorated and furnished appropriately, the refurbished centre would meet the needs of the residents and respite users and the aims and objectives of the service.

In addition, it was noted that aspects of the current apartments may require refurbishment, for example the flooring which was commercial type flooring and not suited to a home environment. A resident spoken with said they would like a wooden floor in their apartment.

Judgment:
Non Compliant - Major

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:

There were systems in place to promote and protect the health and safety of residents, respite users, visitors and staff.

Improvement was required to the measures in place to ensure residents and respite users were protected against the risk of scalds, the procedure to ensure all residents, respite users and staff had taken part in a fire drill in the centre and the updating of residents and respite users individual emergency evacuation plans with learning derived from fire drills in the centre.

Risk Management

There was a safety statement and risk register which set out the risks in the centre and the associated control measures. The risk management policy was not the most up-to-date version and is discussed further in outcome 18.

There were individual risk assessments which outlined the risks individual to each resident and respite user and the measures in place to control the risks.

Individual plans were in place which outlined residents' and respite users' support needs in regard to moving and handling.

The water to all residents' and respite users' water supply was not thermostatically controlled and there was no system to ensure that the water was not a risk of scalding.

The person in charge said she would implement system of checking the water until such time as the refurbishment was completed and thermostatic controls were in place on the water supply.

There were arrangements in place for investigating and learning from accidents and incidents. An inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

Systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by staff members.

Fire Safety

There was a fire alarm and fire fighting equipment in the centre. The majority of staff had received training in using the fire fighting equipment and fire drills had been carried out to assess the effectiveness of the alarm.

The inspector reviewed the maintenance and servicing records for the fire alarm, emergency lighting and fire equipment and found that they had been serviced.

There was an emergency plan which guided staff in the evacuation of the centre in the event of a fire or other emergency.

The emergency plan required improvement to ensure it clearly outlined the procedure to be followed in regard to the evacuation of the centre as the sequence of evacuation was not detailed on the plan.

Improvement was required to the system in place to ensure the centre could be evacuated in an emergency.

Residents, respite users and staff names were not detailed on fire drill records and there was no documented outline of the fire drills each person living or working in the centre had taken part in.

It was therefore not evident that all persons had taken part in a drill and were therefore supported to be fully aware of the procedure to be followed in the event of a fire.

Staff spoken with were knowledgeable of the evacuation needs of residents and respite users. There were two staff members working in the centre each night.

Individual personal evacuation plans outlined the support residents and respite users required in the event an evacuation of the centre was necessary. The inspector viewed a sample of these and found some improvement was required.

Although the fire drill records stated that learning from fire drills would be incorporated into residents' and respite users' personal emergency evacuation plans (PEEPs) a review of the plans showed that, although the documents were signed as reviewed in January 2016, the plans had not been amended following findings from the drills carried out prior to January 2016.

This included findings related to residents declining to leave the centre when the alarm was activated.

Judgment:

Non Compliant - Moderate

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 centre had implemented measures to protect residents and respite users being harmed or suffering abuse. Improvement was required to the measures in place to ensure that all residents and respite users safety was protected and promoted.

There was a policy and procedures in place for responding to allegations of abuse. Staff spoken with were knowledgeable of what to do if they witnessed abuse or received an allegation of abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.

An allegation of financial abuse had been identified as a complaint and was investigated as such. Although this included a comprehensive investigation and identified required improvements to mitigate the risk of reoccurrence it had not been recognized as an allegation of abuse, investigated in line with the centre's policies or notified to HIQA as required.

There was a policy in place for the provision of behavioural support.

There were policies and procedures in place on the use of restrictive procedures and physical and environmental restraint.

There were no physical or chemical restrictive practices used in the centre.

Some residents and respite users were prescribed environmental restrictive measures. Where these were in place it was evident this was requested by the resident or respite user or was used to promote the safety of the resident or respite user.

Some residents had been identified as requiring support with behaviours that challenge the centre and staff. Documentation was being compiled at the time of inspection to ascertain the causes and the inspector was told the information would be used to compile positive behaviour support plans.

Improvement was required to ensure that all residents' and respite users' safety was protected and promoted.

The arrangements for accessing residents' and respite users' bedrooms and apartments had the potential to place residents' and respite users' at risk. This required immediate review and was brought to the attention of the person in charge who implemented an interim arrangement and said a permanent arrangement would be identified and adhered to.

A resident's apartment door had been broken since early December 2015. This resulted in the door being left open as it could not be closed or locked.

The person in charge said that an engineer had visited the centre on three occasions to fix the door and that she was awaiting a further visit. On the second day of inspection the person in charge said the engineer had been contacted and had said it would be fixed the following Monday.

A resident spoken with expressed concern to the inspector regarding specific aspects of personal safety. The resident told the inspector she could relay this information to the person in charge. The person in charge said this would be reviewed with the resident and measures implemented to ensure the resident felt safe and secure in their home.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

On reviewing incident report forms the inspector found that the Chief Inspector was not given notice of the occurrence in the designated centre of an allegation of financial abuse of a resident.

The person in charge told the inspector that all allegations would be notified to HIQA going forward.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

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.

Theme:

Health and Development

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

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

Findings:

Improvement was required to the provision of education, training and employment opportunities for residents.

In the past residents had been supported to take part in a FETAC (previous QQI training awards council – recognised nationally) award training course in horticulture. However, there was no expansion of this nor were residents supported to identify or avail of any other training opportunities.

The inspector viewed a personal plan which showed that a resident had stated that they did not want to partake in paid employment. However, residents had not received an assessment or support in regard to the education, training and employment opportunities which were available or could be sourced.

Judgment:
Non Compliant - Major

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 viewed a sample of residents' personal plans which showed that residents' health needs were being identified and responded to.

However, due to the complex nature of some residents' healthcare needs it was difficult to ascertain an overall view of residents' healthcare needs to ensure all healthcare needs were being identified and responded to.

This was discussed with the person in charge who said that an annual multidisciplinary meeting and review of each resident's healthcare needs and the corresponding actions in place to respond to these would be compiled.

She said she would use this review to ensure each resident was receiving appropriate healthcare in line with their needs.

Residents were supported to access their general practitioner (GP), dentist and allied health professionals. Documentation including the external professional's diagnosis and detail of visits was maintained.

Assessments had been carried out in regard to healthcare needs, however not all assessments had required corresponding care plans in place.

For example, some residents were assessed as a high risk of developing pressure sores and there was no care plan in place to outline the supports required.

In addition, some care plans were not adequately comprehensive to ensure the interventions identified were in line with the care provided. The nurse spoken with outlined the difficulty in completing and maintaining the care plans to an adequate standard within her available working hours.

Food was available in adequate quantities and residents were supported to make healthy food choices. Residents had been supported in regard to modified diets.

The majority of residents and respite users availed of the dining room where their meals were prepared by cooks.

The inspector sampled the food and found it was flavoursome, suitably heated and nutritious. There was a choice of two main meals each day and other options available if a resident or respite user did not want either of the two options.

Some residents were supported to prepare their meals in their own apartments. Residents availing of this option said they liked the food and said the carers did a 'good job' preparing their meals.

Residents who required modified diets had been prescribed these diets by a speech and language therapist. There was clear documentation in relation to modified diets.

As part of the planned refurbishment of the centre the kitchen and dining room was closing and residents and respite users would be supported to prepare their meals in their apartments or in the communal kitchen/dining/living room.

Residents spoken with said they were happy with this and said they were sure the food would be as good as the meals they were receiving in the dining room.

The person in charge outlined the support and training which would be provided for staff which would include food hygiene.

The centre provided end of life care and some residents had died in the centre. While some residents and respite users had end of life care plans in place, which clearly identified the person's wishes for their end of life care, not all residents and respite users had their wishes documented.

It was therefore not evident that end of life care could be provided for all residents and respite users in line with their wishes.

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):

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

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, improvement was required to the oversight of medication errors to ensure that medicine was administered as prescribed to residents and the system in place to ensure appropriate oversight of and response to medication errors in the centre.

Documentation outlining medication errors, including those of administering incorrect doses or omitting medicines, did not detail that appropriate action was taken following the identification of these errors.

It was therefore not evident that the practices relating to the administration of medicines were adequately robust to ensure that medicine that was prescribed was administered as prescribed to residents.

Staff outlined the process in place for the handling of medicines, these were safe and in line current guidelines and legislation.

Individual medication plans were appropriately reviewed and put in place. A sample of these were viewed by the inspector.

Audits were carried out on and corrective action was implemented where required.

There were appropriate procedures for handling and disposing of unused and out-of-date medicines.

The inspector viewed a sample of prescription sheets and found they contained all required information.

Judgment:

Non Compliant - Major

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 statement of purpose set out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were to be provided for residents and respite users.

However, the statement of purpose did not contain all the information required by Schedule 1 of the Regulations. In addition, some amendments were required to the statement of purpose to ensure all information was clear and consistent:

- the organisation structure was not reflective of the revised reporting structure as outlined by the regional manager on the first day of inspection
- the number of nursing hours was not consistent in the document and not consistent with the findings on the days of inspection
- it did not include the arrangements for residents to access education, training and employment
- it did not include a description of the rooms in the centre including their size and primary function

It was not evident the statement of purpose had been made available to residents and their representatives.

A family member spoken with told the inspector it was the first time they had seen the document in their family members' apartment. They said this document was new since their last visit to 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 centre had a clearly defined management system in place with clearly defined roles of authority and accountability. Improvement was required to the oversight of medication errors, the frequency and quality of unannounced visits to the centre, the completion of an annual review and the submission of all required documentation as part of the service provider's application to register the centre.

The person in charge told the inspector that there was good communication across all levels of the organisation. She said she received support from her line manager which enabled her to do her job effectively.

The person in charge demonstrated responsiveness throughout the inspection and addressed areas of non-compliance highlighted to her by the inspector.

The inspector interviewed the person in charge and found she was knowledgeable of the legislation and her statutory responsibility. It was evident residents and respite users knew the person in charge.

The persons participating in management were knowledgeable of the centre, the legislation and their statutory responsibility.

There was an emergency phone system in place to provide out of hours support to staff working in the centre. This role was shared by the persons in charge and the regional manager.

The provider or a person nominated by the provider had not carried out an unannounced visit to the designated centre at least once every six months as required by the regulations.

One visit had been carried out in October 2015 and although the persons nominated by the provider to carry out the visit had prepared a written report the inspector found some information was not reflective of the centre.

For example, the report stated that 'all residents now reside in large apartments, with only two smaller respite rooms remaining in the building' and the centre was 'suitably decorated'. These inaccuracies were confirmed by the person in charge as not being reflective of the centre on the date the unannounced visit was carried out.

An annual review of the quality and safety of care and support in the designated centre had not been carried out. The person in charge outlined her intention to carry out a review and showed the inspector questionnaires which had been completed by residents, respite users, staff and family members which would form part of the review.

The inspector found the questions asked in the questionnaires ensured that comprehensive views were being sought from these stakeholders in regard to the centre and improvements required.

The service provider did not provide evidence that the designated centre complies with the Planning and Development Acts 2000-2013 and any building bye-laws that may be in force as required by the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This document was required as part of the application to register the centre.

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):

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

Findings:

The person in charge had not been absent from the centre for a period which would require notification to HIQA.

A registered staff nurse was identified as the person who would provide day to day governance of the centre in the absence of the person in charge. The inspector carried out an interview with this staff member. The nurse was aware of her role, responsibilities and day-to-day governance of the centre.

In addition, the person in charge's line manager who held the role of regional manager was identified as the person who would provide assistance and support to the nurse when she was fulfilling the person in charge role.

The inspector was told that when the person in charge was absent from the centre the regional manager and registered nurse were available to ensure effective oversight. As such the person in charge, regional manager and staff nurse's holidays were planned to ensure this governance arrangement was in place.

As part of inspections of other designated centres the inspector had interviewed the provider nominee and found he was aware of the requirement to notify the Chief Inspector 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 her absence.

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):

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

Findings:

The inspector noted adequate staff to support residents throughout the inspection and provide safe support in line with residents' needs.

However, as discussed under outcomes 1, 10 and 17 there were inadequate staff numbers to ensure residents were consistently supported to access training, education, skills enhancement and activities.

This raised concern that the designated centre was not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment:
Non Compliant - Major

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 were adequate numbers of staff and an appropriate skill mix to meet the daily care needs of residents.

However, there were inadequate numbers of staff to ensure residents and respite users were supported to take part in activities, access the local community, participate in education, training and employment opportunities and ensure all required assessments took place and all assessed needs had comprehensive care plans in place.

One staff member spoken with outlined the difficulty in completing and maintaining the care plans to an adequate standard within her available working hours. She said that all nursing hours were needed to provide the required nursing care.

The staff rota did not identify roles held by staff working in the centre and some working shifts were denoted by abbreviations. Although there was an explanation of the meaning of the abbreviation the explanation did not include the commencement time and finish time of the working shift.

Staff training was provided and there was a plan in place to address some identified training needs. However, a training needs analysis had not been carried out and it was therefore not evident that all staff training needs were being identified and responded to.

The inspector identified staff who required training in supporting residents with modified consistency diets and in supporting residents with dysphagia as staff would be required to support residents to prepare their meals when the kitchen and dining room closed. This training had not been identified as required prior to the inspection.

One staff member had not received training in fire prevention and the majority of staff working in the centre had not received training in responding to behaviour that is challenging.

The inspector viewed a sample of staff files and found that some staff files viewed did not contain all information required by the regulations. In addition, the information required, including evidence of Garda vetting, was not in place for staff working in the centre who were employed by an external service provider.

Some staff working in the centre were employed by another service provider and as such were not directly supervised by the person in charge. The person in charge outlined the intention to address this with the external service provider.

The person in charge outlined the intention to commence regular formal supervision and support meetings with staff. She outlined the reason for the delay in commencing these as related to the staff union and said she was expecting the issues to be resolved in a short period of time.

Judgment:
Non Compliant - Major

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:

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors. Improvement was required to the centre's policies and to the guide to the centre for residents and respite users.

There was a directory of residents and a directory of respite users which contained the information required by the regulations.

The centre had all of the written policies as required by Schedule 5 of the regulations. However, the policy on the management of records was in draft format and the policy on the use of restrictive practices did not include chemical restraint.

In addition, the policies were not centre specific and contained a blank where the name of the centre should have been and did not refer to specific appendices where required.

The policy on medication management required improvement as it did not provide adequate guidance for staff in regard to the required response to a medication error, for example an omission in administering prescribed medicines to residents or respite users.

The risk management policy in the centre did not contain all the risks specified in the regulations. This was brought to the attention of the person in charge who identified that the policy in place was not the organisation's most up-to-date version of the policy on risk management.

There was a guide to the centre available to residents and respite users. It outlined the services provided at the centre, the terms relating to residency, the arrangements for residents and respite users involvement in the running of the centre, the procedure for respecting complaints and the arrangements for visits.

However, it did not provide adequate guidance on how residents, respite users or family members can access any inspection reports on the centre and it was not reflective of the change to the organisation and reporting structure as outlined by the regional manager on the first day of inspection.

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:

Lorraine Egan
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 The Cheshire Foundation in Ireland
Centre ID:	OSV-0003452
Date of Inspection:	26 January 2016
Date of response:	26 February 2016

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:

Residents and respite users were not supported to understand their civil, political and legal rights.

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

1. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

- A) A Charter of Rights is posted and available in the Centre to inform residents of their rights.
- B) A meeting will be arranged with residents to review this information. A meeting with the local Advocate has been arranged to further inform residents of their rights.
- C) Individual meetings have been arranged between each resident and the Community Co-ordinator to discuss their civil, political and legal rights.
- D) A Bill of Rights for the designated centre will be produced in conjunction with residents and made available to all residents and respite users.
- E) Residents were supported to attend the polling centre in the recent election and vote.

Proposed Timescale: 31/03/2016

Theme: Individualised Supports and Care

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

Residents and respite users were not consulted and supported to participate in the organisation of the designated centre.

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:

A consultation meeting will be held with residents to agree a process for participation in the organisation of the centre. This process will foster consultation and participation in the day to day running of the centre. Consultation mechanisms proposed will include,

- A) Monthly group residents meetings with the PIC or PPIM. Minutes are recorded and a copy given to each resident.
- B) Monthly recorded individual meetings with the PIC or PPIM using a standardised template.
- C) A suggestion box will be put in place for residents/family members.
- D) Involvement of residents in the recruitment process of staff.
- E) A review of the service is being completed requesting feedback from residents and family members. This will be an annual process.
- F) The ongoing involvement of service users will be sought re the décor of their apartments and the decoration of communal areas.

Proposed Timescale: 31/03/2016

Theme: Individualised Supports and Care

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

Residents and respite users were not being afforded adequate opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

3. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

A) The role of Community Connectors will increase by 25 hours weekly to increase opportunities to participate in activities for residents in accordance with their personal interests

B) Information session on Social Role Valorisation will be delivered by a Community Coordinator to the Community Connectors to ensure understanding of resident's social and community Support needs.

C) The Community Co-ordinators will continue to develop agreed social support plans which will guide the activities to be provided to residents. A weekly activity plan will be developed with residents and displayed to identify specific centre based activities.

Proposed Timescale: 15/04/2016

Theme: Individualised Supports and Care

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

It was not evident that complainants were informed promptly of the outcome of their complaints and details of the appeals process.

4. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

A) Details of the appeals process are posted on information posters in the designated centre and reviewed with residents at the time of the complaint.

B) Following the resolution of each complaint, residents will be spoken with and written to by the PIC/PPIM and their satisfaction level recorded both on complaint form and the Provider database.

Proposed Timescale: 18/03/2016

Theme: Individualised Supports and Care

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

The measures required for improvement in response to a complaint did not include a safety measure which was required to mitigate the risk of reoccurrence.

5. 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) Security arrangements for locking doors for resident's personal living areas have been reviewed and changes implemented.

B) A New system has been sourced to ensure that only residents and staff have access to security fobs to enable access to personal living areas.

C) Personal safes will be purchased for any resident who currently does not have one. Security arrangements around the safe will be agreed and documented with the resident through their money management plan.

Proposed Timescale: 31/03/2016

Theme: Individualised Supports and Care

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

It was not evident the person nominated was ensuring complaints were appropriately responded to.

6. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

A) A list of nominated persons is clearly identified in Complaints posters and in individual folders for residents and respite users. The PIC is identified as being the person nominated to deal with complaints in the centre.

B) The Regional Manager reviews complaints on a monthly basis for the centre to ensure complaints are appropriately responded to and appropriate records are maintained. This is documented this on a review form. He will bring any concerns he has to the attention of the PIC and the Quality Manager for review. The Head of Operations is informed if there is an ongoing concern with how complaints are being dealt with in a service. Records of this oversight will be available.

C) Following the resolution of each complaint, residents will be spoken with and written to by the PIC/PPIM and their satisfaction level recorded both on the complaint form and Provider database.

Proposed Timescale: 31/03/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Some residents and respite users did not have access to a device to enable them to access the internet.

7. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

A) A laptop was purchased to enable all residents/respite users to have access to the internet. This is located in an accessible communal area but can be removed to a private area if a resident wishes.

Proposed Timescale: 15/02/2016

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

Theme: Individualised Supports and Care

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

Some residents were not being provided with sufficient supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

8. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

A) The role of Community Connectors will increase by 25 hours per week and will facilitate increased activities and community access in accordance with personal interests

B) An information session on Social Role Valorisation will be delivered by a Community Coordinator to the Community Connectors to ensure understanding of residents' social and community support needs.

C) The Community Co-ordinators will continue to develop agreed social support plans which will guide the activities to be provided to residents.

Proposed Timescale: 15/04/2016

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:

The tenancy agreements were not adequately clear in regard to residents' rights and responsibilities, the term of occupancy was not adequately clear in all agreements and some agreements did not include the fees to be charged.

9. 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:

- A) All tenancy and service agreements will be reviewed to ensure the terms of occupancy are clear and that all fees charged are clearly outlined.
- B) Easy to read versions of tenancy and service agreements will be available for residents.
- C) Individual service agreements will be reviewed for long term residents and options explored to capture historical agreements i.e. home for life.

Proposed Timescale: 15/04/2016

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:

Residents' and respite users' personal plans were not made available to the residents and respite users.

10. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

- A) All personal plans were developed in consultation with residents and signed by them/their representatives.
- B) All plans will be reviewed and residents supported to be fully informed of the planning process and contents of their individual plans.

C) Plans will be kept in individual apartments in accessible format for those residents who so wish.

Proposed Timescale: 30/04/2016

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 premises was not designed and laid out to meet the aims and objectives of the service and the number and needs of residents and respite users.

11. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The extensive works to redesign the building will be completed by March 31 2016 with plans to have all residents in the newly configured building by April 15 2016.

Proposed Timescale: 15/04/2016

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:

There were inadequate arrangements in place to ensure residents and respite users were protected against the risk of scalding.

12. Action Required:

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

A) TMV valves will be in place in reconfigured building and will be checked monthly by staff.

B) As of January 29 2016 an interim plan the water temperature will be checked weekly and recorded. If there are any concerns the water will be checked as required with a minimum testing period of weekly.

C) Notices will be posted on all sinks above taps to indicate that water may be hot and care should be taken. Any residents who can access taps have also been advised.

Proposed Timescale: 15/04/2016

Theme: Effective Services

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

Some residents, respite users and staff had not taken part in a fire drill in the centre and it was therefore not evident that residents, respite users and staff were being supported to be fully aware of the procedure to be followed in the case of fire.

Residents' and respite users' personal evacuation plans had not been updated with relevant information following findings from fire drills which were carried out.

13. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- A) All residents have participated in Fire drills and are aware of the procedure.
- B) A schedule of Fire drills has been developed to ensure all respite users have the opportunity to participate in a fire drill.
- C) The only member of staff who had not completed formal training will participate in fire training before 24th March 2016.
- D) A revised fire drill record has been put in place which identifies individual residents and staff who have participated in fire drills.
- E) All Personal evacuation plans are reviewed monthly. Personal Evacuation plans will also be reviewed following fire drills in response to highlighted concerns or issues.

Proposed Timescale: 31/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some practices in the centre were not ensuring that all residents and respite users were protected from all potential forms of abuse.

An allegation of financial abuse had not been recognised as such or investigated in line with the centre's policies.

14. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- A) An allegation of financial abuse had been fully investigated by the Person in Charge but withdrawn by the complainant. A retrospective Notification to the Authority has been completed.
- B) The door to a residents apartment which could not be locked due to a fault with an automated system was repaired on 1/2/2016
- C) An issue raised by a resident regarding their personal safety :i.e. security of their external door, were addressed by the PIC and their door fixed by a maintenance person on 1/2/2016
- D) An information session on Adult Safeguarding and Safety will be provided to all residents by a Quality Officer employed by the Provider.

Proposed Timescale: 31/03/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The Chief Inspector was not given notice within 3 working days of the occurrence in the designated centre of an allegation of financial abuse of a resident.

15. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The outstanding notification will be submitted to the Authority retrospectively. Notifications will be submitted within the allocated time to the Authority.

Proposed Timescale: 29/02/2016

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 were not being supported to access opportunities for education, training and employment.

16. 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) An individual assessment will be completed with each resident to identify opportunities for education, training and employment.
- B) An action plan will be developed based on the outcomes of this assessment.
- C) A policy in relation to access to education training and development opportunities is in place and will be implemented in the centre.

Proposed Timescale: 15/04/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

It was not clearly evident that appropriate health care was provided for each resident and respite user and the care plans were not adequately comprehensive to ensure appropriate consistent care was provided in line with residents' and respite users' needs.

17. 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) Individual assessments of need will be completed for all residents(Northwick Dependency Scale)
- B) A Multi-Disciplinary Team meeting to annually review each care plan will be scheduled for each resident.
- C) An audit of care plans will be carried out to ensure that all needs identified in assessments have a corresponding care plan
- D) Care plans are reviewed more frequently as required, for instance, on return from hospital or due to changing support requirements because of illness.
- E) A review of nursing support hours will be completed to ensure that there is sufficient time to ensure care plans are completed and updated.

Proposed Timescale: 15/04/2016

Theme: Health and Development

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

Some residents and respite users did not have care plans outlining their wishes for their end of life care. It was therefore not evident that the centre could provide care at the end of residents' lives in a manner which would meet the resident's physical, emotional, social and spiritual needs and respect their dignity, autonomy, rights and wishes.

18. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

- A) End of life care plans are in place for all residents who choose and are comfortable to discuss their plans. A review of these plans will be carried out by Nursing/Senior care staff.
- B) End of life care will be reviewed with respite users and care plans put in place should the respite user choose to do so.

Proposed Timescale: 30/04/2016

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:

The practices relating to the administration of medicines were not adequately robust to ensure that medicine that was prescribed was administered as prescribed to residents.

19. 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:

- A) The localised medication procedure has been revised to reflect the procedure taken if there is a medication error aligned with Cheshire Ireland Policy.
- B) The management of medication errors has been reviewed by the Provider and a new policy and process have been designed to make the reporting and management of all medication variances/errors clearer. This policy has been implemented in O Dwyer Cheshire since 7th March 2016.

Proposed Timescale: 07/03/2016

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 centre's statement of purpose did not contain all the information required by Schedule 1 of the Regulations and some information was not consistent in the document and with the inspector's findings on inspection.

20. 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 will be revised to reflect all items in Schedule 1.

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

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

It was not evident the statement of purpose had been made available to residents and their representatives.

21. Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

A) Whilst the statement of purpose was accessibly located in the main living areas a copy will be provided to each resident and placed in folders for respite users. A copy will be sent to family members/representatives as appropriate.

B) The Community Co-ordinator will explain to each resident the document and its contents and records will be available of these meetings.

Proposed Timescale: 20/03/2016

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 service provider did not provide evidence that the designated centre complies with the Planning and Development Acts 2000-2013 and any building bye-laws that may be in force.

22. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

- A) An external company have been employed by The Provider to assist with the Certificate of Compliance for all services.
- B) The external company are Chartered Engineers are registered as well as Architects for this purpose. They regularly provide such certification for various clients in Ireland.
- C) The external company have reviewed the service to include, fire safety certification, operations, safety and life safety systems.
- D) There are constructions works being undertaken in the service at this time and the external company have stated that subject to the upgrading works based on the plans and schedule of works he would foresee no difficulty in issuing a Certificate of Compliance for this centre. The certificate for proof of planning compliance will be submitted to the Authority by 10th June 2016

Proposed Timescale: 10/06/2016

Theme: Leadership, Governance and Management

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

An annual review of the quality and safety of care and support in the designated centre had not been carried out.

23. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An Annual review will be completed by March 31 2016.

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

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

The provider or a person nominated by the provider had not carried out an unannounced visit to the designated centre at least once every six months.

The report arising from the unannounced visit carried out in October 2015 was not accurately reflective of some aspects of the centre.

24. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

- A) A schedule of internal unannounced audits for the service has been submitted to HIQA by the Provider.
- B) The Audit Process is being reviewed by the Provider's Quality and Compliance Task Force and the protocol for the audits will be in place by 31/03/2016.

Proposed Timescale: 31/03/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

It was not evident that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

25. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Community Connector/Social hours have been reviewed and the recruitment process started to increase the community Connector hours by 25 per week These hours will be used to assist residents to plan and access community, social and educational supports according to their wishes.

Proposed Timescale: 31/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

It was not evident that the number of staff was appropriate to the number and assessed needs of the residents.

26. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- A) The role of Community Connectors will increase by 25 hours per week and will facilitate increased activities and community access in accordance with personal interests

- B) A needs assessment and roster review will be completed to ensure there is an appropriate number of staff to the number and assessed needs of the residents. Support needs will be reviewed 3 monthly or more frequently as required in the first 6 months and annually thereafter.
- C) A review of nursing support hours will be completed to ensure that there is sufficient clinical governance and oversight.

Proposed Timescale: 31/03/2016

Theme: Responsive Workforce

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

The staff rota did not show the hours some staff were working in the centre and staff roles were not identified on the staff rota.

27. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The roster has been amended to reflect staffing roles and start and finish times to ensure clarity of information. The PIC and PPIM are included on the roster.

Proposed Timescale: 01/02/2016

Theme: Responsive Workforce

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

Some staff files viewed did not contain all information specified in Schedule 2.

The information specified in Schedule 2 was not in place for staff working in the centre and employed by an external service provider.

28. 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:

A) All staff files will be reviewed and Schedule 2 information verified for each staff member.

B) For staff provided by an external employer Schedule 2 information has been requested directly from staff to ensure all information is obtained and meets requirements.

Proposed Timescale: 15/04/2016

Theme: Responsive Workforce

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

Staff training needs had not been analysed and it was therefore not evident that all staff training needs were being identified and responded to. The inspector identified staff who required training in supporting residents with modified consistency diets and in supporting residents with dysphagia.

The majority of staff working in the centre had not received training in responding to behaviour that is challenging including de-escalation and intervention techniques.

One staff member had not received training in fire prevention and using first aid fire fighting equipment.

29. 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) A training needs analysis will be completed for the centre and a training plan for 2016 developed. This will be reflected in the Annual Plan.

B) All staff had received dysphagia training as part of induction however formal dysphagia training will be scheduled for all staff. This will include training in modified diets.

C) Communication and Conflict training has been scheduled for March 3 and 10th to address the needs for training in behaviours that challenge.

D) Food hygiene training will be made available to appropriate staff prior to residents moving to the new apartments on April 15

E) Fire prevention and using first aid fire-fighting equipment training is scheduled for the staff member on 8/4/2016.

Proposed Timescale: 15/04/2016

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 policy on the creation of, access to, retention of, maintenance of, and destruction of records was in draft format.

The policy on the use of restrictive practices did not include chemical restraint.

The risk management policy in the centre on the day of inspection did not contain all the risks specified in the Regulations.

30. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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) The policy on destruction of documents is currently being finalised by the provider and will be approved by March 31 2016
- B) The correct edition of the Policy on the Use of Restraints was replaced in the Schedule 5 Folder which includes a section on Chemical Restraints. The correct policy was re-circulated to staff. Staff understanding of this policy will be clarified through discussion at staff meetings and one to one meetings.
- C) The correct edition of the Risk Management Policy which includes risks specified in the regulations was replaced in the schedule 5 folder. Staff understanding of this policy will be clarified through discussion at staff meetings and one to one meetings.

Proposed Timescale: 31/03/2016

Theme: Use of Information

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

The policy on medication management did not provide adequate guidance for staff in regard to the required response to a medication error, for example an omission in administering medicines to residents or respite users.

31. 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:

The management of medication errors has been reviewed and a new policy and process have been designed to make the reporting and management of all medication variances/errors clearer. This policy is in the final stages of approval. Included in this policy is revised more robust training for staff.

Proposed Timescale: 31/03/2016

Theme: Use of Information

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

The guide for residents did not provide adequate guidance on how residents, respite users or family members can access any inspection reports on the centre and the organisation structure was not accurate.

32. Action Required:

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

- A) The Organisation structure will be amended on the resident's guide and a section added re accessing reports for the centre
- B) Reports for the centre will be printed and made available to residents/family representatives.

Proposed Timescale: 31/03/2016