



Report of an inspection of a Designated Centre for Disabilities (Adults)

Issued by the Chief Inspector

Name of designated centre:	Rathfredagh Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	10 March 2020
Centre ID:	OSV-0003449
Fieldwork ID:	MON-0022960

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Rathfredagh Cheshire Home consists of a large two-storey building and a smaller one-storey building located adjacent to each other in a rural area within a short driving distance to a nearby town. Both buildings are comprised of apartment style individual accommodations. The centre can provide for a maximum of 21 residents consisting of full-time residential support for up to 18 residents and respite support for up to three residents. Each resident in the centre has their own bedroom and other facilities throughout the centre include offices, bathrooms, dining rooms, kitchens, a laundry room, a prayer room and store rooms amongst others. The centre supports residents of both genders with physical, neurological or sensory disabilities. Residents are supported by care support staff, nurses, a community services coordinator and the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 10 March 2020	09:30hrs to 18:30hrs	Conor Dennehy	Lead
Tuesday 10 March 2020	09:30hrs to 18:30hrs	Cora McCarthy	Support

What residents told us and what inspectors observed

Prior to this announced inspection HIQA issued the provider with questionnaires for residents to complete. These asked various questions seeking to get residents' views on the service they received while living in this designated centre. A total of seventeen completed questionnaires were provided to inspectors at the beginning of the inspection which had been completed either by residents or on their behalf by their relatives or staff members. It was noted that most questionnaires contained very positive views regarding all aspects queried including activities undertaken by residents, residents' bedrooms, mealtimes, staff support and visiting arrangements. Some comments contained in the completed questionnaires included "I love living here" and "I absolutely love the atmosphere here, it's so warm and welcoming".

Throughout the inspection day it was also observed that staff members on duty engaged with residents in an appropriate manner who appeared comfortable in the presence of staff. During the course of the inspection, twelve residents, who were either living in the centre full-time or availing of respite, were met by inspectors. While some residents met did not directly indicate their views on the services they received in the centre, most of these residents did speak with inspectors and talked about their lives in the designated centres. Inspectors received mostly positive feedback from residents throughout the inspection although one resident did raise some issues around having drinks in their bedroom, Christmas arrangements and how a complaint was responded to.

Inspectors met different residents throughout the day in various areas of the centre. One resident was met while they were watching television. This resident said that they liked everything in the designated centre. An inspector met a different resident in the kitchen area of the larger building and also said that they liked everything in the centre. This resident informed the inspector that they were currently in good health. Another resident was later met in the same kitchen area where they said that they liked living in the centre and felt safe there. This resident also talked about going to an external day services in the nearby town along with a week-long holiday in Clonakilty which the resident enjoyed.

Two residents were met while they were watching the Cheltenham Races on television. One of these residents told an inspector that they had placed bets on some of the races. This resident also indicated that they liked staying in the centre and that the staff were good to them. Other residents spoken with also expressed very positive views about living in the centre. Such residents informed inspector they liked living in the centre and felt safe. One resident in particular described the people in the centre as being like family while another resident showed an inspector their music collection which they were very proud of.

One resident had an in-depth discussion with an inspector who said that in general things were okay in the designated centre. The resident said that they had previously lived in the community before moving to the centre and, while they would

like to move back to the community one day, the resident felt that the services they received in this centre would not be available elsewhere. According to this resident staff working in the centre were good to them and that if they had any concerns they could report them to staff. Some of the activities which the resident participated in were also raised such as attending a Men's Shed and going to a garden centre. This resident did express some concerns though about the impact coronavirus could have on such community based activities.

Capacity and capability

The provider had ensured that stated actions arising from the previous HIQA inspection had been implemented. This helped to ensure that residents were well supported and that an overall good level of compliance was maintained. Some improvement was required to ensure that there was timely notification to HIQA of particular events in this centre and of changes to senior personnel within the provider.

This designated centre was last inspected by HIQA in June 2019 where a good service was found to be provided to residents. While some regulatory actions were found during that inspection, the provider ensured that a satisfactory compliance plan response was submitted which outlined the steps the provider intended to take to bring about an improved level of compliance. As the designated centre's registration was due to expire in August 2020, the current inspection was carried out to inform a registration renewal decision where particular focus was paid to actions arising from the June 2019 inspection. Overall, it was found that the provider had implemented their stated actions and had maintained appropriate supports for residents.

The support that was to be provided to residents was outlined in the designated centre's statement of purpose. This is a key governance document which is a requirement of the regulations and should describe the service to be provided. It was seen that the statement of purpose was on display throughout the designated centre. Upon review it was noted that, since the previous inspection, the statement of purpose had been amended to include some of the required information such as the arrangements for visitors and the arrangements for consultation with residents but some other required information was noted not to be included. Such information was highlighted by an inspector to the management of centre who promptly addressed the issues raised and provider inspectors with a statement of purpose that contained all of the required information.

Amongst others, the statement of purpose outlined the organisational structure that was in place for the provider overall and within this centre. As part of this structure, the centre was managed on a day-to-day basis by the person in charge who was supported by a regional manager who oversaw three designated centres but was based in the current centre. The person in charge was responsible for this

designated centre only, worked full-time and was found to be suitably skilled, experienced and qualified to perform the role. As part of their responsibilities, the person in charge oversaw the staff team that was in place to support residents. Staff members spoken with during this inspection demonstrated a good awareness of residents' needs and were seen to interact appropriately with residents.

At the time of this inspection it was found that appropriate staffing arrangements, including the provision of nursing staff, were in place to support residents. Form records reviewed it was noted that staff members received training in areas such as infection control, manual handling, medicines and safeguarding amongst others. Staff rosters were maintained in the centre which were reviewed but it was noted that the full names of some staff were not recorded. An inspector also reviewed a sample of staff files for those working in this centre. Such files are important to demonstrate that the provider has followed appropriate recruitment procedures and kept accurate records regarding their workforce. It was seen in the files reviewed that they contained all the required information such as written references, evidence of qualifications, full employment histories and photo identification.

The sample of staff files reviewed, along with the file maintained for a volunteer involved with the centre, all contained evidence of Garda Síochána (police) vetting which had been completed in the previous three years. Maintenance of such vetting for staff and volunteers is required by the regulations while having evidence of Garda vetting dated within the previous three years is in line with best practice. It was noted that the providers' own policies in this area provided for Garda vetting to be carried every three years and based on the sample reviewed, the provider was implementing this. Having a policy on the recruitment, selection and Garda vetting of staff is required by the regulations along with other key policies which are intended to guide practice within the designated centre. It was seen that all of the required policies were in place, all of which were had been reviewed within the previous three years.

Based on the overall findings of this inspection, the provider had ensured that the supports provided to residents were being provided in accordance with such policies which contributed to the compliance levels found. To monitor the quality and safety of care and support that was provided to residents, key regulatory requirements such as provider unannounced visits and annual reviews were also being carried out with reports of these available for inspectors to review. Provider unannounced visits must be carried out every six months and it was seen that since the June 2019, one such visit had been carried out in November 2019 with an action plan put in place to respond to any areas of improvement identified. An annual review for 2019 had also been completed in January 2020 which had a focus on relevant national standards while including evidence of consultation with the residents of the designated centre.

The provider had other systems in place to ensure that the designated centre was appropriately monitored. This was achieved by carrying out regular audits, in areas such as safeguarding and medicines, which were used to assess, evaluate and improve the services provided. During one such audit, the provider had identified that some issues of a safeguarding nature had not been notified to HIQA. Once

these had been identified, the person in charge ensured that they were submitted retrospectively to HIQA. However, such notifications are required by the regulations to be notified within three working days so as to ensure that HIQA are aware of particular events which may impact residents. It was also noted that the provider had not notified HIQA in the correct format nor in a timely manner regarding changes in the identities of the provider's chairperson and Chief Executive Officer (CEO).

Registration Regulation 7: Changes to information supplied for registration purposes

Changes in the company chairperson and CEO of the provider had not been notified to HIQA by the provider in the appropriate format nor in a a timely manner.

Judgment: Not compliant

Regulation 14: Persons in charge

A suitable person in charge was in place who had the necessary skills, experience and qualifications to perform the role. The person in charge worked full-time and was responsible for this designated only.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were provided for including the provision of nursing staff while efforts were being made to promote a continuity of staff support. Staff files were maintained in the centre which contained all of the required information including Garda vetting. Rosters kept in the centre did not show the full names of some staff working in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Supervision of staff working in this centre were taking place on a regular basis. Training was provided in areas such as manual handling, medicines and infection

control.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that actions arising from the previous HIQA inspection were addressed which helped ensure an overall good level of compliance. Key responsibilities of the provider such as provider unannounced visits and annual reviews were being carried out.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had contracts for the provision of services in place which outlined the services residents were to receive and the fees to be paid amongst others. Potential future residents of the centre were given an opportunity to visit the centre before moving in full-time.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was provided that contained key information relating to the service given to residents such as details of the staffing complement and organisational structure for the centre. The statement of purpose was noted to be on display through the designated centre.

Judgment: Compliant

Regulation 30: Volunteers
Evidence of Garda vetting was available for a volunteer working in this centre. This volunteer was also in receipt of supervision while their roles and responsibilities were set out in writing.
Judgment: Compliant
Regulation 31: Notification of incidents
Some incidents of a safeguarding nature had not been notified to HIQA within three working days as required.
Judgment: Not compliant
Regulation 34: Complaints procedure
A clear process was in place for responding to and recording any complaints made. Information on the complaints procedure was on display in the designated centre.
Judgment: Compliant
Regulation 4: Written policies and procedures
All of the required policies were in place which were noted to have been reviewed during the previous three years as required by the regulations.
Judgment: Compliant
Quality and safety
The service provided to residents was focused on their individual needs and quality of life which was reflected in overall good compliance levels found during this

inspection.

Residents had individual personal plans in place as required by the regulations. Such plans are important in identifying the health, personal and social needs of residents along with outlining any supports that residents require to enjoy a good quality of life. In sample of personal plans reviewed it was seen that they had been subject to recent review which involved the participation of residents. It was also noted that such plans had been informed by comprehensive assessments of need while also containing a good level of detail on supporting residents in various areas. For example, it was seen that information was available to guide staff on promoting positive behaviour amongst residents along with details of how to support residents with any particular communication needs that they had. It was noted that, since the previous inspection, efforts had been made to facilitate residents to use assistive technology to help them communicate.

As part of the personal planning process that was in operation in the designated centre, residents were being assisted with future planning where specific and meaningful goals for residents to achieve were identified. Examples of such goals included participating in social farming and visiting particular attractions. Where residents required assistance in meeting such goals, those responsible for supporting residents with the goals were identified and evidence was seen during this inspection that there been progress towards meeting some identified goals. It was found that increased efforts were being made to promote residents' general welfare while they lived in this designated centre. For example, since the previous inspection, men's and women's groups had been established for residents to avail of with the intention of providing for more activities while links with the local community were also being encouraged.

Such actions helped support residents' personal and social needs while it was also found that residents were being supported to enjoy the best possible health. As part of this there was regular monitoring of residents' healthcare needs which were being assessed on a quarterly basis. Where any particular healthcare needs were identified it was seen that specific care plans were provided for which outlined the supports residents needed in such areas. Where necessary residents were being supported to attend appointments with relevant allied health professionals. Support was also provided to residents with their prescribed medicines. As part of this appropriate medicines records were maintained in the designated centre along with secure facilities. It was also found that some controlled medicines were in use within the centre. Such medicines can potentially lead to harm if misused and as a result are subject to stricter legal controls so it is important that appropriate procedures are consistently followed in this area. This was found to be the case during this inspection.

As such inspectors were satisfied that the potential risks arising from the use of controlled medicines were being effectively managed in the designated centre. It was also noted that, in general, appropriate risk management practices were in operation throughout the centre. As part of these it was observed that recently reviewed risk assessments were in place for identified risks which contained clear guidance on reducing any potential negative consequences related to such risks. In

addition, appropriate fire safety systems were in place throughout the designated centre. These included fire alarms, emergency lighting and firefighting equipment while the procedures for evacuating the centre were on display. Since the previous inspection and is response to a specific action, regular fire drills have been carried out in the designated centre including at night-time when minimal levels of staff were on duty.

Staff members were also provided with relevant training to ensure the safety of residents in areas such as fire safety and safeguarding. Staff members spoken with during this inspection were aware of any safeguarding plans active in the centre and also of what to do in the event that a safeguarding concern arose. It was observed that information on how to raise any safeguarding concerns was displayed throughout the centre while residents were seen to be comfortable in the presence of staff members on duty throughout this inspection. Such findings provided assurances to inspectors regarding residents' safety. It was also seen that information relating to infection control provided for in the centre along with hand gels and personal protective equipment (PPE) such as gloves. Relevant training was being provided to staff members while residents were being given information in this area.

Regulation 10: Communication

Staff members observed during this inspection were seen to communicate well with residents while it was noted that efforts had been made to support and encourage residents to use assistive communication technology.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were being supported with their finances while appropriate facilities were available for residents to store their own personal belongings.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were attending various activities away from the centre such as concerts. Efforts had been made to promote residents' development within the centre with men's and women's groups set up while there had been an increased focus on

community participation.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information including how to access HIQA inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which included details of the risk management process in place. Risk assessments were in place relating to identified risks which were noted to provide clear guidance on responding to the risks in questions. Such risk assessments were noted to have been recently reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

PPE, such as gloves and aprons, along with hand gels were available the designated centre. Information on infection control was on display throughout the centre and it was noted that residents were being given key information and advice in this regard.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place throughout the designated centre and it was seen that, since the previous HIQA inspection, the provider had undertaken a number of fire drills to assess the centre's evacuation arrangements including at times when minimal staffing was on duty.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate secure storage was in place for medicines in the designated centre. A sample of medicines documentation was reviewed which indicated that appropriate medicines practices were in use in the centre including for controlled medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which were subject to regular review and involved the active participation of residents. As part of the personal planning process individual goals were developed for residents with support given to residents in order to achieve these goals. Based on the overall findings of this inspection, arrangements were in place to meet the needs of residents.

Judgment: Compliant

Regulation 6: Health care

Residents were being given appropriate support to enjoy the best possible health. Guidance on supporting residents with their health needs was provided for in their personal plans while the findings of this inspection indicated that such guidance was being followed in practice.

Judgment: Compliant

Regulation 7: Positive behavioural support

Increased guidance was available in the designated centre so staff could promote positive behaviour amongst residents. Processes were in operation for restrictive practices to be reviewed.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with relevant safeguarding training. Where necessary residents had safeguarding plans in place which staff were aware of. Information on supporting residents with intimate personal care was available within residents' personal plans.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rathfredagh Cheshire Home OSV-0003449

Inspection ID: MON-0022960

Date of inspection: 10/03/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

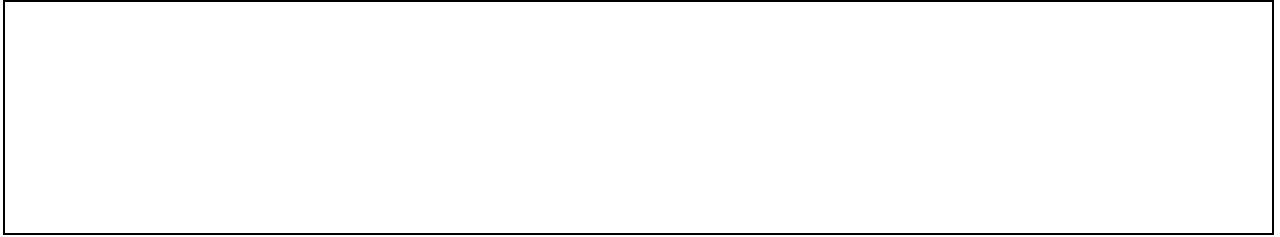
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: The Provider will ensure that HIQA are notified of all changes of information supplied for Registration purposes using the correct format and in a timely manner. NF33A submitted 26/03/2020</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge will ensure that the Designated Centre's roster will be compiled using the first and surname of all staff members. This was completed on the 13/03/2020.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Person in Charge will ensure that all notifications are submitted within three days, as required by the regulations.</p>	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 7(4)(a)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if any of the following is proposed to take place: (a) where the registered provider is a body corporate (whether a natural person, a company or other corporate body), there will be any change to: (i) the ownership of the body (ii) the identity of its director, manager, secretary, chief executive or any similar officer of the body (iii) the name or address of the body and shall supply full and satisfactory information in regard to the matters set out in	Not Compliant	Orange	31/03/2020

	Schedule 3 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre under (a), (b) or (c).			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	13/03/2020
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	11/03/2020