Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Waterford Cheshire
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	09 March 2020
Centre ID:	OSV-0003457
Fieldwork ID:	MON-0022964

About the designated centre

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

Waterford Cheshire was established in 2003 and provides accommodation and support in a purpose-built facility of self-contained apartments to adults with physical disabilities and neurological conditions. Individuals seeking to access services must be aged between 18 and 65 when they first arrive.
The service can accommodate 16 Service Users in total. Fourteen permanent residential apartments are available and two apartments are used to provide respite services. Most of the apartments have one bedroom, some have two bedrooms. All apartments have a kitchen/dining room and accessible bathroom.
Many of the people accessing the service have high physical support needs and the service endeavours to provide the supports required to enable each person to maintain the best possible health and to remain as independent as possible, for as long as possible. People living in the centre direct and participate in their own care.
The centre operates all year round and is staffed 24/7. A mix of nursing and support workers provide assistance to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

How we inspect

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
Monday 9 March 2020	09:00hrs to 20:15hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

Residents were keen to speak with the inspector in person and provide feedback via the questionnaires. These conversations took place primarily in residents individual apartments. The inspector spoke at length with five residents who provided a good insight into what life in the centre was like for them. In addition, nine questionnaires were completed by residents. Family members also made themselves available to talk with the inspector.

From these communications, it was clear that in general, residents felt they could bring their concerns to a member of the management team. This was the situation at the time of inspection and a development residents described as "positive". A number of residents stated that when they did bring issues, the matters were dealt with.

Nonetheless, some residents did see deficits in the way they were communicated with. For example, residents would like to know further in advance, which member of staff would be working with them or would like to know the day before what time their treatment would take place the following day. These were matters that the person in charge was aware of and actively trying to resolve.

Residents held the person in charge in high regard telling the inspector that they admired his style of leadership. Residents were vocal in identifying this as a positive aspect of care in the centre. There was a sense that whatever issues arose it was possible to discuss them with the person in charge and that the issues would be given due consideration.

Capacity and capability

Overall, effective governance and management arrangements were in place. There was evidence of improvements in this area since the last inspection and actions identified at that time had been addressed. The provider had conducted an annual review in February 2020 for the year 2019. Six-monthly provider led audits, were also conducted. Both the annual review and six-monthly audits identified areas that required further actions. While all actions had not been completed there was evidence of review and progression. For example, resolving complaints was an ongoing process, in particular organising the staff roster in such a manner that residents and staff were satisfied with the arrangements.

The person in charge was employed on a full-time contract and was engaged in the day to day management of the centre. The person in charge was supported in his role by a clinical nurse manager and two staff nurses. The regional manager

supported the person in charge and provided support to the service in the event of any unexpected or planned absences of the person in charge.

The local management team met on a weekly basis, generally on a Monday. All aspects of the service were reviewed and planned for at these meetings. In the absence of the person in charge one of the senior care workers or the clinical nurse manager chaired the meeting. The person in charge met with the regional manager on a monthly basis and issues such as resources were discussed.

In 2019 a needs analysis of the residents was carried out. From this analysis the provider was satisfied that the service was sufficiently resourced and has a sufficient staffing level. Overall, this was also the finding of the inspector on this inspection. As identified by the needs analysis and by the inspector, the allocation of duties was causing some challenges. For example, staff were not always available at the times that best suited the residents. The person in charge was working with staff under a roster review process and working with residents (where appropriate) to clarify and rectify the identified issues. This was a welcome development and a work in progress.

In addition to the annual review and the six monthly provider led unannounced inspections, the service was regularly audited by the various support departments in Cheshire Ireland. For example, the service had a monthly visit from the quality and clinical partner and a quarterly site visit from the regional partners.

The policy of the service was to foster and encourage people to speak up, make complaints and provide feedback about any aspect of the service they received. Significant focus was placed on listening, responding and striving to resolve the complaint or feedback as best as possible. The person in charge saw complaints or feedback as an opportunity to improve the quality of the service and refine it in line with best practice and residents' wishes. Complaints were documented on a complaint and feedback form, dated, signed and the outcome logged. A clear and detailed analysis of complaints had taken place and improvements made to the process as necessary.

Residents' meetings were held monthly and the minutes were put on the notice board and residents supported to read the minutes or have it read to them. There was an increase in attendance at the residents meeting since the latter half of 2019, with management actively encouraging attendance.

The inspector examined the contract in place for the provision of service to a resident. In the contract examined, the written agreement was signed by a representative of the resident as the resident was not in a position to sign such an agreement. There were a number of issues with this contract. Firstly, it was not clear whether the stated tenancy charge was a weekly or a monthly charge. This was clarified by members of the management team. Secondly, it was unclear if the resident's representative was the appropriate person to sign the contract. Thirdly, neither the stated representative, the resident nor the inspector could establish the charges the resident incurred, other than the amount of the weekly tenancy charge. The service agreement put it upon Cheshire Ireland to ensure financial

accountability but in this instance there was a lack of openness and transparency around what the resident was being charged for and how much .

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The post of person in charge was full-time and the post holder had the required qualifications, skills and experience necessary to manage the centre. The inspector was satisfied that he could ensure the effective governance, operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received mandatory training in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 22: Insurance

Evidence of current insurance cover was submitted as required as part of the renewal of registration documentation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to ensure the centre was adequately resourced and that the quality and safety of care delivered to residents was regularly monitored and reviewed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a lack of openness and transparency around what the residents were being charged for and how much those charges were.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the chief inspector of incidents which occurred in the centre as required by regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were documented on a complaint and feedback form, dated, signed and the outcome logged. A clear and detailed analysis of complaints had taken place and improvements made to the process as necessary.

Judgment: Compliant

Quality and safety

Over the course of inspection, it was evident that the provider and in particular the person in charge, was proactive in ensuring the centre was in compliance or working towards compliance, with the regulations and standards.

Personal plans were in place. These plans had multidisciplinary input and included an assessment of the health, personal and social care needs of each resident. The plans were updated at least annually.

While the inspector found that residents received person-centred care and support that facilitated them to participate in activities and lifestyles of their choice, some residents indicated that further improvements regarding support for their wishes, would enhance their lived experiences. For example, residents had requested more timely staff rosters, more forward planning as to who accompanied them on trips or other planned events and less of a waiting time to get up out of bed. Some residents felt staffing levels were at times inadequate, in particular at times of staff leave.

It was evident while speaking with the residents that they had individual issues that were important to them. These included having staff available at times that best met with the needs of the residents. This was discussed with the person in charge and the person participating in management during the inspection and they outlined measures that were in place to support the residents. Other residents spoke of their appreciation of the support they required with daily activities. However, some residents felt at times staff were task orientated rather than focusing on the resident as a person.

Some residents were able to outline to the inspector how they were facilitated to maintain good relationships with their families and friends. Residents accessed training courses, employment opportunities and were engaged in enterprises such as car boot sales and organizing bingo sessions. In many ways residents were facilitated to be involved in the day to day running of the centre but like other aspects of care provision, there was scope for even further improvements. The person in charge was aware of this and forums such as the roster review committee were examining ways to address this and other matters.

The registered provider had identified, through its annual review and through other means, matters which needed to be improved upon. For example, it was identified in these reviews that there were deficits in the communications between residents, staff and management. Following on from this identification, the person in charge was proactive in working towards an enhanced communications process between all concerned. Some of the improvements that had taken place was the moving of the office of the person in charge to a prominent location and having his door open to

residents and staff. Residents and staff spoke of the importance of having this easy access to the person in charge. Another initiative was the formation of the aforementioned roster review committee. The aim of this group was to ensure the staff hours available were arranged in the best way possible to meet the needs of residents.

Work was ongoing in improving the flexibility of the communal social programme and facilitating residents' preferences on any given day or evening. Activities included having a cinema night, music sessions, art activities and games. These all brought life and vibrancy to the centre as witnessed by the inspector on the evening of this one day inspection. These communal activities were in addition to the personal activities that most residents also engaged with, which included visiting friends and family, engaging in part time work, studying and going horse racing, fishing and other sporting events. Residents had access to a means of transport and most staff working in the centre had a license to drive the vehicles. Residents had access to television, radio, magazines, telephone, computer and the Internet.

Overall, the layout of the designated centre suited the needs of the residents. It was located close to local amenities. All residents had their own self-contained apartments which were decorated to reflect residents' preferences and interests. In general the apartments were well maintained. Residents were able to bring to the attention of the person in charge aspects of maintenance that needed attention or upgrading such as the need to improve the paint on the upstairs corridor, change curtains in some of the communal areas and review the management of the non-automated doors. These were discussed at resident meetings and a plan in place for the matters to be addressed.

A risk register was in place to oversee the management of organisational risks and a procedure was in place to support the person in charge to escalate high-rated risks to senior management if required. The provider had ensured staff had received infection prevention and control training necessary to prevent Healthcare Associated Infections. There was evidence of good practice observed by the inspector during the inspection. The nursing staff conducted regular audits of hand washing practices.

The provider had fire safety precautions in place including, regular fire checks, up-to-date staff training in fire safety, emergency lighting and regular maintenance of fire fighting equipment. Staff were aware of how to support residents in the event of a fire and residents outlined their involvement in regular fire drills. Residents' personal emergency egress plans were in place.

The provider had measures in place to ensure the safeguarding of residents from being harmed from abuse. Staff had attended safeguarding training which ensured that they had the skills and knowledge to recognise the signs of abuse and neglect. The person in charge had placed much emphasis on this training since his appointment six months earlier. It included supporting residents to be aware of their own safety and providing them with knowledge on how to protect themselves.

Regulation 10: Communication

Some residents indicated that further improvements regarding communication and support for their wishes, would enhance their lived experiences. For example, residents had requested more timely staff rosters, more forward planning as to who accompanied them on trips or other planned events and less of a waiting time to get up out of bed.

Judgment: Substantially compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with their wishes. Residents were free to receive visitors without restriction and suitable communal and private facilities were available.

Judgment: Compliant

Regulation 12: Personal possessions

As far as reasonably practicable, each resident had access to and retained control of personal property and possessions. Residents were supported to manage their own laundry. Residents were facilitated to bring their own furniture and furnishings and have the room decorated according to their individual taste.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to access opportunities for education, training and employment. However, the opportunities to participate in activities were not always in-line with residents' wishes.

Judgment: Substantially compliant

Regulation 17: Premises

The centre reflected the residents' personal choices and interests. The design and layout was suitable for its stated purpose. However, some areas of general maintenance required review such as the painting of the upstairs corridor, the changing of curtains in communal areas and the operation of the non automated doors.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place in the centre for the assessment, management and on-going review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured procedures consistent with the standards for the prevention and control of healthcare associated infections were in place in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety records were reviewed. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individual assessments and personal plans were in place. A system was in place to track the progress of goals set.

Judgment: Compliant

Regulation 6: Health care

The health needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to ensure the safeguarding of residents from being harmed from abuse. Staff had attended safeguarding training which ensured that they had the skills and knowledge to recognise the signs of abuse and neglect. The person in charge had placed much emphasis on this training since his appointment six months earlier. It included supporting residents to be aware of their own safety and providing them with knowledge on how to protect themselves.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Waterford Cheshire OSV-0003457

Inspection ID: MON-0022964

Date of inspection: 09/03/2020

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**
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The PIC will review all service agreements. Where appropriate these will be updated to ensure all costs to the service user are clear and transparent and recorded on the service agreements. The PIC will ensure that written agreements' will be signed by an appropriate representative of the resident where the service user is not in a position to sign such an agreement. The PIC will ensure service agreements will be update to make it is clear whether the stated tenancy charge is a weekly or a monthly charge.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: Service users who wish to have an advanced roster of staff now receive a weekly roster of the staff who will be supporting them each day or who will be supporting them with individual activities. This is planned a week in advance by the senior care worker and Community and therapeutic facilitator. The PIC will ensure, where appropriate, care plans will be updated to specify when and how the service user receives the roster and specifying the person responsible for communicating this weekly.	

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
There is a Future Plan tool in place for any service user who wishes for one to support them to reach goals. These plans are overseen by the Community and Therapeutic Facilitator who meets regularly with the service users who wish to partake. As part of these regular reviews the Community and Therapeutic Facilitator will discuss and plan with the service user any activities they would like to plan and be involved in. These will be actioned in the Future Plans. For those service users who do not currently wish to engage with the future plan now they will continue to be offered the opportunity to be supported to develop and reach goals.

These plans will be audited quarterly by the PIC.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The PIC and maintenance will review and plan out maintenance for the communal areas in the service, in consultant with service users. The PIC will also consult with service users in relation to updating the service where required, including paintwork and curtains.

Apartments with non-automated doors will be reviewed by the PIC.
Doors will be upgraded to automated doors where they are required to ensure the service users can enter and leave their apartments independently.

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
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/04/2020
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	30/04/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound	Substantially Compliant	Yellow	30/09/2020

	construction and kept in a good state of repair externally and internally.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	30/06/2020