

**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 Cheeverstown House Limited
Centre ID:	OSV-0004927
Centre county:	Dublin 6w
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Cheeverstown House Limited
Provider Nominee:	Brian Gallagher
Lead inspector:	Deirdre Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	1

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 April 2015 09:30	21 April 2015 18:00
22 April 2015 08:30	22 April 2015 19:30

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

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

Summary of findings from this inspection

This registration inspection was announced and took place over two days. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures and staff files. The inspector also received and reviewed questionnaires from residents which were complimentary of the service being provided at the centre.

The designated centre is part of a larger residential campus. It comprises of four units: three bungalows and one two story house (to be referred to as units in the report). The inspector visited the four units where residents resided. During the inspection some residents in all four units were out all day at various activities and

day services, therefore not all of the residents were met. All residents had an intellectual disability.

The inspector also met the management of the service and a fit person interview was carried out with the nominated person on behalf of the service. He was found to be knowledgeable of his role and the requirements of the Regulations. Despite there been a management team with responsibility for the service, there was no nominated person in charge as required by the Regulations.

While the roles of clinical nurse managers is to provide clinical cover for all of the campus based services of which the designated centre was part of, there was a lack of governance in the centre to support this management structure to ensure that the needs of residents are met, the development and implementation of personal plans and staff were supervised.

The inspector found that residents received a good quality service in the centre whereby staff supported and encouraged them to participate in the running of the house and to make choices about their lives. There were regular meetings for residents, however, residents' communication support needs needed to be clearly documented. The inspector found that residents' health-care needs were met as they arose however, care plans required improvements. Residents were supported to develop and maintain personal relationships and links with the wider community.

The units were clean and had a warm, hospitable atmosphere and the inspector found that the residents were comfortable and happy in their home. However, not all of the units met the requirements of the Regulations, and there was no plan to address the deficits in the premises.

The inspector found that the provider had addressed four of the areas of non-compliance that had been identified on the previous inspection. These related to medication management. Two actions were partly addressed; however 16 actions had not been addressed.

While evidence of good practice was found in many of the outcomes, areas of non compliance with the Regulations were identified. These included the arrangements for adequate staffing to meet the residents' needs, the management of risk, aspects of fire safety and the provision of training to staff around the specific care needs of residents. Other areas for improvement included the development and implementation of residents' personal plans, the complaints procedures, the contract for provision of services and the statement of purpose.

The non compliances are discussed in the body of the report and included in the action plan at the end of this report. The provider submitted two versions of an action plan response however, both did not fully address some of the non compliances, and therefore some of the action plan responses were not accepted by the Authority.

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):

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

Findings:

The inspector found that due to the layout of the premises, residents' rights and dignity were not well maintained. Due to limited staff resources in areas the residents were not supported to maintain choice in their daily life.

There was evidence that residents and relatives had an opportunity to contribute in how the centre is planned and run, and families met confirmed this with inspectors. There was an internal advocacy service in place that held meetings on residents' behalf. In addition, there was information on an external advocacy service displayed in each of the four units of the centre.

The inspector found a complaints policy was in place and it met the requirements of the Regulations. However, a complaints procedure was not displayed in the centre. The inspector spoke to relatives who said they would make a complaint to staff, and that the staff were approachable and provided feedback. But they were not aware of a complaints process. Records of complaints were not made available for review during the inspection, although the inspector was informed at the feedback meeting that the nurse managers held records of complaints.

During inspection, many of the staff were seen to treat residents with kindness, dignity and respect. However, due to the structure of the day, care was routine and not person centred. The resident's day was based around staff availability and not based on their needs or their personal plans. This was confirmed by staff in a number of units who attributed the staffing levels to residents' lack of access to meaningful activities. This is discussed further in Outcome 16.

There was a policy in place to provide guidance on the care of residents' property and finances. The provider had put systems in place to safeguard the finances of residents. However, the arrangements in place to support residents to have their own bank account required improvement. For example, residents did not have a bank account in their own name, and residents' monies such as pensions or disability allowance were paid directly into a centralised bank account belonging to the organisation. This was an action at the previous inspection and not completed.

There were arrangements in place to support residents to retain control over their property and where small amounts of monies are held by the centre there is transparent procedures around this to protect both residents and staff. The inspector reviewed residents' finances in one unit, and found they were managed in accordance with the policy, with correct balances for one resident. However, entries were not always signed by two staff members or the resident, see Outcome 18.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that many of the staff responded very effectively to the communication support needs of residents. However, there was an area of improvement identified.

The inspector saw some residents had very detailed information on their communication needs. Staff were very knowledgeable of residents' identified communication requirements and a document called "this book is about me" described the resident's communication needs in detail. However, this was not in place for all residents or their communication needs highlighted in their care plan (see Outcome 5).

Relevant information was available throughout the centre in accessible formats. For example, menu choices were available in picture format to support residents making a choice, although they were not consistently displayed in the centre (see Outcome 18).

The residents had access to magazines, radio, TV, and a telephone. However, internet access was not provided to residents to enhance their communication, and one resident

who purchased a tablet to call family over the internet was unable to do so as a result.

Judgment:

Substantially Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to develop and maintain personal relationships and links with the wider community and that family were encouraged and welcomed to be involved in the lives of residents.

The inspector found residents were supported to maintain friendship with those they knew in the other houses where they lived. Documentation and correspondence on residents' files outlined visits with their family. The inspector met one relative visiting a resident during the inspection.

While staff and relatives told the inspector that family were very involved in the residents' annual assessment goal setting, there was inconsistent documented evidence of this participation in their personal plans (see Outcome 5).

Both residents and staff confirmed that space was made available to meet a visitor in private, they could use the residents bedroom, the office or the sitting room if this was free at the time.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for admitting new residents. Although an area of improvement was identified.

The inspector reviewed the admissions policy in place. The provider reported to inspectors that there were to be no new admissions to the centre, in line with the HSE's policy 'Time to move on from Congregated Settings'.

There was a contract of care in place to detail the supports, care and welfare of the residents in the designated centre. This was called the memo of service provision. This was supported by a "manage my money" document. However, a sample of contracts of care reviewed were not signed by residents or their representatives.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector found that residents' wellbeing was maintained by a good standard of evidence based care and support, with opportunities and arrangements in place to improve the quality of residents' lives. However, improvements were identified in the personal planning process and a comprehensive review of the residents' needs.

The inspector met with a number of residents and reviewed five of their personal plans. Residents' preferences and wishes regarding their daily routines were recorded in detail. Residents' files contained a large amount of information that outlined their health, intimate and personal care needs along with their family contacts and relationships.

However, improvements were identified in the process of review of personal plans.

There was evidence that personal plans were developed by the resident's key worker. However, improvement was required to ensure residents' needs and choices were being implemented and their personal plan improved their lives. For example, personal plans were mainly task orientated, rather than outcome based and the review process was not effective to pick up on goals that were not being achieved. Additionally, while there was evidence of a multi-disciplinary assessment of each resident, it was not clear how these influenced or were considered in the development of residents' personal plan. While staff reported that residents were involved in the care planning process, and families confirmed their participation in the development and review, there was lack of documented evidence of this. The inspector acknowledges new personal plan documentation has been developed, and rolled out in other parts of the organisation, and staff had received training in their use. The new documentation was anticipated to address the deficits identified in residents' personal plans.

There were inconsistent practices identified to ensure residents' health care needs were planned for and personal plans outlined to appropriate care to be provided. For example, in the case of residents' identified health care needs, care plans were not consistently developed as described under Outcome 11.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector found aspects of the design and layout of the designated centre did not meet the individual needs of the residents. The centre comprised of four houses (referred to as units in the report), all of which were visited by the inspector who found them to be clean, warm, well maintained and homely.

As reported above, there were four units in the designated centre. These are part of a larger residential campus.

Unit 1:

This is a two story building. There are three residents residing in the house. There are two residents' bedrooms on the first floor: one single bedroom, and one two bedded room. While the house is homely, it does not fully meet the residents identified needs. For example, two residents require assistance to mobilise on the stairs and one of these residents is at risk of falls. The residents had no risk assessment or control measures in place for the use of stairs. Two residents also share a two bedded room. While the room was adequate in size, and screening was provided, the inspector was informed by staff that one resident is regularly woken by another resident which is disturbing the residents sleep. There was no risk assessment carried out of the safety measures regarding these residents (see Outcome 7). There is one toilet located on the ground and a bathroom on the first floor. The garden to the back of the house was not fully accessible to residents, for example, it was not smooth and could pose a potential trip hazard to residents (also see Outcome 7). In addition, unused equipment was located here.

Unit 2:

The unit is a bungalow for eight residents. There are six single rooms and one two bedded room. The inspector visited the two bedded room with the residents permission. The room was nicely decorated and furnished, with a screen provided. However, there was no assessment of how residents' privacy and dignity were being met. A large staff office was also provided. There were three toilets, and a bathroom with shower. However, there was inadequate space in the bathroom due to the high number of commodes being stored here. The inspector also found equipment was not maintained in a clean condition, for example, commodes had not been emptied and remained in this condition the following day. Pipe insulation needed replacement as it is torn and unclean. There was no cover on the shower drain. There was an open plan kitchen and living/dining area. The centre had a homely feel and was pleasantly decorated.

Unit 3:

This is a bungalow for nine residents. There were eight residents residing in the centre, with one resident at home, on the inspection day. There are five single bedrooms and two two bedded rooms. The two bedded rooms were provided with screens and adequate space was provided. A ceiling hoist was located in each room, and all residents who resided in the rooms required the hoist to transfer into their bed. There was no evidence that residents' privacy and dignity were compromised although risk assessments around this were not carried out. There are three toilets, one wheelchair accessible. There is an assisted bathroom with ceiling hoist. An open plan kitchen and dining/living room, was pleasantly decorated and homely. A staff office was also provided. The inspector visited the back garden where work has begun to transform it into an accessible garden. The front of the unit has a fenced off garden area.

Unit 4:

The unit is a bungalow for four residents. There are four single bedrooms. All the bedrooms were pleasantly decorated and laid out. It was noted that one bedroom was small in size, but currently met the residents' needs. There is a large staff office with bed for sleep over bed for staff provided. Two toilets and one bathroom with a shower were provided. An open plan kitchen/dining room and separate living room was provided.

In the four houses, there were an appropriate numbers of bathrooms, showers and toilets in the centre to meet the residents' needs. There were separate laundry facilities provided, this was an action in the previous inspection and completed.

The bedrooms of residents that were visited were decorated in accordance with the wishes of the resident and contained personal items such as television, family photographs, posters and various other belongings.

The inspector met cleaning staff employed to carry out the cleaning procedures. There was suitable cleaning equipment provided.

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):

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

Findings:

The inspector found that the provider had put systems in place to protect the health, safety of residents. However, there were improvements required in the management of risk and fire safety procedures.

There was a risk management policy that met the requirements of the Regulations. It had been reviewed since the previous inspection, and addressed an action from that inspection. However, the systems in place for the identification, assessment and management of risk required improvement. For example, there were no risk assessments or control measures to mitigate hazards at unit level such as residents refusing to leave the centre in the event of a fire, the staircase in the two storey house, privacy and dignity in two bedded rooms, uneven garden paths and gardens into and around the houses. This was an action at the previous inspection and not completed. The inspector acknowledges that the provider has plans in place to address this.

The inspector reviewed the corporate risk register in which high level risks rated orange or red were located. These were brought to senior management's attention. However, the register did not include the environmental risks associated with each of the four units.

There were arrangements in place for analysing incident reports of adverse events involving residents. The managers undertook a review of all incidents and accidents and

a report was developed on a three monthly basis. However, this information was not being used in the centre to improve care for residents. While recommendations were identified they had not been consistently implemented. This information was not being fully analysed to improve the service, minimise the risk of future occurrences and this was a missed opportunity to share any learning for the period.

The inspector found that there were centre specific emergency plans in place. This detailed the procedure for evacuation along with emergency contact numbers, alternative accommodation and means of transport.

There was guidance on infection control, and this was reviewed by the inspector. However, the guidelines were not centre specific and would did not fully guide practice at unit level (see Outcome 18).

The provider ensured there systems were in place to evacuate and manage the spread of fire. However, improvements were required in the implementation of the fire safety procedures in the centre. For example, residents' individual evacuation plan could not be fully implemented in practice in the units where one staff was on duty at night time. It was reported in one unit that that one resident refused to cooperate during a night fire drill, however no assessment or information was available on what to do if this occurs during a real fire, see above. Staff spoken to were unsure what they would do. Fire doors in one unit were held open with wedges, which meant they were ineffective in the event of a fire.

There was evidence that the fire extinguishers, fire alarms and emergency lighting were regularly serviced. The inspector found that all fire exits were unobstructed on the day of inspection. There was evidence of regular fire drills were carried out by staff at suitable intervals. Fire training records reviewed confirmed that staff had received up-to-date mandatory training.

Judgment:

Non Compliant - Major

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):

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

implemented.

Findings:

The inspector found that there were arrangements in place to safeguard residents and protect them from the risk of abuse. However, an area of improvement in the management of restrictive practices required improvement.

The inspector reviewed the use of restrictive practices in the centre. There were a very small number of residents with restrictive practices in place according to nurse managers. Where restrictive practices had been in use, the staff outlined how practices had changed and now they were not considered to a restriction. However, where referrals had been made to the rights committee to have these restrictive practices fully reviewed, there were no records of the review and a response for one resident had not been provided in nearly six months.

As reported above, a small number of residents used bedrails in the centre. Where residents were using bed rails there were risk assessments completed, and the staff monitored the resident on an hourly basis, although there were no care plans to guide the care of residents who required bedrails, see Outcome 5.

There was a policy on the management of behaviours that challenged. There was also a new policy that had been approved and was going to be circulated to staff. The policy considered the rights of residents, promoting positive approaches and identifying and addressing any causes for resident's distress.

Staff had received training on crisis prevention intervention although the training was not specifically in the management of behaviours that were challenging. There were plans in place to provide training on the new policy and procedure. There was evidence that the general practitioner (GP), psychology and psychiatric services were involved in the care as required.

The inspector found systems were in place to protect residents from abuse. There was a policy in place that provided adequate guidance. The provider had appointed a designated adult protection officer. The responsibilities for this person were contained in the policy, and the officer was a resource to staff should they need to discuss any concerns they had.

Staff were generally knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. However, up to fifty percent of staff had not received training on safeguarding vulnerable adults in the past three years. Further training was planned to include the national policy. There was evidence that incidents of all allegations of abuse were appropriately investigated in the designated centre.

The inspector found that each resident had an intimate care plan in place.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the staff had maintained records of all accidents and incidents that had occurred in the centre.

These were reviewed by the nurse managers. The provider was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' general welfare and development was being facilitated.

Residents attended a day service for a period of time during the day. As outlined in Outcome 1, residents are not always engaged in social activities, internal and external to the centre, due to the number and skill mix of staff.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

The inspector found that each resident was supported to achieve and enjoy the best possible health. However, an area of improvement was required in relation to the practices carried out by staff, and the food provided to residents. The improvements required in the documentation of care plans of the specific health care needs of residents are actioned under Outcome 5 (Social Care Needs).

There was evidence that residents were regularly seen by a general practitioner (GP) with records of the appointments and visits to see their GP. The inspectors reviewed five resident files and found that residents had access to a wide range of allied health-care professionals. The service was well resourced with a social work, speech and language therapy, occupational therapy, physiotherapy and psychology department. There was also good access to a range of external services including but not limited to dentist, chiropodist, dietician and optometry. There was evidence of timely referral and appropriate follow up action taken. The inspector saw records of follow up dates for next appointments on file.

The inspector found the documentation of residents' health care needs required improvement. Each resident had a "health screening tool" and "health action plan" developed by the staff. However, these were not consistently completed, dated and signed by staff. In addition, the assessment tool did not inform practice. The inspector found care plans were developed for all residents identified needs. For example, end-of-life, falls, diabetes, dysphagia and epilepsy. Where care plans were in place they did not fully guide staff practice, for example, the management of epilepsy. There was evidence of review by allied health professionals' although their recommendations were not consistently incorporated into the health care plans for example, speech and language guidelines for residents with dysphagia. Inspectors found staff were familiar with the recommendations.

The inspector found good practices in the management of falls in the centre, with an area where improvement was required. While staff were familiar with the post falls procedures, staff in one unit did not have access to a pen torch and reported that they would use a torch on their phone to record resident neurological observations. This was not in line with best practice recommendations.

The inspector acknowledges there is a plan to address the care plan issues identified, and this was discussed in detail with the director of services. New health care plans were being rolled in the larger organisation and it was anticipated that they would address the improvements required.

The residents were seen to be actively encouraged to make healthy living choices during the inspection and to take responsibility for their own health and medical needs.

There were suitable procedures in place for residents to make healthy living choices around food. Due to different practices in the centre, some units had meals delivered from a central kitchen in the centre, and others purchased food and prepared it themselves. The staff who purchased their own food said it enhanced residents' choice around meal times. However, some meals were purchased from the supermarket pre-prepared, and the inspector observed these pre-prepared meals being heated for residents' dinner. While the food smelled and looked wholesome, it was not evident if the meals had been reviewed by a dietician. Therefore, it could be ascertained how nutritious and wholesome these foods were, and suitable for the resident's identified health care needs.

The meals were prepared by staff along with some residents who helped to prepare their meals. Overall, good hygiene practices were followed by staff. It was noted staff had not been provided with training in basic food hygiene. The mealtime experience was a relaxed social event, and staff sat alongside residents who required support and supervision. The kitchens in the centre were well laid out with plenty of food in stock. Snacks and drinks were available to residents throughout staff were seen to offer these.

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):

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

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. There were a small number of improvements noted. The medication policy was revised following the previous inspection.

The inspector read a sample of completed prescription and administration records and

saw that overall they were in line with best practice guidelines. The pharmacist was involved in medication safety and provided support and advice as required. Information pertaining to each resident's medication was available in the resident's files.

Many of the staff nurses had received training in this area and were familiar with the medications in use. There were no medications that required strict controls in place, and staff outlined the procedure they would follow.

Staff knew about the procedures for reporting medication errors. While a medication audit for the service was completed, staff were not aware of the findings or if any improvements were needed. Medication audits were not completed for each location to identify areas for improvement; therefore there was a missed opportunity for learning. This is discussed under Outcome 14 (Governance).

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found there was a Statement of Purpose in place. However, it was not centre specific and did not include all the information required by Regulations.

The Statement of Purpose did not describe the actual units in the centre. In addition, the admission criteria, the organisation structure and whole time equivalent staffing arrangements were not centre specific.

This was discussed during the feedback after the inspection, and the inspector was advised updated documentation would be submitted.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an

ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was concerned that there was no identified person in charge to manage the centre as per the requirements of the Regulations.

The inspector found that the provider had not ensured sufficient oversight of key areas such as dignity and privacy, fire safety arrangements, risk management and healthcare issues as discussed in this report. There was lack of clinical governance in the centre which resulted in poor outcomes for residents, in the areas of clinical leadership as outlined in Outcomes 7, 11, and 16.

There was a defined management team in place. However, there was no person in charge nominated to oversee the management of the centre as required by the Regulations. This concern was brought to the attention of the provider, director of services and senior management during the inspection. They are aware of their requirements under the Act and the Regulations.

There was a senior management team in place. The team included the provider, director of service, assistant director of services, medical director, financial controller, operations and quality manager, human resources manager, employment and training manager. The provider was in the process of planning retirement and a new interim provider met with the inspector during the inspection.

In the designated centre, a team of nurse managers oversaw the day to day running of the centre, and the service was in the process of a management review. The provider assured the inspector that a programme of supervision and mentoring was being planned for nurse managers. However, in the interim, the lines of accountability and responsibility for the provision of the designated centre at service level were not so clear. There was a lack of supervision and support for staff in the designated centre to ensure that the needs of residents were met, risks were assessed, personal plans implemented and staff supervised. The inspector met a nurse manager for the centre who explained he was new to the role of manager and in was in the process of meeting staff. The provider had established weekly clinical nurse manager meetings and overall weekly staff meetings were held in each location.

The provider had undertaken reviews of the service and an action plans were read by the inspector. The management team were working through the action plans from the

previous inspection. While there was a system of collection and analysis of clinical data, it was not used to improve or inform change within the service. There were no audits available for review. An annual report of the quality and safety of care and support in the designated centre was not available.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

As there was no nominated person in charge in the designated centre, the inspector was unable to fully review this outcome against the Regulations.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The inspector found that insufficient resources had been provided at times to meet the needs of residents. There were insufficient staff on duty at times and the layout of the houses did not meet the residents' needs. Please see Outcome 17.

The inspector found that the provider had ensured that sufficient personal equipment had been provided. However, there was an insufficient number of staff on night duty to

provide personal care and use equipment as prescribed by the physiotherapist. For example, in two houses, there was only one staff rostered to work at night, although up to half of the residents required the assistance of two staff to mobilise. In another unit, the inspector reviewed records that outlined a resident needed increased rest breaks at home during the day. However, as no staff were rostered to work in their unit during the day, the resident was required to go to another house where staff were rostered. This was discussed with staff, and confirmed that this happened on occasion if residents were unwell or needed to return home early during the day.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that overall there was a very committed and caring staff team who work well to ensure that the needs of residents are met. Staff knew the residents well. However, improvements were required in the number of staff rostered to meet residents' needs and the provision of training

The inspector found that the staff number in the centre was not consistent to meet the changing needs of residents with health care issues in the four units. As described in Outcome 16, in two units, there was one staff rostered in each at night time, although residents had a range of complex needs and required the assistance of two staff to mobilise. In another house, residents were unable to return home during the day as no staff were rostered to work.

A sample of staff files were reviewed by the Authority at previous inspections and contained all of the documents as required by Schedule 2 of the Regulations.

While performance reviews were in place, as previously stated the supervision of staff required improvement. The follow through of the training needs identified were not always in place.

Training records were reviewed by the inspector. There were deficits in the provision of mandatory training such moving and handling of residents and prevention of abuse. However, the provider was aware of this and a schedule of training was seen by the inspector that would address this.

While staff had access to training, they were not kept up to date on residents' specific clinical issues. Staff had not received training to care for residents with specific intellectual, sensory and physical needs such as autism, aspiration, mental health issues, risk management and infection control. This was an issue at the previous inspection.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that records were accurate and up to date, and maintained securely but easily retrievable. An area of improvement was identified in relation to the policies in place.

The inspector was satisfied that the records listed in Schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. However, not all policies were implemented in practice; for example, the risk management policy and the finance policy.

Since the last inspection the provider had introduced an infection control policy however, as outlined in Outcome 7 these did not fully guide practice at unit level.

It was acknowledged that all of these policies had been revised since the previous inspection and were in the process of being rolled out to guide practice.

An up-to-date insurance policy was in place for the centre which included cover for residents' personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Cheeverstown House Limited
Centre ID:	OSV-0004927
Date of Inspection:	21 and 22 April 2015
Date of response:	18 June 2015

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:

The arrangements in place for the management of residents money within the organisation accounts were not in line with Regulations.

Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an

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

account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

The service has opened individual bank accounts for people in their own name.

The system to implement the roll out of these bank accounts to residents will be in place by mid July 2015

The service will cease to hold money on behalf of residents unless specifically requested to do so by 30th September 2015

Proposed Timescale: 30/09/2015

Theme: Individualised Supports and Care

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

A complaints procedure was not displayed in the centre.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The accessible version of the Complaints Procedures will be on display in each residence; this will include a picture of the Complaints Officer, contact details and details of the Appeals Process.

The full Complaints Policy is also available in each house but not on public display

Proposed Timescale: 30/06/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The residents did not have suitable access to the internet.

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:

The designated centre will be assessed for WIFI internet access as part of the

implementation of the organisations new Management Information System.
A pilot project has commenced on the use of assistive technology.

Proposed Timescale: 31/10/2015

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:

There was inconsistent evidence that residents or their representative where required had agreed in writing with the contract of care.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The service will ensure that the agreement for each resident (Memorandum of Understanding) is in line with the regulations.

In this regard the Memorandum of Understanding will state the amount of each resident's long stay charge following their assessment

Proposed Timescale: 30/06/2015

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:

There was no multi-disciplinary review of residents personal plans.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Theme: Effective Services

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

Reviews carried out did not pick up on the goals not achieved by the residents.

Action Required:

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

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

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Theme: Effective Services

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

There was lack of evidence of family involvement in residents personal plan reviews.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Personal Outcome Planning meetings are held annually. Families are invited to take part, but some may be unable to attend. Evidence at the back of the Personal Outcome Planning book reflects this.

The service will ensure that personal plans will be monitored for effectiveness on an ongoing basis under the CQL POMS Quality Assurance system by the Quality department who report to the Senior Management, Leadership and Governance structures.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Personal plans were not consistently developed for residents identified health care needs.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

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 design and layout of the centre did not meet the residents needs as outlined in the inspection report.

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 action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The identification and assessment of risk in the centre required improvement.

A number of risks as outlined in the inspection report had not been identified or assessed.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The action plan submitted by the provider does not satisfactorily address this failing

identified in this report.

Proposed Timescale:

Theme: Effective Services

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

The arrangements in place for the evacuation of residents from the centre at night time required improvement.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Theme: Effective Services

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

Fire doors in one unit were wedged open during the inspection.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

This issue has been addressed. Completed.

Proposed Timescale:

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The process of reviewing restrictive practices requires improvement.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic

interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The practices in place for management of falls required improvement.

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:

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Theme: Health and Development

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

The arrangements in place for the provision of preprepared meals to residents' required review.

Action Required:

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

Dietician will be contacted to give advice on pre-prepared meals that meet nutritional standards.

Proposed Timescale: 31/07/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The Statement of Purpose did not meet the requirements of the Regulations as it was not centre specific and did not reflect the actual units in the centre.

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 action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

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:

There was no identified person in charge to manage the centre as per the requirements of the Regulations.

Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

The Person In Charge has now been appointed and the service is processing the necessary paperwork for submission to the registration department in HIQA

"AT THE TIME OF REVIEW THE DOCUMENTATION WAS NOT RECEIVED BY THE AUTHORITY".

Proposed Timescale: 12/06/2015

Theme: Leadership, Governance and Management

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

The lines of accountability and responsibility for the provision of the designated centre at service level were not clearly defined or effective.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Theme: Leadership, Governance and Management

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

There was a lack of clinical governance in the centre which resulted in poor outcomes for residents.

Action Required:

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

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

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Theme: Leadership, Governance and Management

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

An annual report of the quality and safety of care and support in the designated centre was not available.

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:

The service will provide an annual report of the Quality and Safety of Care and support.

Proposed Timescale: 30/11/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The inspector found that there were insufficient resources provided at times to meet the needs of residents.

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:

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were deficits identified in the number of staff on duty to meet residents needs.

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:

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Theme: Responsive Workforce

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

Staff were not provided with training to meet residents needs.

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:

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Theme: Responsive Workforce

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

The system of staff supervision required improvement.

Action Required:

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

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

The action plan submitted by the provider does not satisfactorily address this failing identified in this report.

Proposed Timescale:

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies in place were not consistently implemented in practice. For example, the risk management and finances policy.

The infection control policy and the protection of vulnerable adults required review.

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:

A review of the Infection Control Policy

Existing policies will be reinforced and implemented.

The roll out of staff training on the identified policies will ensure consistent implementation

Proposed Timescale: 30/09/2015