Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003451
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Mark Blake-Knox
Lead inspector:	Nan Savage
Support inspector(s):	Mary McCann
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 October 2015 11:30	21 October 2015 17:30
22 October 2015 09:15	22 October 2015 17:30

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

The Health Information and Quality Authority (HIQA) undertook a series of inspections of centres operated by Cheshire Foundation Ireland during 2015 and found a high-level of non-compliances with the requirements of the Regulations and the National Standards. In particular, inspectors found that the provider did not have adequate governance arrangements to ensure a safe and good quality of service for residents. The provider was required to attend a meeting with HIQA on 25 November 2015 and at that meeting, the provider told inspectors of a plan to reconfigure governance arrangements, improve support for local managers and address the areas of non-compliance in each centre. Since that meeting, while there continues to

be non-compliances HIQA has seen evidence that the provider is implementing their actions to improve the services. Inspectors will continue to monitor these centres to ensure that the improvements are sustained.

This was the first inspection of this centre, the purpose of which was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities and to assess suitability of this service to be registered as a designated centre under the Health Act 2007. The centre is part of the Cheshire Foundation in Ireland (trading as Cheshire Ireland). The inspectors met with residents, staff members, the person in charge, the regional manager, the quality manager and provider.

Documentation such as care plans, medical records, accident logs, policies and procedures, questionnaires from residents and family members, significant others and staff files were reviewed as part of the inspection. Overall, questionnaires and feedback received from residents and their representatives were very complimentary of the staff and the service provided. Staff and residents appeared to know each other well; residents were observed to be relaxed and comfortable in the company of the person in charge and staff.

The inspectors found that there was evidence of a good standard of compliance, in areas including healthcare, medication management, and family and personal relationships. The centre was also comfortable, homely and appropriately furnished. The inspectors noted that the provider and person in charge had completed a considerable amount of work in recent months with additional measures underway to improve the quality and safety of care provided to residents. However, effective governance and management systems were not yet in place to adequately support and promote the delivery of safe, quality care in all areas of the service.

There were inadequate staffing levels to meet each resident's social care needs. Prior to the inspection, the provider and person in charge had identified this as an area for improvement and were in the process of allocating additional hours to each resident. While safeguarding arrangements were in place, some improvement was required to the management of residents' finances.

Improvements were also required to fire safety and risk management, the premises, social care, contracts of care, statement of purpose and completion of some records. These and other non-compliances are discussed in the body of the report and included in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Effective measures were in place to respect residents' privacy and dignity. There were examples of how residents' exercised choice and control over their life in line with preferences. A complaints process had been implemented and residents' rights were promoted but some improvements were required. While some residents had access to activities this was limited for other residents.

Residents and, or their representatives were consulted in how the centre was operated and there were examples that daily happenings in the centre were centred around residents' needs. The inspectors found that residents and, or their representatives were involved in various aspects of the running of the centre; for example, shopping and choosing their own meals, picking furnishings and the colour of their bedroom. While there had only been one formal residents' meeting held in January 2014, the person in charge confirmed that plans were in place to commence these meetings on a regular basis and in a format that suited residents' needs. The person in charge and staff also described different types of informal communications that took place with residents.

The centre had a complaints management system in place, which included a complaints policy and procedure that meet the requirements of the Regulations. The complaints policy provided guidance on the management of complaints however, the appeals process was not readily accessible. Inspectors also noted that the person nominated to ensure all complaints were appropriately responded to and records maintained was not identified in the policy. The complaints procedure was written in a legible format, including pictures and photographs, and was designed to be clear and accessible.

However, this procedure was not displayed in a prominent location in the centre. The person in charge addressed this matter prior to completion of the inspection. There was a complaints log book available and a computerised system to record complaints. An inspector found that that issues raised had been responded to and resolved. The provider and person in charge demonstrated a positive attitude towards the receipt of complaints and viewed them as an opportunity to improve service delivery.

Residents' civil, political and religious rights were promoted but some improvement was required. Residents were supported to practice their religious beliefs and had been assisted to visit church. However, supports were not currently in place to enable all residents to attend religious services at the weekend. Inspectors also noted that not all residents had been consulted with regarding their right to exercise their vote and were subsequently not registered to vote.

The provision of activities for some residents was led by the resources of the service, not the resident and their support needs and wishes. These residents had limited access to social care tailored for their individual capabilities. Prior to inspection, the provider and person in charge identified this as an area for improvement. Inspectors noted that other residents had access to social care that was meaningful for them. One resident attended a day service Monday to Friday and described to the inspector various activities that they liked to do. This resident also attended various events in the community and at the time of the inspection was planning to go to a party.

Arrangements had been implemented in this centre to facilitate residents' access to an advocacy service. Inspectors noted that an independent advocate had attended the centre and met with residents.

Staff engaged with residents in a respectful and caring manner that also supported the dignity and privacy of the resident. Intimate care plans were in place that directed staff with residents' personal care needs and provided protection for the resident from any risk during the delivery of intimate care. Staff were familiar with these plans and there was an organisational policy on intimate personal care to inform practice in this area. Private information that related to residents was safely stored to ensure confidentiality and data protection.

Residents' belongings were respected and safeguarded by management and staff. Each resident had their own bedroom which was nicely personalised with photographs, pictures and individual belongings that had meaning to the resident. There was a lockable space in residents' bedrooms, in which residents could store personal belongings. Residents also had adequate space to store their personal belongings including their clothes. An inspector saw that staff took care with residents' belongings and ensured they were stored in a neat and tidy manner.

Staff spoken with were knowledgeable of residents' needs and wishes and this correlated with information and guidance that was documented in the residents' associated care plans and recorded into their daily notes.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was evidence that residents were supported to communicate although some interventions required review to ensure they fully supported some residents' diverse communication needs.

There was a communication policy in place and staff were aware of the communication needs of residents. A communication assessment had been completed for each resident and this was used to inform staff communication techniques with residents. For example, a communication book that contained pictures which represented various items and different emotions and feelings. Inspectors also noted that a touch screen device was used to video call a relative.. While residents' communications needs had been assessed, inspectors noted that some residents' communication requirements had not been reviewed effectively to determine if any current assistive technology could promote their full capabilities.

Inspectors found that residents had access to radio, television (TV) and the internet.

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

Findings:
Residents were supported to develop and sustain personal relationships with their families. There was evidence that residents were supported to interact in the local community in a manner that was safe for them but this was limited for some residents.

One of the residents visited day services each weekday where they had the opportunity to meet with and socialise with friends and another resident attended a club twice weekly with a member of staff. However, the inspectors noted that while some residents were supported to attend various events within the community this was not available for each resident, where possible. The inspectors noted that a transport vehicle had been purchased in August 2015 but was not yet available for use. The person in charge reported that transport was available for residents from another service.

There was a visitor policy that informed practice. Family and friends could visit and the person in charge had recently put in place a log of all visitors to the centre. There was space within the centre for residents to meet visitors in private, if they wished. Some residents also visited and stayed with family members while a relative of one resident visited the centre each day. Each resident was supported by staff to identify important people in their lives and this information had been used to develop a social network with details on how these people could be contacted.

Residents were supported to maintain friendship with those they lived with, in the past. For example, one of the residents regularly called to a different centre to visit friends and staff.

The inspector viewed records including emails that confirmed family were involved in residents' care provision. Families were invited to attend and participate in residents' meetings and the review of residents' personal plans. The inspectors spoke with family members and they confirmed that there was regular contact made.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
An inspector viewed the arrangements that had been put in place to support a recent admission to this designated centre. The inspector noted that an effective process was undertaken to determine the appropriateness of the service prior to any admission. The inspector read documentation that confirmed the measures taken at different stages of the process including an initial assessment, meetings with relevant parties and a number of planned visits to the centre.

The inspector reviewed a random sample of contracts for the provision of services and found that they were agreed with each resident. The contracts included the support, care and welfare of the resident but did not adequately describe the services to be provided. In addition, details of additional charges were not adequately described in the contracts. The inspector also noted that a section in the contract that referred to service limitations did not promote the rights of residents.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Each resident living in the centre had personal plans in place that included information to support the resident in achieving what was described in the plan as a 'good life'. This included information on residents' relationships, interests, hobbies and their personal goals.

From the sample of files viewed, inspectors found that improvements were required to ensure all residents' personal plans outlined the supports required to maximise the resident's personal development in accordance with their wishes, particularly in the area of social care and meaningful activity. Inspectors noted that the date care plans was agreed had been recorded but there was poor documented evidence available to demonstrate that residents were involved in the setting of their goals and that these goals were regularly reviewed and progress monitored. The inspectors spoke with some residents and family members who confirmed their involvement in the development of the residents' support plans.

There was evidence that some residents were supported by staff to engage in activities and go on holidays. However, some residents had limited access to social care tailored for their individual capabilities. A required action relating to social care is included under Outcome 1. The provider and person in charge had identified social care provision as an

area for improvement and plans were in place to increase staff hours allocated to social care.

At the time of inspection, one of the residents was preparing to go on holidays with a staff member. The resident was very excited and told inspectors about how they prepared for the holiday. This resident also attended day services and participated in activities including arts and crafts. Residents had access to therapeutic activities such as, individualised therapy and walks.

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

Findings:
Overall, the design and layout of the centre met residents' needs. The centre comprised of two dormer-styled bungalows that were well located nearby a large town. Overall, the centre was maintained in an appropriate condition. Some areas required additional cleaning and this was addressed promptly on the inspection by the person in charge.

The centre was comfortable, with appropriate heating, lighting and ventilation and styled with homely furnishings.

There was adequate communal and private space for residents with an external area for residents located at the back of the house. This area was well maintained.

Rooms were suitably sized to meet resident's needs and there was adequate storage for their belongings. There were also sufficient numbers of toilets and bathing facilities.

The inspector found the kitchen and laundry in each bungalow to be well-equipped and there were a range of foodstuffs available for residents.

There was a separate staff bedroom that doubled up as the office and spare bedrooms for relatives or friends of residents to stay over. The person in charge and staff confirmed that family members had used these facilities in the past.

An inspector viewed a sample of maintenance and servicing records which confirmed that equipment was kept in good working order. However, inspectors noted that the service record for a lifting device was dated incorrectly. Inspectors also noted that this record referenced that there was no seat belt sensor but this had not been addressed. The person in charge addressed the date of this report on inspection and confirmed to the inspectors that she would follow-up with the servicing company regarding the seat belt sensor. The person in charge subsequently forwarded confirmation in writing from the manufacturer that contrary to the service report, there was no seat belt sensor for this device and that this was not required.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were measures in place to promote and protect the health and safety of residents, staff and visitors to the centre. However, inspectors identified that improvements were required to the assessment and control of risk and aspects of fire safety management.

There was a risk management framework that included a risk management policy that met the requirements of the Regulations and a localised health and safety statement. However, inspectors found that the risk management policy had not been adequately implemented in practice. For instance, a number of environmental hazards and areas of potential risk identified by inspectors had not been assessed.

This included a risk of scalding from very hot water supplied at hand-wash basins, the stair-lift, surface temperature of radiators and use of electrical equipment. During the inspection, the water supplied from the hand-wash basins was extremely hot. The person in charge arranged for the temperature of the water to be adjusted during the inspection and informed inspectors that thermostatic control valves would be fitted accordingly. Inspectors noted that clinical risk assessments had been completed for residents, where specific risks had been identified.

An emergency plan was in place that provided clear guidance to staff in the event of various emergencies. The plan included arrangements for alternative accommodation and emergency transport in the event of evacuation. Personal emergency evacuation plans had also been completed for each resident.

Policies and procedures on the prevention and control of infection provided appropriate guidance to staff, however, adequate infection control precautions were not implemented in all areas of the centre. For example, a proper means of hand drying was not available in the staff bedroom and a hand-wash basin located in a resident's bedroom was not readily accessible.

While there were fire safety measures in place improvement was required to protect residents from potential harm. Inspectors noted that sections of intumescent strips on some fire doors had been painted over and this had the potential to impact on the effectiveness of these doors in the event of a fire. Fire drills took place regularly and actions taken including any learning were documented.

However, fire drills had not been carried out during the night when the sleep-in staff member would be asleep to ensure that appropriate procedures were in place at night. From speaking with staff and viewing records, inspectors confirmed that staff had received formal fire safety training. Staff spoken with were able to describe clearly what to do in the event of a fire. Inspectors saw fire exits were unobstructed and read daily checks that were completed by staff. Documented evidence was available that demonstrated fire equipment was serviced regularly such as fire extinguishers, fire alarms and emergency lighting. Fire evacuation plans were displayed in prominent areas within the centre.

Staff spoken with and the sample of records reviewed by the inspector confirmed that staff had attended training in minimal moving and handling.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that measures were implemented to promote the safeguarding of residents and protect them from the risk of abuse and a restraint free environment was

promoted. However, improvements were required to the management of residents' finances and aspects of the implementation of the centre policy on safeguarding.

There were policies on the safeguarding of adults with a disability from abuse and there was a training programme implemented which ensured that each staff member attended training in prevention of abuse. With the exception of one person, all staff and the person in charge spoken with were very knowledgeable of their responsibilities in this area. Staff spoken with and training records viewed showed that staff had received formal training in this area. Throughout the inspection, the inspector found that staff interacted with residents in an appropriate, caring and respectful manner. However, one staff member did not demonstrate sufficient understanding of the procedure to follow in the event of an allegation of abuse.

Inspectors also found that the complaints report had been incorrectly used to record an allegation of abuse. This could present a risk if allegations of abuse were to be investigated as though they were a complaint, both of which are two very different types of concern. This matter is further discussed under Outcome 9.

Measures were in place to safeguard residents' finances but some improvements were required. From the sample of records viewed inspectors noted that money management questionnaires and associated support plans had been completed however, some records had not been adequately completed. Residents' money was kept securely in lockable storage. While a financial review was completed monthly residents' daily transactions were not recorded and therefore records were not maintained up-to-date which resulted in a lack of accountability as records were not signed by the relevant parties to confirm that the transaction took place. Most records maintained correlated with resident's bank statements, receipts and the balances. However, at the time of inspection there was no information available to verify one of the withdrawals from a resident's bank account.

The centre's policy on the use of restraint reflected the National Policy ''Towards a Restraint Free Environment''. Where residents used a restraint measure there was a risk assessment completed that clearly detailed the rationale for their use. There was evidence that residents provided consent, and where this was not possible, their representatives and relevant clinicians were consulted with but this had not been completed in all cases.

At the time of inspection, there were no residents presenting with behaviours that challenge in the centre. The person in charge described appropriate access to mental health services and there was a policy in place on positive behavioural support to guide staff practice.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors reviewed practice in relation to recording and notifications of incidents and found that some improvement was required to ensure all notifiable events were submitted.

While the person in charge was familiar with the legal requirement to notify the Chief Inspector regarding specific incidents and accidents inspectors noted that an allegation of abuse had not been submitted, as required by the Regulations. This allegation had been documented and dealt with as a complaint. This was brought to the attention of the person in charge who submitted the relevant notification to the Chief Inspector.

The inspector read a sample of incident records and found that required information was well documented. The incidents were reviewed by management to identify any possible learning outcomes including preventative measures that would improve service delivery.

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

Findings:
Some residents had opportunities for new experiences and to develop additional skills but this was not available for all residents, where possible. The inspectors noted that some residents had little opportunity to experience active social participation, education, and training. There was also no policy in place on access to education, training and development to inform practice. A required action relating to this is included under

Outcome 18.

Some residents were involved in household tasks as a form of skill development. For example, one of the residents really enjoyed being involved in kitchen tasks including food preparation, cooking and cleaning tasks. Inspectors noted that this resident actively took part in these activities during the inspection and told an inspector how they liked to cook.

There were also some development opportunities available to some residents within the community and for one of the residents through day services that this resident attended. A resident told the inspector about the various activities that took place in the day service and how they enjoyed participating in these. The person in charge confirmed that they planned to consider possible courses that some residents could attend including computing courses.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors viewed a sample of residents' files and found that arrangements were in place to support residents' healthcare needs and that they had access to appropriate medical and allied healthcare services. While inspectors noted that there was a high standard of evidenced based practice in healthcare some improvement was required to ensure recommendations made by health professionals had been implemented for one of the residents.

All residents had access to general practitioner (GP) services including an out-of-hour's service, and annual reviews were completed. There was evidence that residents had access to allied healthcare services such as physiotherapy, occupational therapy, speech and language therapy (SALT), dietetics and chiropody. Records of referrals and appointments were maintained in residents' files and recommendations were included in the individual resident's personal plan.

The inspectors read that allied healthcare professionals had input into residents' care planning and noted that this had brought about improved outcomes for residents. However, the inspectors noted that recommendations made by SALT to assist with

swallowing difficulties had not been fully implemented by staff on inspection.

Each resident had a number of supports in place to achieve the best possible health. A care plan called 'Best possible health care plan' had been developed and implemented for each resident which documented that the aim of the care plan was to ensure quality and continuity in the delivery of care and to record decisions in conjunction with the residents, family, and or representatives regarding care provision.

Arrangements were in place to ensure residents' nutritional needs were met and staff displayed knowledge of residents' requirements. Measures were in place to monitor residents' nutritional status and this included the completion of a nutritional assessment to identify if any resident was at nutritional risk. Inspectors noted that residents' weight and body mass index (BMI) were monitored as required by the centre's procedures. Residents were supported to make health eating choices, where possible. Nutritional guidance was also available and used to inform menu planning.

Staff enabled residents to have ready access to the kitchen, drinks and snacks. Residents were actively involved in choosing and preparing their meals, where possible. The inspector noted that residents had access to a varied and nutritious diet, and gave positive feedback regarding their meals.

Judgment:
Substantially Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
An inspector found that there were safe medication management practices that were informed by both national and local medication management policies and practice documents. Training records showed that staff involved in medication administration had received medication management training and staff spoken with were familiar with their role and responsibility regarding medication management.

The inspector viewed a random sample of residents' prescription/administration charts and found that they contained the required information to enable staff to safely administer medications. Each medication was individually prescribed and reviewed by the GP when required. Medication was appropriately supplied and safely stored in the centre. Medications requiring refrigeration were suitably stored and the temperature of

the refrigerator was monitored and recorded daily. In addition, the inspector noted that adequate arrangements were in place with the pharmacy to ensure the safe return and disposal of medication.

At the time of this inspection there were no residents self medicating or prescribed medication requiring strict controls.

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

Findings:
There was a written statement of purpose that described the service provided in the centre however, there was no evidence to confirm that this document had been kept under review as required by the Regulations.

The services and facilities outlined in the statement of purpose, and the manner in which care was provided, generally reflected the diverse needs of residents. However, the statement of purpose did not comply with all the requirements of Schedule 1 of the Regulations. For example, a description of the rooms in the centre including their size and primary function were not included and all therapeutic techniques used in the centre were not detailed. In addition, the nursing whole time equivalent did not reflect the actual numbers as described by the person in charge.

Inspectors also noted that the statement of purpose was not made available to residents and their representatives.

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

Findings:
The provider had established a management structure that had been reviewed in recent months and this included the appointment of a person participating in management (PPIM). However, inspectors found that aspects of the governance and management systems required review.

The person in charge reported to a regional manager who in turn reported to the provider. The inspector noted that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable about the requirements of the Regulations and standards, and had an in-depth knowledge of residents' needs and their personal plans. The person in charge was clear about the reporting structure in the organisation and was satisfied with the support from her line manager. She also outlined additional supports that were being provided through the appointment of a PPIM. She confirmed that she attended regional meetings with her line manager and other persons in charge within the organisation.

There were arrangements in place to cover the absence of the person in charge both during planned absence and out-of-hours. The person in charge was supported in her role by a recently appointed PPIM and the regional service manager. The PPIM was identified to provide cover in the absence of the person in charge however, they did not work full-time. Also, while the PPIM had completed appropriate qualifications and was familiar with aspects of the person in charges role and responsibilities they did not demonstrate sufficient knowledge of this role.

There was limited scope in relation to the person in charges' management and supervision of some staff that worked directly with residents. These staff members did not work for Cheshire Ireland and were not directly accountable to her as they worked for other organisations. There was limited formal communication between these staff and this organisation.

While some internal auditing took place the quality of care and experience of the residents was not monitored on an ongoing basis. Unannounced visits had not been carried out by the provider, or a person nominated by the provider. In addition, an annual review of the service had not been completed. Inspectors noted that medication

management audits and a risk management audit had been carried out by the person in charge and other staff. Hazard identification had also been recently completed and was used to bring about improvements within the centre.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The provider was aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

To date and to the knowledge of the inspector, the person in charge was not absent from the centre for a period of time that required notification.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
While resources had been made available the service had not been adequately resourced across all areas to ensure effective delivery of care and support in accordance with the statement of purpose.

Overall, the centre was adequately furnished and there were resources to ensure residents' healthcare needs were met. However, adequate staffing levels were not available to ensure each resident's social care needs were met and as a result there was limited social care for some residents. This is discussed further in other outcomes of this report and in the action plan under Outcome 18. Prior to the inspection, the provider and person in charge had identified the need for additional staffing to facilitate each resident's social needs.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
While there appeared to be adequate staffing levels and skill mix to meet residents' healthcare needs there were inadequate staffing levels to ensure each resident had access to appropriate social care, where possible. As discussed earlier in the report, the person in charge and staff outlined a plan that had been developed which would include the allocation of extra hours for residents' social care.

Staff rosters were maintained in the centre and were available for inspectors to view. However, the rosters did not clearly set out the hours worked by staff and the full names of staff were not recorded. Inspectors also noted that the hours worked by the person in charge were not documented in the roster.

A continuous training programme was in place and records were maintained of staff training. Staff spoken with and training records viewed confirmed that staff had completed mandatory training and had been facilitated access to education and training to meet the specific needs of residents using this service.

Inspectors saw that residents knew staff well and there was a nice rapport between residents and staff. Those spoken with demonstrated good knowledge of residents' current need and wishes.

Suitable arrangements were not in place to ensure that all staff received appropriate supervision and support in order to improve practice and accountability.

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

Findings:
Overall, inspectors found that residents' records were maintained in the centre in a manner to ensure completeness, accuracy and ease of retrieval. The inspectors found that medical records and other confidential records, relating to residents and staff, were kept in a secure manner. However, improvements were required to ensure compliance with the Regulations.

During the course of the inspection, a range of documents including the accident and incident log, staff files, medical records, and healthcare documentation were reviewed. As discussed earlier in the report some improvement was required to ensure all documentation that related to the care of residents were fully completed with relevant details. Also, signatures of staff that completed some documents had not been recorded.

Inspectors found that most of the records as outlined in Schedule 3 and 4 of the Regulations were in place. However, there was no directory of residents as set out in Schedule 3 of the Regulations.

Inspectors viewed a sample of the required written operational policies as detailed in Schedule 5 and found that with the exception of one policy all others polices had been developed and were accessible to staff in the centre. Inspectors noted that there was no policy on access to education, training and development.

Up-to-date insurance was in place that was specific for this centre.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Nan Savage
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 report[1]

Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003451
Date of Inspection:	21 October 2015
Date of response:	20 November 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:
Not all residents had been consulted regarding their right to exercise their vote and were subsequently not registered to vote.

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

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

Please state the actions you have taken or are planning to take:
a) All residents/family members will be advised of the registration process and registered to vote.
b) All residents will be advised that they can be supported to attend the electoral station to vote.

Proposed Timescale: 30/11/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Appropriate supports were not currently in place to enable all residents to attend religious services at the weekend.

2. Action Required:
Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

Please state the actions you have taken or are planning to take:
The resident will be supported to attend religious services as they wish at weekends or another time of their choice. Their wishes and attendance will be documented in their care plan and social supports log.

Proposed Timescale: 30/11/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provision of activities for some residents were led by the resources of the service, not the resident and their support needs and wishes. These residents had limited access to social care tailored for their individual capabilities.

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

Please state the actions you have taken or are planning to take:
a) 3 x Community Connector posts have been advertised and recruitment is underway. These roles will commence by the end of November and will provide practical assistance to facilitate people to access their local community and social supports according to their wishes.
b) Social supports planning and delivery is now documented in a resident's care plan and social support log and reviewed on a quarterly basis.

Proposed Timescale: 30/11/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy provided guidance on the management of complaints, however, the person nominated to ensure all complaints were appropriately responded to and records maintained was not clearly identified in the policy.

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

Please state the actions you have taken or are planning to take:
a) The complaints policy will be amended by 30th November to be locally specific and provide the name of person/s who are available for residents to contact in the event of them being dissatisfied with the handling of a complaint.
b) The designated person/s and contact numbers who can be contacted by residents and/or family members are now named locally in an easy to read complaints poster displayed in the centre.
c) Complaints will be reviewed monthly by the Person in Charge and PPIM.
d) Complaints will be also reviewed by the Regional Manager on a monthly basis.

Proposed Timescale: 04/12/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The appeals process was not readily accessible to residents and/or their representatives.

5. Action Required:
Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
a) Details of the Appeals process including , who to contact, will be included on the easy to read complaints poster
b) All residents and/or family members will be individually informed of the complaints appeals process
c) The appeals process will be highlighted at the next residents meeting.

Proposed Timescale: 30/11/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents' communication requirements had not been reviewed to determine if any current assistive technology could promote their full capabilities.

6. Action Required:
Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

Please state the actions you have taken or are planning to take:
a) A referral is being made to the assistive technology communication provider on behalf of one resident
Multi-disciplinary input including Occupational Therapy, Speech and Language Therapy community services has been sought to inform the referral, and ensure that all relevant technology is employed to assist communication. Their input will be included in the review.
b) A private Speech and Language Therapy assessment will be arranged in the interim to review immediate communication needs and inform the referral process: timescale 30th November 2015 for this action

Proposed Timescale: 31/12/2015

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

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was evidence that residents were supported to interact in the local community in a manner that was safe for them but this was limited for some residents.

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

Please state the actions you have taken or are planning to take:
a) 3 x Community Connector posts have been advertised and recruitment is underway. These roles will commence by the end of November and will provide practical assistance to facilitate people to access their local community and social supports according to their wishes.
b) Social supports planning and delivery is now documented in a resident's care plan and social support log and reviewed on a quarterly basis.

Proposed Timescale: 30/11/2015

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:
Residents' contracts did not adequately describe the services to be provided and details of additional charges were not included in the contracts. A section in the contract that referred to service limitations did not promote the rights' of residents.

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

Please state the actions you have taken or are planning to take:
a) Residents' Service Agreements will be amended to include all relevant fees and information by 30th November 2015
b) This will be explained to all residents/family members at individual meetings
c) The wording of the sections of the contract detailing service limitations will be reviewed.

Proposed Timescale: 15/12/2015

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:
All residents' personal plans did not outline the supports required to maximise the residents personal development in accordance with his or her wishes particularly in the area of social care and meaningful activity.

9. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
a) An Annual review involving Multi- Disciplinary input (including GP Occupational Therapy, Physiotherapy and Speech and Language Therapy) will be carried out during December and January with all residents
b) 3 x Community Connector posts have been advertised and recruitment is underway. These roles will commence by the end of November and will provide practical assistance to facilitate people to access their local community and social supports according to their wishes.
c) Social supports planning and delivery is now documented in a resident's care plan and social support log and will be reviewed on a quarterly basis.

Proposed Timescale: 15/01/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was poor documentary evidence available to demonstrate that residents were involved in the setting of their goals and that these goals were regularly reviewed and progress monitored.

10. 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:
a) All care plans will be reviewed with the full involvement of residents or family ,members where appropriate
b) The Person in Charge and PPIM will ensure that evidence of residents/family input into the designing of care plans is documented.
c) People responsible for the achievement of goals is named on care plans and goals

will be specific and measurable.

Proposed Timescale: 15/01/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no mechanism to safely control the temperature of the hot water that was supplied to hand-wash basins to prevent possible scalding.

11. 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:
a) A thermostatic mixer valve will be fitted on the water tank to ensure all taps operate at the correct temperature.
b) The current thermostat system has been reduced to ensure water from hand-wash basins operate at a safe temperature since 20th October 2015. A system of daily checks is in place until the mixer valve is installed.

Proposed Timescale: 30/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate infection control precautions were not implemented in all areas of the centre. A proper means of hand drying was not available in the staff bedroom and a hand-wash basin located in a resident's bedroom was not readily accessible.

12. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
a) Hand towel dispensers will be located in the bungalows in suitable locations.
b) A hand-wash basin in a resident's bedroom will be relocated to an accessible position.

Proposed Timescale: 20/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Sections of intumescent strips on some fire doors had been painted over and this had the potential to impact on the effectiveness of this door in the event of a fire.

13. Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
a) Paint has been removed from the intumescent strips on the fire doors.

Proposed Timescale: 23/10/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drills had not been carried out during the night when the sleep-in staff member would be asleep to ensure that appropriate procedures were in place at night for staff to follow.

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

Please state the actions you have taken or are planning to take:
An unannounced fire drill will be completed during the night when the sleep in staff member is asleep.

Proposed Timescale: 19/11/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was evidence that residents provided consent for the use of restraint, and where this was not possible, their representatives and relevant clinicians were consulted with but this had not been completed in all cases.

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

Please state the actions you have taken or are planning to take:
All Care plans will be reviewed to ensure that relevant signatures and documentation have been obtained for all residents, including multi-disciplinary involvement where appropriate.

Proposed Timescale: 30/11/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents' daily transactions of purchases made were not recorded and therefore records were not maintained up to date which resulted in a lack of accountability as records were not signed to confirm that the transaction took place. At the time of inspection there was no information available to verify one of the withdrawals from a residents' bank account.

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

Please state the actions you have taken or are planning to take:
a) A system for recording resident's daily transactions (ledger) has been put in place with signatures required from support staff.
b) The money management system is in place and has been enhanced since the inspection and verifies all supports offered to residents including withdrawals from bank accounts, where supported.

Proposed Timescale: 21/10/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff working within the centre did not demonstrate sufficient understanding of the procedure to follow in the event of an allegation of abuse.

17. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
a) The adult protection policy will be re-circulated to all staff by 20th November 2015
b) The issue of abuse reporting will be highlighted at the next staff meeting on 17th December 2015 to ensure all staff are aware of their responsibilities in relation to the reporting of abuse locally.
c) Adult Protection Training will continue to be delivered to all staff. A revised Adult Protection training course is being developed by the Provider to be delivered in 2016.

Proposed Timescale: 31/03/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspectors noted that some residents had little opportunity to experience employment, education, and training, where possible.

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

Please state the actions you have taken or are planning to take:
a) 3 x Community Connector posts have been advertised and recruitment is underway. These roles will commence by the end of November and will provide practical assistance to facilitate people to access their local community and social supports according to their wishes.
b) Residents will be assisted to develop goals in this area, according to their wishes, and support given to access employment education and training as per their personal support plan goals.
c) A policy on access to training , education and development has been developed by the provider in October 2015 and will be implemented.

Proposed Timescale: 15/01/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Recommendations made by the speech and language therapist to support swallowing difficulties had not been fully implemented by staff on inspection.

19. Action Required:
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

Please state the actions you have taken or are planning to take:
a) A Speech and Language Therapist has been contacted to request an updated assessment specifically to address positioning in current seating arrangement.
b) The resident has had an Occupational Therapy assessment prior to inspection: funding has been secured and delivery is imminent of new seating equipment .

Proposed Timescale: 13/12/2015

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 comply with all the requirements of Schedule 1 of the Regulations. For example, a description of the rooms in the centre including their size and primary function were not included and all therapeutic techniques used in the centre were not detailed. In addition, the nursing whole time equivalent did not reflect the actual numbers as described by the person in charge.

20. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of purpose will be reviewed and amended to ensure all relevant information is provided.

Proposed Timescale: 30/11/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose was not made available to residents and their representatives.

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

Please state the actions you have taken or are planning to take:
The amended Statement of Purpose will be made available and explained to all; residents/family members

Proposed Timescale: 04/12/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence to confirm that the statement of purpose had been kept under review.

22. Action Required:
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:
The amended statement of purpose will be reviewed annually or as required in relation to any change in the provision of services.

Proposed Timescale: 25/11/2015 and annually

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:
Unannounced visits had not been carried by the provider, or a person nominated by the provider.

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

Please state the actions you have taken or are planning to take:
A Provider audit team has been established and unannounced visits to all Cheshire centres have been scheduled. An Unannounced visit by the Provider Audit team will be carried out to the designated centre and a report completed on the Quality and Safety of the Service by 31st January 2016.

Proposed Timescale: 31/01/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the service had not been completed.

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

Please state the actions you have taken or are planning to take:
An Annual review of the service will be carried out and a report completed detailing findings and an action plan for the year ahead.

Proposed Timescale: 26/01/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charges' management and supervision of some staff that were working directly with residents was not adequate. These staff members did not work for Cheshire and were not directly accountable to her as they worked for other organisations.

25. 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:
a) A Memorandum of Understanding detailing arrangements for the supervision and monitoring of staff and regular structured meetings between other Service Providers and Cheshire Ireland has been drafted and will be agreed with other providers.
b) Formal Details of social supports arrangements and times from other providers have been requested from the Providers on 13th November 2015 and will be recorded in the Social Supports log.
c) Residents will be asked about their opinion and views of their social support services at one to one meetings with the Person in Charge/PPIM and supported to request changes making improvements where required.
d) A Social Support proposal will be developed and forwarded to the HSE for consideration. The proposal will suggest that Cheshire Ireland provide the social supports to all residents to ensure continuity and flexibility.

Proposed Timescale: 15/12/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A person in participating in management (PPIM) was identified to provide cover in the absence of the person in charge however, they did not work full-time. Also, while the PPIM had completed appropriate qualifications and was familiar with aspects of the person in charges role and responsibilities they did not demonstrate sufficient knowledge of this role.

26. 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:
a) The PPIM 's contract has been changed and is now full time since 23rd November 2015.
b) Documented Individual support/supervision meetings will ensure clear understanding of the PPIM responsibilities including notifications.
c) The PPIM's in Ballina and other centres are included in regional fortnightly conference calls, between centres and the Regional Manager, sharing information and regulatory requirements and progress on action plans. This will increase knowledge and familiarity of responsibilities of the role.

Proposed Timescale: 23/11/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate staffing levels were not available to ensure each resident had access to appropriate social care.

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

Please state the actions you have taken or are planning to take:
a) 3 x Community Connector posts have been advertised and recruitment is underway. These roles will commence by the end of November and will provide practical assistance to facilitate people to access their local community and social supports according to their wishes.

b) A Social Support proposal will be developed and forwarded to the HSE for consideration. The proposal will suggest that Cheshire Ireland provide the social supports to all residents to ensure continuity and flexibility.

Proposed Timescale: 15/12/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff rosters did not clearly set out the hours worked by staff and the full names of staff were not recorded.
The hours worked by the person in charge were not documented in the actual roster.

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

Please state the actions you have taken or are planning to take:
a) Staff rosters were amended to include hours worked and full names of all staff including hours worked by the Person in Charge and PPIM.

Proposed Timescale: 21/10/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Suitable arrangements were not in place to ensure that all staff received appropriate supervision and support in order to improve practice and accountability.

29. 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:
a) The PPIM/PIC have implemented an ongoing system of supervision and support meetings on an 8 weekly basis.
b) A Memorandum of Understanding detailing arrangements for the supervision and monitoring of staff and regular structured meetings between other Service Providers and Cheshire Ireland has been drafted and will be agreed with other providers.
c) Formal Details of social supports given and times of delivery have been requested from other Providers on 13th November 2015 and will be recorded in the Social Supports log. This will help plan requested changes on behalf of residents.
d) Residents will be asked about their opinion and views of their social support services and supported to request changes make improvements

Proposed Timescale: 15/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no policy on access to education, training and development.

30. Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
A policy for Access to education, training and development has been completed and is available.

Proposed Timescale: 20/10/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no directory of residents as set out in Schedule 3 of the Regulations.

31. Action Required:
Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

Please state the actions you have taken or are planning to take:
A directory of residents will be completed with all required information included.

Proposed Timescale: 30/11/2015