

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Donegal Cheshire Apartments
Centre ID:	OSV-0003440
Centre county:	Donegal
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Colin McIlrath
Lead inspector:	Ivan Cormican
Support inspector(s):	Christopher Regan-Rushe
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	2

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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 March 2017 08:30	30 March 2017 19:00
31 March 2017 09:00	31 March 2017 13:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

Following ongoing failure by the provider to address areas of non compliance which were impacting on the safety and quality of life for residents, the Health Information and Quality Authority (HIQA) issued the provider with a Notice of Proposal to cancel the registration of the centre on 6 December 2016. As allowed for in the Health Act 2007 (the Act), the provider made representation to the chief inspector setting out the actions that had been put in place to respond to the grounds for proposing to cancel their registration. Following the representation made by the provider, (HIQA) conducted a monitoring inspection on 19 and 20 January 2017 to verify if the representation from the provider had been implemented as stated. Inspectors found that the representation had not been implemented as stated and this was having an adverse effect on the quality of care delivered to residents. Subsequent to this inspection, the provider submitted an updated representation which indicated that significant extra resources had been secured from an external provider to address

the failings identified on previous inspections. The representation also stated that the governance and management arrangements within the centre had been further enhanced.

This inspection was carried out to verify if the updated representation had been implemented as stated. The findings of this inspection would be used to inform a final decision by HIQA on the registration of the designated centre. As part of this inspection, inspectors reviewed the proposed actions as detailed in the provider's representation response to the notice of proposal to cancel their registration for this centre. Inspectors also reviewed the 17 actions the provider had undertaken since the previous inspection. Inspectors found that 15 of these actions had been addressed in line with the provider's response. Two actions had not been satisfactorily addressed and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, inspectors met with nine residents in the designated centre. Each resident voiced their satisfaction with the service and complemented staff and the delivery of care in the centre. Some residents went on to say that they "love their home " and wouldn't like to live anywhere else. Residents stated that they were supported to access the community and attended local events, restaurants and cinemas. One resident stated that there was "great fun in the centre" and that he enjoyed going out with other residents for a drink. Residents also stated that they enjoyed in-house events such as art and music nights.

Another resident complemented staff and management in the centre and spoke at length in regards to how their independence was promoted, so much so, that they were now considering setting up their own business.

Inspectors also met with eight staff members, including the provider nominee and the person in charge. Inspectors observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records, healthcare plans and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised a single story dwelling that accommodated up to twelve residents. Each resident had their own self contained studio apartment which had an en-suite bathroom. The centre had an adequate amount of shared bathrooms and toilets, which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors, such as family and friends. The designated centre was located within walking distance of a large town where public transport such as buses and taxis were available. Some residents provided their own transport, which they used to access the local community. The designated centre also provided transport for residents.

Overall judgment of our findings:

Inspectors found that significant improvements had been made in regards to the quality of care delivered to residents in the designated centre. The provider had also implemented all aspects of the representation made to HIQA within the stated timelines. Inspectors found that these improvements had a positive effect on the

lived experience of residents in the designated centre with all residents indicating their satisfaction with the service provided. Outcomes including family and links with the community, admissions, social care, healthcare, statement of purpose, governance and management and resources were found to be in compliance with the regulations. However, some improvements were required in regards to outcomes including residents rights, dignity and consultation, health and safety, safeguarding, medications, workforce and records. These failings are further detailed in the body of the report and action plan at the end

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):

No actions were required from the previous inspection.

Findings:

Residents' rights, privacy and dignity were promoted in this centre. There was evidence that residents were fully involved in the planning of their support and, active participants in the running and organisation of the centre. While residents' finances were effectively managed, improvements were required to the regular audit of residents' personal bank accounts.

Each resident had their own self-contained apartment, with their own door, which they could choose to lock should they wish to do so. Staff were observed to respect residents' privacy and dignity by knocking on the residents' doors and waiting to be invited in to each resident's home. The inspectors spoke to staff on duty and was told that residents chose when they would like to get up each day and, on both mornings of the inspection, inspectors observed that some residents would choose to rise early, while others had chosen to have a lie-in.

Systems were in place to support residents who did not manage their own finances to access their money. Each residents' money was stored securely with weekly checks completed on the money held and the money which had been spent. Each transaction was supported by a numbered receipt. Each resident, who required support with their finances, had a money management plan in place, each of these had last been reviewed in September 2016. However, the inspectors noted that regular audits of the residents' personal bank accounts were not being completed in line with the providers policy, with one residents' bank account not being reconciled since September 2016.

Copies of resident meeting notes from the last two meetings were reviewed, both

included details of activities, including new social nights, daily hours, complaints and recruitment. These meetings were held on a monthly basis. Copies of the minutes from these meetings were available to residents and visitors, and were attached to the communal notice board in the centre. The residents' guide was available in the centre in an easy to read version, and included details of local amenities and events and at the time of inspection was due to be updated.

There was evidence that residents were both visiting and being visited by family and friends on a regular basis. Some residents were spending time at home with their families and on other occasions family members would stay in the apartments of their relatives.

There were three complaints received since the last inspection, for one complaint there was evidence of the resident's satisfaction with the outcome of the investigation and included the actions taken by the person in charge to resolve the complaint. The other two complaints related to behaviour that challenges within the unit and, although these had been investigated, the inspector found that they did not include the details of how these complaints had been concluded and the feedback which was given to the residents who had made the complaints. This was brought to the attention of the person in charge, who provided evidence during the inspection that this had been completed.

The complaints procedure was clearly displayed in the centre. The procedure outlined how residents could make a complaint and the appeals process they could follow, if they were not satisfied with the outcome of the complaint. The names and photographs of the people responsible for receiving and responding to complaints were also displayed in the centre.

Details of how residents could access advocacy services were included in the statement of purpose and clearly displayed in the centre.

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):

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

Findings:

There was evidence that residents were maintaining and being supported to maintain relationships with the friends and family. Some residents were visiting home, while

others had relatives to stay with them in the centre.

Many of the residents had formed friendships with other residents who lived in the centre and there was evidence that they regularly visited each other or would eat their dinner with each other in private. Some of the residents enjoyed shared interests and there was examples of when these residents would plan a shared event and attend together.

The provider had ensured that residents' family members were being kept up to date with the activities that residents had participate in. For example, some of the residents had recently attended a local country and western concert, in line with both their music preference and their personal plan. There was evidence that the family member had been told that their relative had really enjoyed the concert.

One resident's family member was becoming actively involved in supporting their relative within the centre and the provider had arranged for them to attend dysphagia training and to be able to use the centre's transport, so that they could spend more time with their relative in the community. This had been discussed with the family member who had wanted to be able to support the resident to have a drink in a local coffee shop.

Records of all social contact with family and friends was recorded clearly within the residents personal folder; however, the level and participation of relatives in the development of personal plans, was not always clearly recorded on the plan, despite there being clear evidence of significant levels of involvement.

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):

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

Findings:

The provider had written agreements in place for each resident which clearly described the level of support and the costs of the service provided to the resident.

The written agreements in place, were clear and informative, each was signed by the resident or their representative. Residents paid for their own food and bills for each of

their apartments and all other services were provided within the total cost of the service charged to residents, with no additional charges being made for transport or any of the in-house services.

Judgment:

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):

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

Findings:

Since the last inspection the provider had made significant improvements in the delivery of social care support to residents. Each resident has access to increased levels of social care hours and has a personal activity plan in place, which clearly demonstrates the activities and services that they were now accessing.

The inspectors spoke with and reviewed resident's care plans and activity logs. In addition, the inspectors spoke with staff, including the senior support worker who had taken the lead on the development of social care activities in the centre, since the last inspection.

Residents told the inspector that there had been a huge improvement in their lives since the last inspection, with many residents stating that the changes were 'excellent' or 'fantastic' and that they were really happy with the level of support they were now receiving. The inspectors asked residents what they enjoyed most about these activities and residents spoken with talked about the development of a weekly social group in the centre, which they had requested. This had been very successful and residents talked of their enjoyment of the range of things they did in the group including bingo nights, country and western nights and games nights. Other residents told the inspectors about how they enjoyed going out of the centre and becoming more involved in the local community and gave examples of going to the local coffee shop or a recent concert. One resident talked about their upcoming week and described how busy and full it was now, with a range of different and interesting things to do.

Inspectors noted that each activity was planned in partnership with the resident on a weekly and daily basis. The senior support worker told the inspectors that when residents did not want to go on their planned activity that staff would support the resident to do alternative activities in the centre, or offer alternative activities for the resident to consider.

A log of all the social hours that the residents participated in was being maintained in the centre. Each resident had a weekly plan and this was supported by a communication log, which described the residents participation and their enjoyment of each activity. An initial assessment of the residents needs had been completed and work was nearing completion on each residents' comprehensive re-assessment, which would further inform future goals and aspirations.

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):

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

Findings:

On the days of inspection, inspectors found that the health and safety of residents, staff and visitors was promoted in the designated centre. The actions from the previous inspection had been addressed, with risk management plans reviewed in line with the centre's risk management policy. The provider had also amended the emergency evacuation plans to reflect emergency procedures within the centre. However, improvements were required in relation to risk management and the review of adverse events.

The provider maintained a risk register which detailed a range a risks within the centre. Each resident also had individual risk assessments in place. Inspectors found that some risks assessments failed to have a risk rating applied and that control measures, utilised to reduce the level of risk, were not stated on some risk assessments.

The provider maintained a log of adverse events which had occurred in the centre. Inspectors found that recorded adverse events had not been addressed by the provider for a significant period of time. This was brought to the attention of the person in charge who addressed all recorded incidents prior to inspectors leaving the centre.

The provider was actively promoting fire precautions within the centre. Fire fighting equipment and the fire alarm were regularly serviced and staff were performing nightly

checks of emergency exits, lighting, extinguishers, fire doors and the alarm panel. Residents and staff were taking part in regular fire drills which were recorded. Inspectors found evidence of learning from fire drills with any observed deficiencies being addressed in a prompt manner.

The centre also had a safety statement which was regularly reviewed and updated.

Judgment:

Substantially Compliant

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):

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

Findings:

On the days of inspection, inspectors found that residents were protected from potential abuse. The action from the previous inspection had been addressed with a behavioural support plan now in place for a resident requiring this support. The provider had also referred another resident for behavioural support during the inspection process. However, improvements were required in regards to consents for the application of restrictive practices.

Residents stated that they felt safe in their homes and that they could go to any staff member if they had a concern. Staff who were interviewed had a good understanding of recognising, responding to and reporting potential abuse. Staff could identify the designated person to respond to allegations of abuse and information on this person was on display in the centre.

There were a number of restrictive practices in place on the day of inspection including, bed rails and lap belts. These restrictive practices were regularly reviewed by the staff team and allied health professionals; such as, occupational therapists and physiotherapists. The provider maintained a log of when restrictive practices were applied and consents for the use of the restrictive practice had been sought from a number of residents. However, inspectors found that some residents did not have a signed consent in place for the use of restrictive practices.

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):

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

Findings:

On the days of inspection, inspectors found that the best possible health of residents was promoted within the designated centre. The actions from the previous inspection had been addressed with the nutritional needs of residents now being met. Nutritional assessments had been carried out on residents and appropriate quantities of food and snacks was available for residents.

Residents were regularly reviewed by their general practitioner(GP) and specialists when required. Allied health professionals also attended to residents needs. Prescribed care following the review by medical and allied health professions was found to be fully implemented by staff within the centre.

The provider was in the process of implementing new care plans for residents. Inspectors found that staff had made good progress in the assessment of residents' healthcare needs and the implementation of associated care plans.

Judgment:
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):

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

Findings:

On the days of inspection, inspectors found that improvements were required in relation to the prescribing of medication and protocols for the use of 'as required' medication. One action had been addressed from the previous inspection with prescription sheets available for all residents. One action had not been addressed, as the maximum dosage for 'as required' medication was not detailed on all prescription sheets.

Residents had been assessed to self medicate and one resident was self medicating on the days of inspection. The centre had appropriate storage facilities for medication and staff were maintaining a log of received and returned medications. The nurse in charge was also conducting regular audits of medication practices and medication errors were reviewed on an on-going basis.

Staff who were administering medications had received training to do so and had appropriate knowledge of the safe administration of medications, including procedures following a medication administration error.

Inspectors reviewed a sample of prescription sheets and found that the times and routes of administration were absent from some prescription sheets. The centre had also introduced a protocol for the administration of 'as required' medications; however, in some instances these protocols failed to be completed in line with medications prescribed by the general practitioner (GP). Inspectors also found that protocols for the administration of rescue medication were not in line with the prescription sheets issued by the GP.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The provider had reviewed the statement of purpose following the last inspection, which now included all the information required in Schedule 1 of the regulations.

Judgment:

Compliant

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

Findings:
On the days of inspection, inspectors found that the designated centre had effective management systems in place. The actions from the previous inspection had been addressed; inspectors found that significant improvements in regards to the overall management structure of the designated centre and the provider had also implemented their representation response as stated.

The provider had appointed a new person in charge of the designated centre who was suitably qualified and experienced. The person in charge was co-ordinating teams members, both internal and external to the organisation to address the areas of non-compliance found on previous inspection. Inspectors found that actions plans which had been generated following site visits from team members had been implemented to good effect.

The provider had conducted both a six monthly audit and an annual review of the quality of the service delivered to residents. An action plan had been generated following both audit and review, which the person in charge was working towards resolving. The provider was also conducting regular audits in areas such as health and safety, fire precautions and medication management.

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):

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

Findings:

On the days of inspection, inspectors found that the provider had addressed actions from the previous inspection, with adequate resources now deployed in the designated centre.

The provider had secured up to 60 additional staff hours which had been implemented on a phased basis to improve the social experience of residents in the designated centre. Residents' activity records indicated that these additional hours were being delivered to meet the individual needs of residents. Inspectors found that additional social support hours altered from day-to-day depending on what activities residents had wished to engage in.

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):

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

Findings:

The provider had implemented most of the actions from the previous inspection report; however, improvements were still required to the completeness of staff training in the centre.

There was an actual and planned roster maintained in the centre, which detailed the number of staff on duty, their roles and hours of work. There was evidence that additional staffing hours were in place to fully support the social care needs of residents, in line with the providers representation response. The person in charge confirmed that interviews were planned, to increase the number of staff in the service and that while these staff were waiting to start, staff in the service had been given additional hours.

Some of the residents used the support of external personal assistants, the provider had

implemented a memorandum of understanding between the two organisations, ensuring that there was appropriate oversight and responsibility for these staff while working in the centre. In addition, the centre maintained copies of the required schedule 2 documentation for these staff.

All staff working in the centre were required to complete mandatory training, in line with the providers training programme. The person in charge provided a copy of the most recent training matrix for the service and the inspector noted that there were gaps in the completeness of training for some staff in the following:

- medication management
- positive behaviour support
- moving and handling
- Buccal midazolam administration
- diabetes
- infection control
- first aid
- food safety

In addition, some refresher training for staff required updating. However, the person in charge had reviewed the training matrix and had developed a schedule of training in the centre so that each member of staff would complete the training over the following two months.

There was evidence of regular supervision within the centre, and a plan for future sessions in place. A review of the supervision records for staff demonstrated that the supervision covered a range of topics including;

- HIQA inspections
- role and personal development
- safeguarding
- training
- management structure
- residents needs and care planning

In addition to regular one-to-one supervision sessions the person in charge provided evidence of regular team meetings. Minutes of these meetings were reviewed, the inspector found that these were well attended by staff and covered topics including HIQA, training, safeguarding, complaints and the clinical aspects of residents care and support needs.

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 provider maintained the majority of schedule 5 policies and procedures in the centre; however, inspectors noted that the risk management policy had not been recently updated. In addition policies on health and safety and visitors were not held in the centre.

All sensitive records in the centre were maintained in a secure cabinet in the person in charge's office and were found to be legible and informative. Residents had their own folders relating to their care and support needs, which they kept in their own apartments.

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:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003440
Date of Inspection:	30 and 31 March 2017
Date of response:	10 May 2017

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

Regular audits of the residents' personal bank account transactions had not been completed.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

- Initial audits of personal bank accounts of those that require it under the providers money management policy have been completed on 8/5/2017
- A system has been put in place for Administration staff to audit the bank accounts, quarterly when bank statements are received. This process will be overseen by the PIC/designate.
- Money Management plans will be audited by the Provider's Quality and Safety audit team on a six monthly basis, including the occurrence of bank accounts audits for residents.

Proposed Timescale:
Completed 09/05/2017

Proposed Timescale: 10/05/2017

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 provider failed to ensure that risk ratings and control measures were listed on all risk assessments.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- The risk assessments have now been updated to ensure risk ratings and control measures are listed on all risk assessments.

Proposed Timescale:
5/5/2017

Proposed Timescale: 10/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that consents for the use of restrictive practices were in place for all residents.

3. 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:

- Consents for the use of restrictive practices are now in place for all residents that require them. Consents will be reviewed with the resident by the PIC/designate annually or on request by the resident.

Proposed Timescale:
Completed 5/5/2017

Proposed Timescale: 10/05/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The provider failed to ensure that;
Prescription sheets for as required medications contained the maximum dosage
Prescriptions sheets contained the route and administration times of all medications
Protocols for the administration of rescue medication and as required medications were in line with prescription sheets issued by the general practitioner.

4. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- The provider is working with the local pharmacist set up a separate Perscription kardex/MAR sheet for all resident's whose medication we manage. The new kardex's will contain maximum dosage for PRN medication, route and administration times for all medications.
- The protocols for administration of rescue medication and as required medication are being reviewed, and updated to be in line with prescription sheets.

Proposed Timescale: 30/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff had not completed all of their required training

5. 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:

- Most training for current staff is completed with remainder training -Diabetic, First Aid and Food Hygiene scheduled to be completed by 16/6/2017.
- All training for new care staff who are starting 15/05/17 has been scheduled and will be completed by 30/6/2017

Proposed Timescale: 30/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all required policies were available in the centre.

6. 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:

- All required Schedule 5 policies are up to date and available in the centre.

Proposed Timescale:
Completed 9/5/2017

Proposed Timescale: 10/05/2017

