

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ardeen Cheshire Home
Centre ID:	OSV-0003456
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Violet Lennon
Lead inspector:	Emma Cooke
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 May 2017 10:00 To: 18 May 2017 18:00

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

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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection by the Health Information and Quality Authority (HIQA). This was the fifth inspection carried out in the centre. The purpose of the inspection was to follow up on matters arising from the receipt of notifications received from the provider. Following receipt of this information and in line with our regulatory functions, HIQA requested that a provider led investigation was conducted. Based on the information and provider led investigation, an inspection was scheduled to follow up on actions arising from the provider led investigation in relation to the provision of appropriate healthcare and associated regulations. Actions arising from the previous inspection in October 2016 were also followed up on during this inspection.

How we gathered our evidence

Over the course of this inspection inspectors spoke with seven residents. Inspectors also met the person in charge, service coordinator, head of care, nursing staff, care staff and household staff. Overall, residents stated that they were satisfied with the services provided in the centre. Residents reported staff were respectful, friendly and supportive to them. Inspectors observed practices, reviewed personal plans and

observed interactions between staff and residents.

Description of the Service

According to the centre's statement of purpose, the centre provides residential services to adults with physical disabilities and neurological conditions. Staff provide support to people with a variety of disabilities including muscular dystrophy, spina bifida, cerebral palsy, multiple sclerosis, hydrocephalus and acquired brain injury. Often people have secondary disabilities which may include a learning disability or medical complications.

Overall judgment of our findings

Staff were familiar with residents' health and social care needs, and were observed to interact with residents in a respectful manner. While inspectors found some improvements had been made since the previous inspection this was at the preliminary and planned stage of commencing at the time of this inspection. As a result of this, a number of areas remained in non compliance with the requirements of the regulations. Further improvements were required in the following areas;

- Governance and Management
- Health care needs
- Social care needs
- Workforce

In response to the findings in healthcare on the day of inspection, inspectors sought additional assurances from the provider to ensure that the care provided is safe, appropriate to residents' assessed needs, consistent and effectively monitored at all times. These assurances and follow up information was requested and submitted within required timeframes to HIQA following this inspection.

The issues identified at this inspection are outlined in the report and the action plan at the end of the 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 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:

Overall, the inspectors found that while there were some improvements, progress had not ensured all residents had regular access to the local community.

As identified in the previous inspection, there were some good examples of activity being provided or bought in to the centre such as art and community open days. Since the last inspection some residents had access to activities outside of the centre such as the local pub, local cafes or music nights in the local area. Each resident had a community assessment completed which identified possible links with activities in the community such as tidy towns, local bingo and community groups. However, this was in the preliminary stages and there was inconsistency in progress made in developing these community links for all residents.

Judgment:

Non Compliant - Moderate

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:

Residents had a written agreement but details of charges for additional services and the fees incurred were not clearly outlined in the contract of care.

Inspectors found that there was an inconsistent approach to residents' finances which were not clearly outlined in residents contracts of care. For example, fees charged for personal assistant hours were not clearly outlined in residents' contracts of care.

On review of a list of service user charges that featured as a generic attachment to residents' contract of care, inspectors found that the majority of residents were being charged for basic needs such as food and drink and other assessed needs such as social care.

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):

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

Findings:

While the actions outlined to address issues identified in the previous inspection had been achieved, further improvements were required in the areas of planned social care and personal goals. Inspectors found that suitable arrangements were not in place to meet the assessed needs of each resident. This was evidenced through records reviewed by inspectors which outlined residents were relying on a personal assistant service and paying additional fees in order to meet their social needs such as maintaining links with family and the community.

Inspectors found that some improvement had been made since the last inspection in residents' personal plans and in meeting residents' social care needs. From a sample of residents' personal plans reviewed, inspectors found that residents had access to in-house activities. A calendar of activities was produced weekly by the centres activities coordinator. Activities included bingo, crosswords, karaoke and arts and crafts. In addition, the centre had restructured the staffing roster to allow for protected social care

time.

The inspectors found that each resident had goals in place. This process was in early stages. The progress against identified goals was inconsistent and required further improvement to ensure all goals identified would be achieved for all residents in the centre. Inspectors found that some goals were progressing or had been achieved in recent weeks, for example, one resident was to begin volunteering in a local clothes shop. However, other resident goals had no evidence of progress such as a trip to Lourdes and attending concerts. This had been identified by the activities coordinator and quality manager and they were in the process of addressing this.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The inspectors found that the issues identified in the previous inspection had been satisfactorily addressed.

The previous inspection identified issues in the privacy arrangements in a shared living space and narrow bathroom entrance. Both issues identified had been addressed. The centre also completed an accessibility audit to ensure each resident had access within their own home.

Not all aspects of this outcome was reviewed as part of this inspection.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

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

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

Findings:

Inspectors followed up on actions arising from the previous inspection under this outcome only.

Inspectors found that improvement had been made from the previous inspection regarding manual handling practices and residents' call bells. The person in charge outlined a new system since the last inspection in response to the manual handling risk assessments that were not being followed which stipulated residents required the support of two staff for transfers. A 'pairing system' was now in place in which staff were allocated in pairs for each shift to care for residents. Inspectors reviewed daily staff allocation records which evidenced that staff worked in pairs and were assigned residents based on residents needs and assessments.

Inspectors reviewed the current risk register which outlined that there were 48 risks currently active at the time of the inspection. Of the 48 risks, 39 were subject to ongoing monitoring and nine were currently active. As the controls in place to mitigate the risk did not feature on the register, inspectors requested to review the risk assessments in place of some of the identified risks requiring ongoing monitoring as per risk register. While risks had a review date on the register and were discussed at the risk committee, some individual risk assessments did not demonstrate that they were subject to ongoing review. For example, there was no evaluation of the effectiveness of the control or changes made post review documented on some individual risk assessments.

Further improvements were needed to ensure that risk control measures were proportionate to the level of risk identified. An example was found whereby the control in place to a moderate risk identified for a resident involved staff reminding the resident to be aware of the risk.

Inspectors noted that risk management training was planned for June 2017 for members of the risk committee which included management and staff.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspectors found that there was some marginal improvement in some residents accessing employment. However, not all residents had access to opportunities for education, training and employment.

Some residents were not found to be engaged in planned or programmatic activities external to the centre. As identified in the previous inspection, a minority of residents had access to employment or day programmes outside of the centre, however further improvements were required to ensure opportunities are explored and supports are in place for residents to access education, training and employment as appropriate to their needs.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

In response to information sent in by the provider, inspectors reviewed a small number of residents' records to seek assurance that regulations and residents' healthcare needs were being met. Inspectors found that residents requiring care and management of urinary catheters were not receiving appropriate healthcare at all times. Improvements were required in clinical oversight of staff practices to ensure residents were not at risk of developing complications associated with the care and management of urinary catheters.

Inspectors spoke with staff and residents, reviewed care plans and policies in place to support the delivery of care to residents who require urinary catheters for an assessed healthcare need. Inspectors noted that training on the care and management of urinary catheters had been delivered to staff in the week prior to this inspection.

Inspectors found that inadequate staff knowledge and inconsistent practices in the care

and management of residents requiring urinary catheters was compromising resident's healthcare needs. On the day of this inspection, inspectors were not satisfied that the management and delivery of care to residents with urinary catheters was enabling them to achieve the best possible health due to the following;

- some staff practices were potentially putting residents at risk of developing complications as a result of inadequate hygiene and infection control practices.
- staff knowledge and practices around the procedure for changing a urinary drainage bag was not in accordance with the policy in place to support this procedure.
- variances in practice were given by staff when spoken with in relation to the daily care and management of urinary catheters despite staff attending training in this area during the previous week.
- where care plans indicated the frequency of change for urinary bags, records reviewed and staff spoken with could not evidence whether this had been completed.
- where care plans instructed for 'adequate fluid intake' to prevent complications associated with urinary catheters, staff spoken with provided inspectors with different accounts of what would be considered adequate fluid intake.

Inspectors noted that policies in place to support the care and management of residents requiring care for urinary catheters were not implemented in practice. For example, one policy stated that a comprehensive assessment of the individual should be carried out using a bladder assessment tool prior to the use of urinary catheters. Care plans reviewed and staff spoken with could not demonstrate that this had been completed for some residents.

As part of the centre's plan to improve practice in this area, a new standard operating procedure, competency frameworks and daily care bundles to support the daily checks of urinary catheters were due to be implemented. These had not been implemented at the time of this inspection.

Inspectors did find examples of good practice in this area, for example, care plans had been updated following a hospital stay and provided sufficient detail of clinical indicators or preventative measures to take to reduce the risk of the same condition occurring again. Residents spoken with reported they were happy with the care provided to them and that their healthcare needs were met in a timely manner.

Judgment:

Non Compliant - Major

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:

Inspectors followed up on the actions relating to the previous inspection under this outcome only.

Inspectors reviewed a sample of resident's medication prescription sheets that contained PRN 'as required' medications. Inspectors found an example where the maximum dosage was not documented which is not in line with best practice guidelines.

Judgment:

Substantially Compliant

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:

Inspectors found that a recent restructure of service delivery within the centre had resulted in some positive changes for residents. However, improvements were needed to the management systems in place to ensure that the care provided is safe, appropriate to residents' assessed needs, consistent and effectively monitored at all times.

The person in charge and service co-ordinator demonstrated improvements in some areas of care delivery since the previous inspection and this was evidenced and reviewed in the context of action plans submitted from the last inspection. For example, a review of the respite service in the centre had resulted in an additional 63 hours being allocated to improve residents' social care needs. A new roster had been implemented in April 2017 and longer shifts enabled continuity of care for residents during the day. Furthermore, five care staff were now appointed as senior care worker roles and were responsible for co-ordinating and leading daily shifts.

Improvements were found by inspectors whereby recent audits had improved outcomes

for residents. For example, actions arising from a recent accessibility audit had improved residents access within their cottages and around the centre. However, other examples of audits reviewed required improvement to ensure actions generated were being actively followed up.

Inspectors were not assured that management systems in place were consistently and effectively monitoring all services provided to ensure the care and service provided is safe and appropriate to residents' needs. Inspectors found that a lack of oversight systems in relation to the provision of clinical care did not enable management to identify practices that potentially could put residents requiring care of urinary catheters at risk. On the day of inspection, inspectors found that only one of the seven actions identified by the provider to address this area had been completed within their timeframes. The remaining actions had yet to be implemented. Furthermore, a lack of oversight systems and inadequate record keeping in the monitoring of residents paying for a personal assistance service resulted in a resident being wrongly charged to attend the doctors.

From speaking with staff and the person in charge inspectors found that the designated centre was not effectively resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose and residents needs. This was primarily in relation to a lack of nurses and care staff to meet the assessed needs of residents and respond to their growing and changing health and social care needs. This is further discussed under outcome 17.

From following up on actions arising from the centre's previous inspection, inspectors found that a lot of what was inspected had only commenced or was at the preliminary and planned stage of commencing at the time of this inspection. As a result of this, a number of areas inspected while improved, remained in non compliance with the requirements of the regulations as outlined in the report.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Inspectors found that this area was still in the process of being addressed since the previous inspection. On the day of this inspection, staff numbers and skill mix were not appropriately meeting residents support needs.

In discussing and reviewing the high dependency clinical need and social needs of residents with the person in charge and nursing staff, inspectors found that there were not enough nursing and care staff to meet residents' needs. This was also evidenced by an over reliance on a personal assistance service to meet resident's external social needs. This was having a negative impact on service provision, particularly in terms of adequate supervision and oversight to ensure residents' needs were being appropriately met at all times. Inspectors acknowledged recent efforts made by the person in charge to retain nursing staff and the centre was actively recruiting nursing positions at the time of this inspection.

The centre had not yet managed to fill their quota of nursing hours. According to the centres statement of purpose, the primary focus of the nursing staff is to manage and supervise the provision of care to ensure the best possible health and social outcomes for each individual resident. However, there remained only two staff nurses providing nursing care oversight in this centre on a 1.5 (Whole Time Equivalent) basis. These nurses were supervised by the head of care. In light of the identified need to have nursing staff manage and supervise the provision of care, it was unclear how this could be done as the centre was operating for periods of time with no nursing staff present. For example, there was no clinical supervision at night as nurses did not work nights.

Inspectors followed up on Garda Vetting from the previous inspection and found that this was now in place for staff.

Judgment:

Non Compliant - Major

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:

Emma Cooke
Inspector of Social Services

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-0003456
Date of Inspection:	18 May 2017
Date of response:	29 June 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 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:

Not all residents had sufficient access to their wider communities

1. 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

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

accordance with their wishes.

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

- Futures Planning training is to be delivered 28/06/2017 by Sean Bohan Quality Manager to members of the Senior Team, Activities, Nursing and Senior Care Workers.
- Activities Coordinator will continue to source possible links with activities in the community in accordance with Resident's choices.
- Using the Futures Planning framework, goals identified by residents in relation to links with the community will be actioned and tracked.
- Progress on individual resident action plans will be presented at Care and Social Planning meetings and a report from same will be prepared by Activities Coordinator for review by PIC and the Senior Team Meeting.

Proposed Timescale: 30/09/2017

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:

Inspectors found an inconsistent approach to resident's finances. Residents were being charged for basic needs such as food and drink and other assessed needs such as social care.

2. 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:

- All residents Service Agreements to be reviewed by PIC to ensure that all fees and charges are clearly outlined.
- Service Agreements will be individualised according to residents' specific needs and living arrangements.

Proposed Timescale: 31/08/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Not all residents' social care needs were being met.

3. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- Provider Nominee continues to engage with the HSE regarding adequate resources to meet the needs of the service, as outlined in the business case presented in November 2016. Latest contact to CHO6 by provider nominee completed 26/06/17 to follow up on same.
- Futures Planning training is to be delivered 28/06/2017 by Sean Bohan, Quality Manager, to members of the Senior Team, Activities, Nursing and Senior Care Workers.
- Activities Coordinator will continue to endeavour to ensure that each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.
- Using the Futures Planning framework, goals identified by residents in relation to social care needs and participation in meaningful activities will be actioned and tracked.
- Progress on individual resident action plans will be presented at Care and Social Planning meetings and a report from same will be prepared by the Activities Coordinator for review by the PIC and the Senior Team Meeting.

Proposed Timescale: 30/09/2017

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:

Some risk control measures in place were not proportionate to the risk identified.

4. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

- Individual risk assessments will be reviewed and updated alongside risk register during the monthly meetings of the risk management committee. Evaluation of the appropriateness of control measures and effectiveness of same will take place overseen by the PIC.
- Eleven senior staff completed IBEC Risk management training on 01/06/2017 thereby gaining a greater understanding of risk identification and appropriate control measures.

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

Some individualised risk assessments reviewed did not demonstrate that risks were subject to ongoing review or did not outline the effectiveness or changes made to the controls in place post review.

5. 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:

- Eleven senior staff completed IBEC Risk management training on 01/06/2017
- The local risk management system will be reviewed by the PIC in order to endeavour to better demonstrate that risks are subject to ongoing review.
- The National Risk Management Template and Policy is being reviewed by the Quality, Safety and Risk Management Committee. It is organisational policy to operate an integrated process for the management of risk, and the development and amending of the current risk register is a logical starting point in this regard. The service will use the process outlined in the HSE guidance document.(Developing and populating Risk Register). This review process is currently ongoing and it is envisaged that the new risk management system will be available to services to use from September 2017.

Proposed Timescale: 30/09/2017

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:

Inspectors found limited support in place for residents to have opportunities for new experiences, social participation, education, training and employment.

6. 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:

- Provider continues to engage with the HSE regarding adequate resources to meet the needs of the service, as outlined in the business case presented in November 2016. Latest contact to CHO6 by provider nominee completed 26/06/17 to follow up on same.
- Futures Planning training is to be delivered 28/06/2017 by Sean Bohan, Quality Manager, to members of the Senior Team, Activities, Nursing and Senior Care Workers.
- Activities Coordinator will continue to endeavour to ensure that each resident has opportunities to access education, training and employment appropriate to his or her interests and preferences.

- Using the Futures Planning framework, goals identified by residents in relation to education, training and employment will be actioned and tracked.
- Progress on individual resident action plans will be presented at Care and Social Planning meetings and a report from same will be prepared by the Activities Coordinator for review by the PIC and the Senior Team Meeting.

Proposed Timescale: 30/09/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Inspectors found that residents requiring care and management of urinary catheters were not receiving appropriate healthcare at all times. Improvements were required in clinical oversight of staff practices to ensure residents were not at risk of developing complications associated with the care and management of urinary catheters.

7. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

- All actions from Catheter Care Action Plan submitted to HIQA on 26/05/2017 into the care and management of catheters are completed.
- Training in care and management of urinary catheters has been provided for 59 staff since 23/05/2017 by nursing staff and regional Clinical Partner.
- Care bundles in relation to the management and care of urinary catheters are in place for each catheter user.
- Competency checks aimed at assessing the knowledge and skill of Care Staff in relation to the care and management of urinary catheters are ongoing since 05/06/17, overseen by Head of Care.
- Risk assessment in place for the risk posed to Ardeen residents requiring the care and management of urinary catheters.
- LOPs, SOPs, Algorithms and Guidance documents are in place and easily accessible for care support workers.
- Monthly audits of Catheter care and management are underway in the service by Head of Care and Nursing staff, overseen by PIC.
- Hand soap and paper towel dispensers insitu in each residence on campus.
- Cheshire Ireland Infection and Prevention and Control Policy and Standard Operating Procedure – Infection Control in place.
- Fluid intake/output for all catheter users is monitored and totals reported at morning handover.
- From 26/06/17 there will be an additional 35 nursing hours in the service. Recruitment is underway for a further 30 hours nursing sanctioned by the HSE. This will enhance the clinical oversight of staff practices across 7 days a week.

- Head of Care hours to increase from 30 to 35 from 31/07/17.
- As of 31/05/2017 Community Intervention Team is available to the service out of hours to provide clinical intervention in the care and management of urinary catheters

Proposed Timescale: 31/07/2017

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:

Not all prescriptions records stated the maximum dosage of PRN 'as required' medication.

8. 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:

- Residents' medication prescription sheets have been reviewed and updated to ensure maximum dosage is documented for all PRN medications, overseen by Head of Care.

Proposed Timescale: 27/06/2017

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:

A lack of clinical oversight systems and inadequate monitoring of residents finances did not ensure that the service provided is safe, appropriate to resident's needs, consistently and effectively monitored.

9. 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:

- All actions from Catheter Care Action Plan submitted to HIQA on 26/05/2017 into the care and management of catheters are completed as detailed under Outcome 11, most notably in this instance :
 - Competency checks aimed at assessing and monitoring the knowledge and skill of Care

Staff in relation to the care and management of urinary catheters are ongoing since 05/06/17, overseen by Head of Care.

-Monthly audits of Catheter care and management are underway in the service by nursing staff and Head of Care.

From 26/06/17 there will be an additional 35 nursing hours in the service. Recruitment is underway for a further 30 hours nursing sanctioned by the HSE. This will enhance the clinical oversight of staff practices across 7 days a week.

- Head of Care hours to increase from 30 to 35 from 31/07/17.

Provider continues to engage with the HSE regarding adequate resources to meet the needs of the service, as outlined in the business case presented in November 2016. Latest contact to CHO6 by provider nominee completed 26/06/17.

- The PIC is further developing the system of internal audits to ensure that an Action Plan document is produced from each internal audit and amalgamated into a Service level Action Plan to be brought before the Senior Management Team.
- The PIC will instigate a review of the system of payment by residents for the Personal Assistance Service. Following this review a quarterly audit will be completed on the system by the PIC

Proposed Timescale: 31/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff numbers and skill mix were not appropriately meeting residents assessed needs.

10. 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:

- From 26/06/17 there will be an additional 35 nursing hours in the service. Recruitment is underway for a further 30 hours nursing sanctioned by the HSE. This will enhance the clinical oversight of staff practices across 7 days a week.
- Head of Care hours to increase from 30 to 35 from 31/07/17.
- Provider continues to engage with the HSE regarding adequate resources to meet the needs of the service, as outlined in the business case presented in November 2016. Latest contact to CHO6 by provider nominee completed 26/06/17 to follow up on same.

Proposed Timescale: 31/07/2017

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Nursing care was not being provided in accordance with the centre's statement of purpose.

11. Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

- From 26/06/17 there will be an additional 35 nursing hours in the service. Recruitment is underway for a further 30 hours nursing sanctioned by the HSE. This will enhance the clinical oversight of staff practices across 7 days a week.
- Head of Care hours to increase from 30 to 35 from 31/07/17.
- Statement of Purpose will be updated by the PIC to reflect these changes.

Proposed Timescale: 31/07/2017**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

According to the centres statement of purpose, the primary focus of the nursing staff is to manage and supervise the provision of care to ensure the best possible health and social outcomes for each individual resident. Inspectors were not assured that this was happening as the centre was operating for periods with no nursing staff present.

12. 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:

- From 26/06/17 there will be an additional 35 nursing hours in the service. Recruitment is underway for a further 30 hours nursing sanctioned by the HSE. This will enhance the clinical oversight of staff practices across 7 days a week.
- Head of Care hours to increase from 30 to 35 from 31/07/17.
- Five care staff appointed in senior care worker roles are responsible for co-ordinating and leading daily shifts. This additional level of local management ensures further oversight and monitoring of service delivery, overseen by Operations Coordinator and PIC.

Proposed Timescale: 31/07/2017

