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Rathfredagh Cheshire Home, Limerick

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rathfredagh Cheshire Home
Centre ID:	OSV-0003449
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Patrick Quinn
Lead inspector:	Geraldine Ryan
Support inspector(s):	Conor Dennehy
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	7

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 ongoing regulatory compliance. 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 January 2017 09:30 To: 18 January 2017 15:30

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

Outcome 07: Health and Safety and Risk Management
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was the fourth inspection of this designated centre. The purpose of this inspection was to monitor compliance with regulation and standards, to determine if residents with complex clinical and nursing care needs were being appropriately assessed and cared for, and if nursing staff were being supervised appropriate to their role. The previous inspection was on the 27 July 2016 and, as part of the current inspection, inspectors reviewed the relevant actions the provider had undertaken since the July inspection.

How we gather our evidence

Inspectors met eight residents and a number of staff. Residents were very complimentary of the care they received and stated that staff were kind. Inspectors reviewed documentation such as residents' risk assessments, healthcare plans and clinical care plans.

Description of the service

The provider had produced a document called the statement of purpose that explained the service they provided. Inspectors found that the service was being provided as it was described in that document.

The centre comprised a large period two storey house and courtyard buildings in a rural location approximately six kilometers from a large town. The service was available to adult men and women who had primarily a physical disability or

neurological condition.

Overall findings

Significant progress was noted in the management of residents' clinical and healthcare risk. Both the person in charge and the clinical nurse manager (CNM2) evidenced how they had implemented the required changes to achieve regulatory compliance. The eight residents who spoke with the inspector all spoke of how well they were looked after and how kind the staff were. They also stated that they were familiar with the person in charge and the CNM2.

Each resident had an up-to-date comprehensive suite of risk assessments, for example, falls, skin integrity, nutritional requirements, safe manual handling and if at risk of choking. Significant work had been completed with regard to medicines management. Furthermore multidisciplinary team meetings had been convened to discuss residents at risk.

While notable progress was evidenced in residents' documentation, additional oversight was required to ensure that, for example, residents' oral care was documented as being attended to and that residents' malnutrition universal screening tools (MUST) were up to date. However, staff demonstrated their knowledge on both matters.

Training for staff on fire safety was also outstanding.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the 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 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that outstanding fire safety works resulting from the previous inspection had been carried out but there were still some staff members who had not received fire training in over 12 months.

Although this outcome was not inspected in full, inspectors followed up on the actions arising from the previous inspection relating to fire safety. In response to that inspection the provider had submitted a detailed action plan outlining works to be completed to address these fire safety issues. At the start of this inspection, the person in charge informed inspectors that all of the fire safety works had been completed.

During the course of this inspection, inspectors reviewed these works and noted that these had been carried out as described. For example:

- a fire blanket had been put in place in the smoking room
- the curtain in the smoking room had been removed and chairs with non flammable material were provided
- the fabric lining to the ceiling of the prayer room had been removed
- additional emergency lighting had been provided
- the fire doors observed did not have any defects
- the kitchen had been reconstructed to address the containment of fire
- a new evacuation procedure had been introduced and clearly displayed throughout the designated centre
- a repeater fire panel had been installed in the main house
- shooting bolts had been removed from fire exits.

However, inspectors also reviewed a training matrix in relation to fire safety training and noted that not all staff members had received training in fire safety within the last 12 months. This was discussed with the person in charge who assured inspectors that these staff would receive the training, which was scheduled for February 2017.

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:

As part of this inspection, residents' access to healthcare and clinical care was reviewed. No other lines of enquiry were addressed. Staff demonstrated their knowledge in relation to the care delivered to residents. A new residents' care planning system was being implemented. There was evidence that residents with significant healthcare and clinical care needs were being cared for. All residents had been offered the influenza vaccine.

The person in charge and the CNM2 demonstrated a new and robust care planning system that was being implemented for residents. There was evidence of significant progress in this matter. Improvements were noted in the oversight of residents with complex medical, clinical and nursing care. Residents had access to a general practitioner (GP) on a regular basis and as required. The clinical risk assessments were in place and were mostly up to date, and there was oversight of the clinical and nursing care of residents. A number of residents had received appointments for specialist medical review. Residents had been reviewed by physiotherapy and occupational therapy; access to speech and language and dietetics was in place.

Residents with co-existing complex medical and nursing needs were assessed as being at risk of choking. Residents with complex nutritional intake regimes were assessed and staff demonstrated to the inspector their knowledge of the regime and how it was recorded. Staff were aware of the specific instructions concerning the residents' position while dining.

Appropriate observations were routinely recorded when a resident sustained a fall (witnessed or unwitnessed). Residents' weight and nutritional intake were regularly monitored.

Nursing staff demonstrated a clinical awareness and knowledge of residents' specific healthcare needs.

Snacks were available to residents throughout the day. A varied menu, offering choice, was evident. Residents' meals were well presented.

<p>Judgment: Compliant</p>

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

Theme:
Health and Development

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

Findings:
Residents' medication management documentation was maintained in an organised manner. Prescription and administration records were maintained in accordance with legislative requirements.

The inspector reviewed the medication prescription and administration records. Prescription charts were seen to be complete and in line with the relevant legislation. Medication administration records were complete, identified the medicines on the prescription sheet and allowed for the recording of the time and date medicines were administered.

Systems were in place for recording medication errors. The CNM2 evidenced a weekly audit she undertook to identify deficits in relation to medication management complete with associated actions to address the deficits.

It was evident that there was a significant decrease in errors in medicines management.

Judgment:
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:

A governance and management structure was in place. The management system in place demonstrated that the service provided was now safe, appropriate to residents' needs, consistent and effectively monitored and the lines of accountability for decision making and responsibility for the delivery of services to residents were clear.

The person in charge was in post since July 2016 and reported to the person representing the provider. A CNM2, in post since August 2016, reported to the person in charge. Both had implemented comprehensive systems in relation to residents' healthcare and clinical care planning and associated risk assessments. The CNM2 had completed a comprehensive review of medicines management in the centre and had implemented a new system to address deficits noted.

Positive progress included:

- addressing the immediate risks in relation to residents with significant healthcare and clinical care needs
- ongoing staff recruitment and training. Interviews were arranged with potential staff nurses and the person in charge stated that the 24 hour nursing care was being implemented in February
- regular meetings being held with staff
- improvements in documentation and record keeping.

Inspectors found evidence that:

- the quality of care provided to the residents, particularly residents with complex co-existing conditions with significant medical, nursing and clinical care needs, was risk assessed and monitored
- clinical oversight and support for nursing staff was in place, with additional staff nurses being recruited
- systems were in place to ensure delivery of quality and safe care to residents.

Judgment:

Compliant

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):

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

Findings:

While notable progress was evidenced in residents' documentation, additional oversight was required to ensure that, for example, residents' oral care was documented as being attended to and that residents' malnutrition universal screening tools (MUST) were up to date.

However, staff demonstrated their knowledge on both matters and residents confirmed that their oral care was attended to.

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:

Geraldine Ryan
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-0003449
Date of Inspection:	18 January 2017
Date of response:	06 February 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 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:

Not all staff members within the centre had undergone fire training within the last 12 months.

1. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive

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

suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

We had fire training on 1/2/2017 which was attended by 21 staff. Our next fire training is scheduled for mid-March. Our fire training is scheduled on an ongoing basis as new staff is commencing employment and as current staff's annual training becomes due. All staff will be Fire trained by March 15th 2017.

Proposed Timescale: 15/03/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

From a sample of documentation reviewed:

- some residents' oral care was not documented as being attended to and
- some residents' malnutrition universal screening tools (MUST) were not up to date.

2. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

CNM 2 has met staff at handovers, and stressed the importance of documenting daily care including oral care in service user's active file. CNM 2 has also noted this in our handover book. A copy of the latest HIQA report has been made available in staff Communication room.

The nursing staff will have all MUST's up to date by February 27th 2017.

Proposed Timescale: 27/02/2017

