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**A designated centre for people with disabilities
operated by Cheeverstown House Limited, Dublin 6w**

Item Type	report
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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:	A designated centre for people with disabilities operated by Cheeverstown House Limited
Centre ID:	OSV-0004129
Centre county:	Dublin 6w
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Cheeverstown House Limited
Provider Nominee:	Brian Gallagher
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
14 April 2015 09:30	14 April 2015 19:00
15 April 2015 08:15	15 April 2015 17:30

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

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

Summary of findings from this inspection

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

The inspector visited the four units where residents lived, which formed the designated centre. They met with some of the residents and staff in these locations. The inspector also met the management of the service and a fit person interview was

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

While the roles of clinical nurse managers is to provide clinical cover for all of the community services, there was a lack of governance in the designated centre to support this management structure to ensure that the needs of residents are met, incidents were appropriately responded too, personal plans implemented and staff were supervised.

As many of the residents are out during the day, part of the inspection took place in the late afternoon and evening, when residents had returned from their day activities. All residents had an intellectual disability.

Overall, the inspector found that residents received a good quality service, whereby staff supported and encouraged them to participate in the running of the house and to make choices about their lives. Residents explained to the inspector the different routines that they had, which were build around their personal interests. Some older residents had made the decision to start to retire from attending work and day service opportunities, and this was being supported in their individual homes.

There were regular meetings for residents, where they focused on things like the weekly menu, any staff changes or any plans for events and trips. All residents also had the inspection process explained to them.

Residents told the inspector they enjoyed living as part of their local communities, and had good links with people and services in the area. Some said they felt respected and happy with the opportunities they had to be involved in lots of different pastimes. Each resident had identified goals to achieve. Though some improvement to the recording was required, new paperwork had been introduced to support this.

The inspector found that residents' healthcare needs were met as needs arose, however there were some areas with no clear plans to guide their care. Residents were supported to develop and maintain personal relationships and links with the wider community. Families were seen to maintain good relationships with their relative, and confirmed they were kept up to date by the service. Families who provided feedback about the service were positive about the standard of care and support offered.

The houses were clean and had a warm, hospitable atmosphere and the inspector found that the residents were comfortable and confident in talking about their home.

While evidence of good practice was found in many of the outcomes, areas of non compliance with the Regulations were identified. These related to the complaints procedure not being displayed, further clarity needed to be able to access advocacy services, the contract of care requiring more detail, improvement needed in health, social care, and behaviour support plans to provide

guidance to staff about how care should be delivered to meet residents needs. Staff supervision also needed to be implemented in the centre.

Risk assessment and the governance and management were two areas where improvements were required in order to improve the effective running of the service and meeting the residents needs. The statement of purpose also needed to be amended to reflect the service being provided.

The non compliances are discussed in the body of the report and included in the action plan at the end of this report.

The provider submitted two versions of an action plan response however, both did not fully address some of the non compliances, and therefore some of the action plan responses were not accepted by the Authority.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found the provider and staff had systems in place to ensure residents were involved and participated in decisions about their care and the organisation of the centre. However, some improvements were required in the management of complaints, and access to information about advocacy services.

The centre was managed in a way that maximised resident's capacity to exercise personal independence and choice in their daily lives. There were regular house meetings and it was clear that residents planned their day, routine and activities.

Residents who spoke with the inspector explained how they chose meals and the routines in the house. In addition an internal advocacy group met that included resident representatives. However, not all residents were consulted with about the findings and actions to be taken after the meetings. One resident in this centre was a representative on the advocacy group.

Inspectors found some residents had access to an external advocacy service. However, there was inconsistent information available in the centre on the different external advocacy services available to the residents.

While there were policies, procedures and practices on the management of complaints in place, there were deficits in the information required to be maintained by Regulations. The complaints policy met the requirements of the Regulations. However, the policy or procedure were not publicly displayed in the houses, and where information was provided, they did not include details of the complaints officer or the appeals process.

Therefore it was not clear how residents were supported to make complaints.

Inspectors were informed that complaints were reviewed and followed up on. However, the records of complaints that had been made investigations carried out, what action taken and the satisfaction of complainants were not available for inspection. Staff informed inspectors these records were held at senior management level.

There were systems in place to support residents to manage their day-to-day monies, with an area of improvement required. There were policies and procedures on the management of residents' finances. However, these were not fully implemented in practice. For example, where transactions were carried out on residents' behalf by staff, there was only one staff signature. This is discussed under Outcome 18 (Documentation).

Inspectors spoke to staff who described the procedures and outlined how residents were using the balance of their pension or disability allowance each week.

The staff carried out daily and weekly balance checks of residents' monies, and a sample checked by inspectors were found to be correct. There were audits carried out by the finance departments.

Resident's who spoke with the inspector, and filled in questionnaires said they were happy in their homes, and enjoyed all the different tasks and activities they were involved in. One person said 'I feel respected' another said 'this is my home, and the people who look after me know me well'. Another comment from a resident was that 'staff reassure me when I'm anxious and they don't rush me'.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found systems were in place to assess and meet residents' needs, however improvement was needed to ensure all residents' communication needs were met.

There was a policy in place that set out the importance of identifying and meeting residents communication needs, and a system for identifying the level of support

individuals would need to receive. The staff who developed this document explained that they were in the process of introducing new documents and assessments, and had a plan to put support systems in place for all residents who had communication support needs.

Some residents were sent to have communication passports in place that gave an overview of their communication style and any other key information that people may need to know about them. Inspectors were informed that other residents carried them on their person during their day activities so they were not available to view.

Some residents did not have communication passports or support plans that identified their communication needs and how they were to be met. A plan was in place to ensure they were in place for all residents during the next year.

Some residents needed support around appropriate ways to communicate with other people and this was covered in their positive support plans. They focused on identifying what words residents may use to express certain feelings, and also prompts for staff about how to respond in a range of circumstances. The plans were also seen to explain the possible causes for residents to communicate or behave in certain ways, and how best to support them during those experiences, including their environment.

Throughout the inspection, inspectors saw that staff were communicating well with residents, and understood their individual ways of speaking and communicating. Residents appeared confident in making themselves understood.

Residents had access to telephones, TV, radio, DVDs. Some also had access to mobile phones as was their choice. Residents were seen to be accessing local shops to buy papers and magazines of their choice.

Many of the policies and guidance documents were provided in an easy read format that would support some residents to understand them.

Judgment:
Substantially Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The inspector found that residents were well supported to develop and maintain personal relationships and links with the wider community. This was in line with the goals of the organisation; 'to develop each person's full potential and ensure their long term well being within a positive environment'. This was also outlined in picture and word formation as one of the 'residents rights' outlined in the Residents Guide.

Support plans set out the key relationships in resident's lives as part of their support network, and any support that was needed to maintain those relationships. There were records of the contact residents had with their family and others.

There were no relatives visiting at the time of the inspection. Residents spoken with confirmed that where they had relatives and friends who were important to them, they had been able to continue to have regular contact with them.

Residents told inspectors that family members and friends could visit at any time and that they looked forward to spending time with their family. A number of residents said that they visited their family home regularly and often spent weekends and holidays with their family. Other residents spoke highly of holidays they had taken abroad with the support of staff members who know them very well.

Residents told the inspector that could meet friends and relatives privately if they wished and that staff and residents respected this.

The provider had a recreation and socialisation team in place to support front line staff and volunteers in the promotion of social activities, hobbies and leisure activities. The inspector found that this provided residents with an opportunity to lead full and meaningful lives through active and healthy social and recreational activities.

All residents spoken with during the inspection told the inspector they had lots of interesting things to do every evening. Activities included attending regular clubs, social nights out to local restaurants, pubs, cinemas and leisure centres, weekly discos, bowling and swimming.

The inspector spoke with residents who explained the different things they liked to do. Some residents were making a choice to start to retire from their day activities, and were being supported to spend more time in their home, and accessing their local community.

The provider commenced the development of a model of supports for older persons taking into account pre-retirement and retirement options, while taking account of residents changing health care needs. Some residents were attending a new service with this focus.

The provider also supports residents to attend concerts to hear their favourite groups. Pictures were displayed in residents houses and bedrooms of activities and events they had particularly enjoyed.

Inspectors saw that there were records maintained in residents' files that the family were very involved in the residents' multidisciplinary review if the resident requested this. The documentation of the involvement of families on an ongoing basis could be improved.

Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed the admissions policy and found that it only briefly set out the arrangements for admitting new residents to the centre. The admission process that was explained to the inspector by staff included the consideration of the wishes, needs and the safety of all residents in the centre. However, this was not fully included in the policy.

There was a contract of care in place to detail the supports, care and welfare of the residents in the designated centre. This was called the memo of service provision. This was supported by a "manage my money document". However the contract of care did not fully include the details of the services to be provided for that resident.

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):

No actions were required from the previous inspection.

Findings:

Each resident had a personal plan and the inspector sampled some of the plans from each of the houses that made up the designated centre. There was not a consistent approach to the development of the plans. The current model of personal plans did not support the development of current needs and choices of all residents or give an overview of their assessed needs.

The personal plans were available in an accessible format, some residents spoke with the inspectors about how they met to decide their goals and how they would be achieved. Inspectors found that records of the goal setting and evaluation of residents plans did not demonstrate the good practices delivered in the centre, as the record of whether they had been achieved or not was not complete in all cases.

There was some evidence of regular review and participation of residents in the development of their plans.

The provider had acknowledged the deficits in the documentation and had recently introduced a new planning document and staff had received training. The inspector found that when this was introduced it would address many of the deficits identified.

The personal plans contained important information such as details of family members and other people who are important in their lives, wishes and aspirations and information regarding residents' interests.

In some cases there was clear information on resident's needs, with clear instruction on how they were to be met. However, the inspector also found some examples where there was no information to guide staff in the care and support for residents, see outcome 11.

The inspector found that there were not individualised risk assessments completed for residents, to ensure continued safety of residents. For example, risks relating to behaviour or some environmental risks such as stairs.

There was clear evidence of a range of health professionals being involved with the residents depending on their individual needs, and guidance completed by them was available in the houses, and was being implemented by staff. For example speech and language therapy, occupational therapy, and psychiatry services.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

Overall, the centre's physical design and layout met the requirements of the Regulations.

The centre was made up of four houses, all of which were visited by the inspector who found them to be well laid out and met the individual needs of the residents. The houses were clean, warm, well maintained and homely. All four properties were located in local communities with access to local transport routes, shops and local entertainments amenities.

In all of the properties residents were seen to have personalised their rooms and had been involved in choosing the décor for the communal areas. Those who spoke with the inspector said they liked the houses they lived in and felt comfortable.

The first property visited was a bungalow. It had four bedrooms, two bathrooms, a lounge, kitchen/diner, and accessible garden. There was also a store room and an office that included a bed for staff on sleep over duty. The bungalow had been extended and corridors and doors had been widened to ensure the property was accessible to residents using a wheelchair.

The second property was a house with an en-suite bedroom, lounge and kitchen/ diner downstairs, and four bedrooms, one en-suite and a staff office upstairs. There was access to a well maintained garden, though the kitchen and to the rear of the property.

The third property had a lounge and kitchen/diner downstairs. Work had been completed in the garden to ensure it was accessible to the residents living in the house. There were four bedrooms upstairs and a bathroom. One of the bedrooms was used as a staff office, and another bedroom was shared by two residents.

The fourth property was a three bedroom house with a lounge/diner, kitchen and utility with toilet and shower. Upstairs were three bedrooms and a bathroom. One bedroom was used as a staff office.

The houses were being kept in a clean and tidy manner and residents told inspectors about how they contributed to tasks in the house.

Records were seen that showed regular maintenance was carried out. Also adaptations had been made to the properties to meet the needs of the residents where possible.

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:

Inspectors found there were measures in place to ensure the health and safety of residents, staff and visitors to the designated centre was promoted and protected. However some improvements were needed in relation to the assessment of risk.

There was a risk management policy that met the requirements of the Regulations. However, it did not guide practice in relation to the risk assessment of all potential hazards in the centre. For example, the risk register only contained risk assessments of individual people and no environmental risks were identified.

Staff were aware that a new policy had been developed, and the inspector saw some examples of starting to look at residents individual needs and how to complete a register of risks in each of the properties. Staff expressed that this was an area they were keen to learn more about.

There were a number of areas of potential risk identified by inspectors that had not been assessed. For example, risk assessments for residents who smoked. These matters were discussed with the assistant director of nursing (ADON) who described a pilot risk assessment that had been carried out, but this was not seen by the inspector who visited the designated centre. A sample of the pilot risk assessments were seen by inspectors, and were found to contain comprehensive information. The assistant director of nursing explained where risks were rated orange and red they were escalated to senior management for review, and were incorporated into the corporate risk register.

There was evidence of discussions in relation to issues such as the risk register, fire safety and the emergency plan. The minutes read of health and safety meetings read confirmed this. A new safety inspection form had also been developed. It was envisaged safety representatives and clinical nurse managers would complete these inspections, which would pick up unidentified hazards, which would require risk assessment.

There were systems in place to manage adverse events. Incident forms were read by inspectors, in which a range of incidents and accidents were recorded.

A health and safety statement was seen by inspectors. Inspectors saw and read an emergency evacuation plan, which was provided in each premises of the centre.

A policy on the prevention and control of infection was read by inspectors. A suite of infection control procedures were also in place to guide best practice.

There were procedures in place on the management and prevention of fire. Inspectors saw fire exits in each house were unobstructed and documented checks were completed by staff. There were regular fire drills involving residents and staff. These took place up to three times a year, both day and night time. Inspectors saw records were maintained for the drills and they included the findings and any learning required. The outcomes of drills were discussed at the above mentioned health and safety meetings. A number of residents were aware of the fire drills.

Staff were able to tell inspectors what they would do if the fire alarm went off. Inspectors saw documented evidence that fire equipment was serviced regularly such as fire extinguishers, fire alarms and emergency lighting.

Inspectors were shown an externally contracted report outlining a comprehensive fire safety assessment of each house in the centre. Where fire safety issues had been identified, a plan had been put in place to address the deficits. An update report was to be submitted to the Authority after the inspection.

Fire evacuation plans and notices were displayed throughout the centre. Records reviewed by inspectors indicated that most staff had participated in fire training within the past three years. Where gaps were identified, a plan was in place to provide training.

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):
No actions were required from the previous inspection.

Findings:
Inspectors found there were arrangements in place to safeguard residents and protect them from the risk of abuse. Some improvement was needed in providing guidance to

staff in relation to known behaviours of residents.

The inspector reviewed policies and procedures for the prevention, detection and response to allegations of adult abuse and found that they were satisfactory, clearly set out the responsibilities of designated personnel within the organisation and appropriate personnel in statutory services and reporting mechanisms in these matters. There is a designated officer for both adults and children's services identified.

Staff spoken with were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. All staff had received training on safeguarding vulnerable adults. Further training was planned to include the national policy.

Residents who spoke with inspectors, and completed the questionnaire for HIQA all said that they felt safe living in the centre and with the staff.

There were good procedural guidelines on the provision of personal care to residents including respecting residents privacy and dignity. Each resident had an intimate care plan that set out their personal needs and how they were to be met.

Inspectors reviewed records of allegations that had been made, and were satisfied that the provider took appropriate action in safeguarding residents and reviewing any alleged incidents in a timely manner.

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

Staff had training in the management of challenging behaviours and plans were in place to provide training on the new policy and procedure. The strategies implemented and developed by the clinical team demonstrated an understanding of the meaning of behaviours for the residents based on their particular need and the staff spoken with demonstrated an understanding of this and the manner in which to support the resident.

Where residents needed support in relation to their behaviour, positive support plans were in place. The documents gave details on the residents history, how they communicated, and the steps to support them when experiencing anxiety or distress. However, some examples were seen where known behaviours were not detailed, and so staff did not have guidance available to them about how to manage them should they arise.

The inspector found that restrictive procedures were minimal and where they were in place, they were reviewed by the rights committee and were proportionate to the risk. They included interventions such as holding a lighter for one resident to ensure his safety based on his assessed needs.

Where residents were using bed rails, there were risk assessments completed, and the staff monitored the resident on an hourly basis.

It was noted in some houses staff were not clear if there were restrictions in place for certain circumstances. The system would be more effective if staff had up to date information available to them.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. They were clear of what incidents needed to be notified and the timescales in which they must be completed. They had also provided three monthly notifications as required.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

Each resident had opportunities for new experiences, social participation and activities that matched their preferences.

There was a policy on access to education and training. This committed to all residents,

even those on respite, being supported to engage in learning opportunities.

Records reviewed, and discussions held with residents and staff, confirmed residents had a variety of opportunities to engage. Each resident had their own weekly schedule that set out the range of activities they were involved in.

Residents who spoke with inspectors through the inspection told of the different activities they took part in. This included attending a range of different day services, attending groups, classes, having jobs and volunteering.

Some residents explained they were semi-retired, and so spent more time in their homes, or accessing the community rather than more structured activities.

Residents also explained how they visited family, had visitors in their homes, had parties, and attend shows and events in local entertainment venues.

These were guided by resident's own interests and preferences and in some cases set out in their personal goals.

It was noted that an assessment of resident's skills and where new skills could be developed would further improve their opportunities for independence.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

The inspector found that there were appropriate arrangements in place to support residents' health care issues as they arose. However, some improvement was needed in providing clear guidance to staff on how to meet residents needs.

The staff in the centre were very familiar with residents needs and had responded when the need arose. Staff had created links with the health services in the community and within the organisations own allied health professionals.

Evidenced based assessments for falls, nutrition and wounds were not in use in the organisation. While residents had guidance documents in place for some health care

needs, for example epilepsy, and dysphagia, there was a lack of care plans in place to guide staff in a range of other areas including diet, asthma and management of anxiety.

The inspector reviewed the personal plans and medical folders for a number of residents and found that they had access to a General Practitioner (GP), including an out of hour's service. There was evidence that residents accessed other health professionals such as chiropodists, opticians and dentist. There was some evidence that residents had accessed breast check and other national screening checks.

There were documents called 'My Health Plan' in place for residents, but it was not possible to confirm if the information was up to date. Staff said that health assessments were completed and that they were maintained in the GP surgery off site.

Overall residents appeared to enjoy their evening meal when they returned to the centre. Residents decided what they wanted for their evening meal and if any resident did not like what had been prepared, there was a range of alternatives available. Residents were supported to have or to make a snack at any time of the day or night if they preferred and this was supported. Residents enjoyed going out for a meal and at times they participated in doing the shopping for the house.

The inspector found that there was an ample supply of fresh and frozen food. Fresh fruit and juice was available during the day which residents could access.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

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

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management.

The inspector read a sample of completed prescription and administration records and saw they were in line with best practice guidelines. Information pertaining to each resident's medication was available in the resident's files.

Staff had received training in this area and were familiar with the medications in use. Staff knew the procedure to follow where there were strict guidelines on their use.

Staff knew about the procedures for reporting medication errors.

There was a policy in place to guide safe practice in residents who chose to self medicate. This policy was seen to be implemented in practice. There was a risk assessment document in place to determine the residents ability to self medicate safely.

Medication audits were not completed for each location to identify areas for improvement which meant there was a missed opportunity for learning.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found the statement of purpose did not fully meet the requirements of the regulations. It reflected the centre's aims, ethos and facilities, however it did not fully describe the support and care needs the centre is designed to meet and how those needs would be met. It also did not include the correct information in relation to the role of person in charge.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was concerned that the provider had not nominated a person in charge as per the requirements of the Regulations.

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

There was a senior management team in place. The team included the provider, director of service, assistant director of services, medical director, financial controller, operations and quality manager, human resources manager, employment and training manager. In the designated centre, a team of local managers oversaw the day to day running of the centre, and these staff was clear on the management structure, reporting systems and areas of responsibility. However, the lines of accountability and responsibility for the provision of the designated centre at unit level were not so clear to ensure residents health, social and physical care and support needs were met were not robust, as evidenced in Outcomes 5 (social care needs), 8 (safeguarding and safety) and 11 (health care needs).

The inspector found that the management systems in place did not ensure that services provided were safe, appropriate to residents' needs, consistent and effectively monitored as outlined throughout the report. While the roles of clinical nurse managers is to provide cover for all of the community services, they were not supported in their role as there was a lack of governance in the designated centre to ensure that the needs of residents are met, incidents are responded too, personal plans implemented and staff supervised.

The provider had established weekly clinical nurse manager meetings and it was planned that the clinical nurse managers would hold monthly staff meetings in each location. While staff said they have access to the nurse managers by phone, the management style was reactive rather than a planned approach to the management of the service.

The provider had undertaken two reviews of the service. The management team were working through the action plans from the previous inspection. The centre had been externally accredited for quality. The provider had established a management structure, however the roles of managers and staff were clearly set out and understood.

There were no audits available for review. The provider had carried out un-announced visits and this took place up to twice a year.
An annual report of the quality and safety of care and support in the designated centre was not available.

<p>Judgment: Non Compliant - Major</p>

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
As there was no nominated person in charge in the designated centre, the inspector was unable to fully review this outcome against the Regulations. The action for this is made under Outcome 14.

Judgment:
Non Compliant - Major

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

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that resources were provided at times to support residents to meet their individual support plans.

Staff were involved in a range of activities, including assisting residents with personal care, carrying out household tasks, cooking meals, supporting trips out to local shops, supporting residents to attend medical appointments and spending time speaking with the residents.

Where required the provider ensured residents had access to one to one staffing

assistance to ensure residents requiring high level supports could access activities of their choice, for example daily trips to town to buy newspapers, dining out, leisure activities and holidays.

However, while there was a team of committed and knowledgeable CNMs employed, due to their caseload they were unable to visit the designated centre frequently or provide a consistent level of supervision for the social care staff working there. CNMs told inspectors that they communicated with staff mainly by phone, and provided advice and support mainly over the telephone. Staff confirmed that CNMs were always accessible by phone, and that the CNMs visited the centre every few months. The inspector was concerned that the lack of appropriate supervision on a consistent basis could result in poor outcomes for residents.

The provider had ensured that sufficient personal equipment had been provided, for example, where required with aids and appliances to promote residents independence, for example electric beds and wheelchairs, alternating pressure relieving mattresses.

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):

No actions were required from the previous inspection.

Findings:

Overall, inspectors found that staff were committed to providing a quality service to residents and there was a sufficient staff level and skill mix to meet the assessed needs of residents. However, the supervision and management of staff to ensure the provision of appropriate support care and supervision of residents required improvement.

There was an actual planned roster seen by inspectors that confirmed an adequate number of staff and skill mix met the needs of residents during the inspection.

Inspectors were not satisfied that the supervision of staff appropriate to their role was adequate.

The non compliances identified in Outcomes 5, 8 and 11 would be an indication of this.

There was a training programme in place for all staff. Records read by inspectors confirmed nearly all staff had up-to-date mandatory training and received education and training to meet the needs of residents, with training dates where staff had yet to complete training. Records confirmed staff had attended a range of training in areas such as eating-drinking-swallowing, epilepsy, and behaviours that challenge.

Inspectors reviewed a sample of staff files and found recruitment practices were in line with the Regulations. There was evidence nursing staff were registered with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014. All staff completed a performance review on an annual basis. However, this had yet to be rolled out for relief staff.

A small number of agency staff were used from time to time. The provider had a service level agreement with the agency, as read by inspectors. It confirmed that staff documentation maintained and mandatory training provided was as per the Regulations.

There were a large number of volunteers and external service providers who provided a valuable service to residents within the large organisation. There was evidence of vetted by An Garda Síochána and a written agreement of the role of the volunteers in the centre.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector found that the records listed in Schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. An area of improvement was identified in relation the policies being used in practice.

The provider had ensured the designated centre all of the written operational policies as required by Schedule 5 of the Regulations. The inspector found that all policies required by Regulations were in place; however there were some areas for further improvement. While the policy included residents' preference, the end of life care policy was not comprehensive, for example it would not guide practice on the after death arrangements, such as management of residents' possessions and information regarding preferences for funeral arrangement and place of burial.

The risk management policy did not guide practice as outlined in Outcome 7. For example, clinical and environmental risk assessments were not consistently being carried out to inform appropriate care plans or action plans. This meant that areas of high risk may not always be identified and acted on, such as environmental risks such as stairs for residents with reduced mobility.

It was also noted the finance policy was not being fully followed in practice, as only one signature was made against any entries in residents logs, and the policy required two.

The director of nursing and the management team had ensured that all documentation in place was made available to the inspector, and staff were very helpful in facilitating access to documentation and in explaining the procedures they had in place to the inspector.

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:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Cheeverstown House Limited
Centre ID:	OSV-0004129
Date of Inspection:	14 and 15 April 2015
Date of response:	18 June 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents were not consistently provided with feedback from internal advocacy meetings.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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

and participates in the organisation of the designated centre.

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

Information pertaining to advocacy services will be made available in each residence. The local elected advocacy representative will visit all homes and share advocacy information and feedback from meetings with all residents. Commenced May 2015

Proposed Timescale: 31/05/2015

Theme: Individualised Supports and Care

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

The complaints procedures was not on display.

Action Required:

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

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

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

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

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

Information pertaining to the different advocacy services was not available to all residents.

Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

Information pertaining to the National Advocacy Services has been made available in each residence.

Proposed Timescale: 18/06/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

It was not set out how all residents communication needs would be met.

Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

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

Proposed Timescale:

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:

The contractual agreement for each resident was not in line with the regulations.

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:

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

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

Proposed Timescale: 30/06/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Not all personal plans reflected how residents identified needs were to be met.

Action Required:

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

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

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

Proposed Timescale:**Outcome 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 risk management policy was not being implemented in practice in relation to the identification, assessment and management of risk.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

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

Proposed Timescale:**Outcome 08: Safeguarding and Safety**

Theme: Safe Services

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

Some examples were seen where there were no clear instructions for staff in how to manage known behaviours of residents.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Training on the services Policy "Promoting positive approaches, meeting needs and reducing distress" will be rolled out until all staff are trained, commencing 31st July 2015

The service also delivers specific training to staff. This is provided by four certified in-service trainers.

The service also provides specific Autism Awareness Training, Communication Passport training and specific training on Mental Health in Intellectual Disability.

These training programmes address the management of behaviours that challenge in this service

Proposed Timescale: Commenced April 2015 and ongoing

Proposed Timescale:

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not all health care plans were detailed enough to guide staff practice.

Action Required:

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

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

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

Proposed Timescale: 31/10/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not fully meet the requirement of the regulations.

Action Required:

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

Disabilities) Regulations 2013.

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

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

Proposed Timescale:

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no nominated person in charge in the designated centre as required by the regulations.

Action Required:

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

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

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

The required documentation was not received by the Authority.

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

Proposed Timescale: 12/06/2015

Theme: Leadership, Governance and Management

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

Staff were not sufficiently supported in their role by the management team.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Staff will be supported by monthly meetings, bi-monthly meetings, performance management development systems, on duty management system, and out of hours on-call system. A review of these management supports to staff will be undertaken.

A management contact book has been established to record evidence of management contact with houses.

Each house will use their own communication book to log manager's contact with each house.

A plan will be developed to provide support to the management function.

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

There was no annual review of quality and safety of care.

Action Required:

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

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

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

Proposed Timescale: 30/11/2015

Theme: Leadership, Governance and Management

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

The management systems did not ensure the service delivery met the needs of the residents.

Action Required:

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

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

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

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no system of staff supervision.

Action Required:

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

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

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

Proposed Timescale: 30/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies were not being followed in practice. For example the risk management policy.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Existing policies will be reinforced and implemented.

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

Proposed Timescale: 30/09/2015

