

**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 The Cheshire Foundation in Ireland
Centre ID:	OSV-0003453
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Mark Blake-Knox
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
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 to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
24 June 2015 10:00	24 June 2015 19:00
25 June 2015 09:00	25 June 2015 15:00
29 June 2015 11:00	29 June 2015 14:00

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 was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities and to assess suitability of this service to be registered as a designated centre under the Health Act 2007. The centre is part of the Cheshire Foundation in Ireland (trading as Cheshire Ireland). At this inspection, the inspector met with residents, staff

members, the person in charge, the regional manager and the quality manager.

Documentation such as care plans, medical records, accident logs, policies and procedures, questionnaires from residents and family members/significant others and staff files were reviewed as part of the inspection.

Questionnaires were generally complimentary of the staff and the service provided. There is a de-congregation plan for this centre however, no timescale had been set as to when the centre will be decommissioned. Plans are imminent for one resident to move to the community.

The inspector found there was an inadequate level of staffing to meet the assessed needs of residents particularly the social and emotional needs. In addition, there were further areas of non-compliance with the Regulations which included, review of the overall care of one service user to include a priority occupational therapy assessment, provision of up-to-date mandatory training to staff and ongoing review of the safety and quality of care provided to residents.

The evidence found on inspection that supported the inspector's judgments was relayed to the person in charge, the quality manager and the nurse/senior care worker at the end of the inspection. The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The person in charge and staff were committed to promoting the rights of residents however, this was an area that required review.

The inspector found there were systems in place for the management of complaints however, improvements were identified. While there was a policy on the management of complaints this did not comply with current legislation as it failed to identify a second person to oversee that complaints were appropriately responded to and that a record of complaints was maintained in accordance with Regulation 34-Complaints procedure.(This is actioned under Outcome 18 - Records) The complaints procedure was not publicly displayed, but was made available to relatives and residents on admission. Residents and families stated in the feedback form to the Authority that they would talk to staff or the person in charge if they had any complaints or concerns. There were no complaints under investigation at the time of inspection.

Records of complaints were maintained by the person in charge who completed an initial screening of the complaint. However, not all records provided to the inspector provided sufficient evidence they had been promptly investigated, what actions had been taken and if residents were satisfied with the outcome and were informed of the appeal process as per the Regulations.

The inspector found that the rights of residents to engage in individual meaningful activity of their choice were compromised due to lack of staff. A resident required a priority occupational therapy review as the chair he currently used was deemed not to meet his needs. He had had a occupational therapy assessment in April 2015 but an

update assessment was required and a decision needed to be made in order to ensure that he could attain the highest level of independence possible.

The inspector noted that no service user was cooking their meals at the time of the inspection. Many residents ordered prepared meals from a local nursing home others from local supermarkets. Some residents told the inspector that they would like to cook their meals. This should be considered in the context of the proposed move to independent living as it gives the residents the opportunity to choose, shop and budget for their food and as a way to increase the resident's independence and ensure the highest possible level of functioning.

Residents informed the inspector that they would occasionally attend activities in Sligo Town in the evenings but this did not occur regularly and generally not at night or at weekends as the staff employed by the provider did not have the capacity to provide support to residents and the personal assistant service was not available at weekends and after 17:00hrs. Some residents stated they wanted to go further than Sligo town. Residents stated that they felt that the centre should have the use of a vehicle in order to support them to achieve their goals and fulfill their wishes. Consideration should be given to the development of a leisure buddy system to assist residents with developing evening leisure activities and to provide residents with opportunities to access activities in the community.

Due to the staffing arrangements in the centre there was poor access to educational activities/evening classes of interest. While there were no regular residents' committee meetings where residents made decisions and asked staff for support to fulfill their wishes staff met individually with residents. However this interaction was related to their health care needs. The inspector spoke to residents who described their involvement in the development of their support plans. Some residents spoke about their planned move from the centre, which will entail moving to their own home. With the exception of one resident these plans were only beginning.

Residents could make choices about their daily lives such as when to go to bed and when to get up. Staff were observed interacting with residents in a respectful manner, ensuring that they only entered residents apartments when they were invited and seeking their views with regard to the delivery of their care. Residents told the inspector that their involvement with their local community including trips to the post office, supermarket, going out on day trips or home to visit family which they said they enjoyed. One resident felt they had integrated into the community over time, and met the locals and invited them into the centre which was reciprocated.

There was policy on the care of residents' property and finances, as required by the Regulations. The centre was involved in the management of two residents' finances. The provider and person in charge had put satisfactory arrangements in place to protect the property and the finances of residents with signatures of two staff for all transactions and a log of all monies maintained.

The inspector noted that all residents' apartments were personalised, clean and well maintained. As all residents had personal control over their belongings and all had their own laundry facilities the centre did not record residents' property. There were no complaints recorded and no concerns were raised with the inspector with regard to

residents' property.

An independent advocacy service was available and the staff explained to the inspector that the advocate was introduced to the resident and this was a private relationship between the advocate and the resident. No notes of these meetings were made available to staff.

Judgment:

Non Compliant - Major

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The Inspector found that staff were aware of the communication needs of residents and a detailed communication assessment was documented. Most residents could clearly articulate their views. Care plans reviewed indicated that communication needs were being met with support from speech and language therapy (SALT) services and staff were working with a specialist computer technician with regard to meeting the needs of one resident. There was very good use of assistive technology. The inspector saw residents had access to the radio, TV and the internet and many service users had a personal laptop. A communication passport was available for residents who required same. These provided a valuable tool if service users had to attend or be admitted to the local acute hospital.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

There was an open visiting policy where visitors were welcome to visit. Visitors could utilise the large communal room or meet in the residents apartment. As all apartments had their own front door, residents could receive visitors in private independent of staff. Most residents had a mobile phone also.

The Inspector found that residents were supported to develop and maintain personal relationships with their families but there were few links with the wider community. Residents told the inspector that there was very little opportunity for them to develop and maintain personal relationships and links with the wider community as there had no support in the evenings to access the local community. This was confirmed by staff. One resident attended a support centre occasionally to support their individual needs.(This is actioned under Outcome 1).

Family members were encouraged and welcomed to be involved in the lives of residents but some residents had little family involvement or lived long distances from home, consequently families were unable to visit regularly.

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):

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

Findings:

There was a contract of care in place, however this failed to fully outline the services to be provided. Additionally it did not contain any information with regard to the fee charged or any additional charges that were the responsibility of the resident. A resident's guide was in place.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-

based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

All residents living in the centre had personal plans in place. These plans included information relating to residents' health care needs, communication needs, assistive devices and goals identified. Some residents told the inspector they wanted to lead fulfilling active lives, however improvements were required to ensure all residents' personal plans were based on the assessed needs of residents, to ensure each personal plan outlined the supports required to maximise the residents personal development in accordance with his or her wishes particularly with regard to social care and meaningful activity.

While goals were set there was no commencement date so it was not possible to see when the goal was identified. There was poor evidence available that goals were regularly reviewed and progress charted. The Inspector spoke to residents who confirmed their involvement in the development of their support plans.

One resident was moving to independent living. While the service user was looking forward to living in the community she also expressed some apprehension about the move. Other residents had plans which were in their infancy with regard to moving out of the centre. While they expressed a wish to live independently family members met with by the inspector were anxious with regard to this plan. They expressed a desire for their loved one to remain in the centre. There was a lack of information on what management were doing to allay these anxieties.

Two residents had been supported to go on holiday this Summer.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

Findings:

The designated centre comprised of a single storey building with offices located on entry and residents accommodation located in a corridor leading from the offices. Residents' accommodation comprised of 10 one bedroom individual self contained apartments. These were open plan with a kitchen, dining sitting and bedroom area. An en-suite shower and toilet completed the structural layout. Each apartment was well furnished for independent living for example a fridge, cooker, microwave and washing machine was available in each apartment. A laundry was also available which contained drying facilities.

Some residents had automatic door opening installed which enabled them to leave their apartment independently, others could use the usual style handles. However there were two residents who were dependent on staff to come and open their doors. The inspector spoke with these two residents who confirmed that staff would swiftly attend their apartment to open the doors when they requested them to do so. The inspector spoke with the regional manager and the person in charge with regard to having an assessment completed of suitable automatic door opening devices fitted to ensure that residents were independent with regard to entering and exiting their apartments.

Apartments were person centred and residents told the inspector they had control over the decor of their apartments. The centre had wide corridors to accommodate residents equipment and ensure safety. The centre was clean and well maintained. A patio area was available to the back of the building. The person in charge confirmed that a privacy fence/trellis would be erected to enhance the privacy the domestic style nature of the garden.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

Findings:

A risk management policy was in place. A health and safety statement and an emergency plan were available. A policy was available on the prevention and control of infection and all staff had attended infection control training.

A health and safety officer had recently carried out a comprehensive environmental risk assessment of the premises. Any areas identified as priority had been completed, for example certification of the emergency lighting.

There were systems in place to manage adverse events. An accident/incident report was completed for all incidents. These were reported to the quality manager who produced an audit report with regard to these. The quality manager informed the inspector that these were monitored by the provider representative. However more work was required in this area to ensure that staff who worked in the centre were aware of any trends or outcome of reviews to prevent a similar incident re-occurring. Not all staff had completed training in safe moving and handling or fire safety training. This was discussed with the Person in Charge who stated that fire safety training was booked for the 16 July 2015 and post this training all staff would be trained.

Fire fighting equipment was provided. Documentation was available to support that the fire alarm system had been serviced recently. Fire exits were noted to be unobstructed and daily checks were completed by staff. A fire drill had recently been carried out but these were not occurring regularly. Fire drill records were not comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate or any environmental factors are recorded and deficits addressed in subsequent drills. A pull alarm bell was available in each bedroom, sitting room and toilet. Staff were able to tell the inspector what they would do if the fire alarm went off and that they had participated in fire drills. The centre contained 4 zones. Fire orders were displayed throughout the centre. The provider had commissioned an independent report with regard to fire safety compliance in May 2015. Any areas of risk rated 'A' – to be rectified within three months had been completed. There were seven further areas with a 'B' rating to be rectified within 12 months. The inspector discussed the contents of this report with the regional manager who stated that this report was sent to the financial controller and would be discussed by the board of the organisation at their July 2015 meeting. He gave a firm commitment that the issues identified in the report would be addressed within the time scales suggested.

The inspector verbally requested at the feedback meeting that the health and safety officer forward to the Authority the up to date position with regard to the fire safety report post the July 2015 board meeting and a detailed overall fire evacuation plan for the centre. This has been submitted to the Authority.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

The inspector found there were systems in place to protect service users from the risk of abuse. All staff spoken to were knowledgeable with regard to what constituted abuse. They all voiced the view that the welfare of the residents was paramount and they had a responsibility to report any suspicion or allegation of abuse. Staff had received training in safeguarding vulnerable adults. The quality manager explained that a system was being developed to ensure that all staff received refresher training in this area.

There were no restraints in place at the time of this inspection. Safety straps and some bedrails were in use but these were detailed as enablers and documentation was signed by the relevant personnel to support this, however a care pan was not in place to clearly show the enabling function of these measures. A policy that reflected the National Policy 'Towards a Restraint Free Environment' was available in the centre however there was no evidence available that staff had been trained on this policy. There were currently no residents with behaviours that challenge in the centre. Staff described good access to mental health services.

Prior to this inspection an allegation of abuse had been notified to the Authority and a report of the investigation was seen by the inspector. This allegation had been investigated and while the allegation was not substantiated as abuse, staff who were involved in this incident had received refresher training in safeguarding.

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):

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

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents, within three working days. The person in charge reports any admission to hospital even when this relates to an underlying medical condition. This is not necessary under the current legislation. This was discussed with the person in charge and quality manager at feedback. Where notifications were submitted, these were of a detailed standard and appropriate follow up was also submitted.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

The Inspector found that some residents had little opportunity to experience active social participation, education, and training. A minority of residents had temporary employment. One resident was engaged in education, training and development in a meaningful way.

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):

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

Findings:

A care plan entitled 'Best possible health care plan' was in place for each service user which documented that the aim on the care plan was to ensure quality and continuity in the delivery of care and to record decisions in conjunction with the residents, family, and or representatives regarding the planning of care.

The inspector found that while most residents received appropriate health care to meet their assessed needs, there were areas that required review. For example there was a resident who had a physiotherapy plan in place. The service user told the inspector that these exercises were not carried out daily as per the physiotherapist's advice. Staff and documentation confirmed this. This was discussed with the nurse who confirmed she did not have adequate time to supervise the care staff in specialist tasks. The allocation of nursing hours required review as the inspector was not satisfied that there was clinical support and clinical supervision available to care staff to meet the assessed needs of the residents particularly on the days that the nurse was not on duty particularly in the mornings when the majority of care was provided such as bowel care, dressings and the physiotherapy programme.

The person in charge informed the inspector that the clinical needs of residents had increased since their admission to the centre. A clinical needs assessment in conjunction with a staffing needs assessment is required to be undertaken to review how staffing and skill mix necessary to meet the assessed needs of the residents.

There was one resident with a pressure ulcer. There was good documentation in place to support that this was improving and appropriate care was being delivered. Specialist pressure relieving aids such as mattresses and cushions were in place and there was good documentation with regard to positioning of the resident to enhance healing.

A resident required a priority occupational therapy review as the chair he currently used was deemed not to meet his needs. He had had an occupational therapy assessment in April 2015 but an update assessment was required and a decision was required with regard to the use of his chair to ensure that he could attain the highest level of independence possible.

Where residents had epilepsy a seizure record chart and protocol for the safe management of epilepsy was in place. Access to a neurologist was available for specialist advice. An appointment log as to when bloods any physical investigations were completed was in place. Also there was good availability of referral letters to and from the local general hospital. An ethos of health promotion was in place for example female residents had access to mammograms and cervical screening. The Inspector reviewed the records for residents and found that they had access to a general practitioner of their choice, including an out of hour's service. Clinical health care assessments for residents were completed by the nurse but as the nurse took responsibility for this and carrying out competency assessments on carers she did not have adequate time to supervise the care staff.

Documentation read and information from staff confirmed that residents accessed other health professionals such as the physiotherapy, occupational therapist, dietician and speech and language therapist services when required.

While observations such as pulse and blood pressures were documented post a fall neurological observations were not completed following a fall. Care staff had received training in signs and symptoms of a head injury but not in recording neurological observations. Care staff informed the inspector if they had any concerns they called the doctor or an ambulance and transferred the service user to the acute general hospital.

There was a system in place to monitor residents' nutritional needs and weight. The inspector noted that residents who required review by a dietician were actioned. Some residents were on oral nutritional supplements as prescribed by the doctor and recommended by the dietician. Monthly records of weights were available for all residents.

Residents confirmed that they regularly discussed their care needs with staff. There was evidence that staff had met with residents after an annual review meeting to discuss the outcome. Some family members attended the annual review meetings. Residents also had the opportunity to attend multi disciplinary meetings.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

A number of medication management policy and practice documents were available, all of which were national organisational policies. However, there was no centre specific medication policy that described the management of medication in the centre to guide and inform staff with regard to safe medication practices in the centre.(This is actioned under Outcome 18). Medications for service users were stored safely in a locked cupboard in each apartment. No service user was self medicating at the time of this inspection.

Medication errors were recorded. These all related to staff not signing medication administration charts for topical preparations such as creams and provision of nutritional supplements to service users. The organisation has reviewed its medication management training for staff and plans were in place for all care staff to complete revised medication management training. The inspector was informed that this training will be specific to the needs of each centre. The nurse at the centre is to complete the train the trainer course and will then train staff.

One resident self administered their own medication. The inspector spoke with this service user who was clear with regard to what medication he was prescribed and when to take his medication. A risk assessment was in place in relation to this practice. A sample of administration and prescription charts were reviewed by the inspector and these were clear and all medication prescribed was signed by the General Practitioner. The inspector observed a carer administer medication. Medication was administered safely and complied with good practice. The person in charge ensured that all care staff who administered medication had received training in medication management.

There were monthly internal audits of medication practices carried out by the nurse. Breaches such as not signing for topical medication or nutritional supplements had been noted on these audits and the nurse had spoken with all staff and reminded them of their responsibilities with regard to medication management. Plans were in place that the pharmacist was going to jointly audit medication with the nurse.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

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

Findings:

The statement of purpose (SOP) set out the facilities provided and the aims, objectives and ethos of the centre were defined. However, aspects of the statement of purpose required review to ensure it contained all of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013 and that it reflected the current service provision taking into consideration to current staffing arrangements in the centre..

For example, it did not accurately reflect information regarding the following:

- An accurate description of the number of residents that can be accommodated
- No date as to when SOP was reviewed
- was not clear as to the amount of nursing hours were available. The SOP stated there is a full time nurse/senior care worker. However the inspector found that there was a nurse in post who worked 10 hours per week as a nurse and 20 hours per week as a senior care worker.

- The arrangements made for residents to access education, training and employment as detailed in the SOP was not reflective of current practice due to the staffing arrangements.
-The SOP stated that residents meetings were held regularly but this is not reflective of current practice.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The Inspector found the current governance and management systems in place required review. The post of person in charge of the centre was full time and met the requirements of the Regulations. The person in charge was supported by a part -time nurse/senior care worker (30 hrs per week) and a regional services manager who reports to the provider nominee. Management structures in the centre were clearly defined for staff working directly for the organisation but were not clear for staff who were not.

There was limited scope in relation to the person in charges' management and supervision of staff working directly with residents as some staff working with residents were not directly accountable to her as they worked for other organisations, consequently residents' social care, employment and integration into the wider community was not adequately supported. There was little or no communication between these staff and the provider organisation staff or their respective managers.

There was no management presence in the centre from Friday evening until Monday am. Two carers were on duty from Friday evening until Monday am. It was difficult to see how management could ensure that the care staff were able to meet the assessed needs of the residents over the weekend particularly when some residents had significant clinical needs such as peg feeding, special bowel care, wound care etc,

Ten hours per week was allocated to the role of a nurse to support and supervise the provision and supervision of clinical practices in the centre. Consequently, on a day to day basis, the care assistants were not supervised or supported on some days due to this arrangement. The nurse's role also included staff training and completion of competency assessments for care staff.

There were some audits occurring. The audit system requires review to ensure monitoring and evaluation of the quality of care practices was occurring. There was poor evidence of action taken or measures put in place from the audits carried out, although staff did confirm they were discussed verbally at handover each day. Where deficits were identified a quality improvement plan is required to address these deficits. Under regulation 23(2), the registered provider, or a person nominated by the registered provider shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall (a) prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support and (b) maintain a copy of the report and make it available on request to residents/service users, their representatives and the chief inspector. No unannounced visits were carried out of the service to date.

As discussed under Outcome 15 there were inadequate arrangements in place in the absence of the Person in Charge.

The provider has not submitted a planning compliance certificate to date as required by the regulations.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

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

Findings:

The inspector found that there were inadequate arrangements in place to manage the centre in the absence of the person in charge.
(This is actioned under Outcome 14)

While there was deputising arrangements in the absence of the person in charge, in that the nurse/senior care worker deputised, there were no deputising arrangements after 17:00 hrs on a Friday until 08:00 hrs on a Monday. There was an on call rota in place but this involved some persons on call who would have to travel significant distances to attend the centre.

There was one nurse/senior care worker available in the centre who worked 30 hours per week. All other staff with the exception of the person in charge were care staff, consequently there were occasions when the care staff worked with no senior staff on duty and inadequate support arrangements in place to support them given the current needs of residents.

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):

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

Findings:

The Inspector found that the centre was not adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There were inadequate nursing hours and senior staff hours allocated. Additionally the social care needs of residents was poorly met as there was limited scope in relation to the person in charge's management and supervision of staff working directly with residents as some staff were not directly accountable to her and worked for other organisations. The impact this has on the delivery of care and outcomes for residents is discussed throughout the report.

Judgment:
Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Deficits were identified in relation to staff documentation which included provision of evidence of a person's identity including a recent photograph, details and documentary evidence of any relevant qualifications or accredited training of the person employed and provision of a full employment history, together with a satisfactory history of any gaps in employment for each staff member employed. (This is actioned under Outcome 18)

A community transition coordinator post was in place. However the staff member who was in this post completed her employment at the centre during this inspection. No replacement was identified even though this was a planned departure, a staff member who worked in this post in a sister centre was willing to 'help out' in the interim period. Staff training records were reviewed. Not all staff had completed training in safe moving and handling of service users or annual fire safety training.

There was one volunteer working in the centre. While Garda vetting and a completed application form was available for this person there was no documentation in place with regard to their role and responsibilities were not set out in writing and there were no arrangements in place for their supervision.

Staff had received training in infection control, managing nutritional needs, managing elimination needs, and incontinence products training.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector found that residents' records were generally accurate, easily retrievable and maintained securely. However, there were gaps in the documentation required to be maintained by Regulations.

As detailed throughout the report there were deficits with regard to the records listed in

Schedule 1 – the Statement of Purpose,

Schedule 2- Information and documents to be obtained in respect of staff currently and previously employed at the centre - which included provision of evidence of a person's identity including a recent photograph, details and documentary evidence of any relevant qualifications or accredited training of the person employed and provision of a full employment history, together with a satisfactory history of any gaps in employment for each staff member employed,

Schedule 3 – there was no directory of residents,

Schedule 4 - the contract of care

Schedule 5 policies and procedures to be maintained in respect of the designated centre. Some policies were not centre specific, for example the medication policy and there was no policy on access to education and training and development.

An up to date insurance policy was in place for the centre which included cover for residents personal property and accident and injury to residents. The provider has not submitted a planning compliance certificate to date as required by the regulations.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate

**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-0003453
Date of Inspection:	24 June 2015
Date of response:	

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:

The inspector noted residents were not cooking their meals at the time of the inspection. Many residents ordered their meals from a local nursing home and some others from local supermarkets. Some residents told the inspector that they would like to cook their own meals.

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

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

a) Two service users already commenced preparing meals in their own apartments daily with staff assistance. Discussions are occurring with all residents as to whether they wish to prepare meals within their apartments on a daily or regular basis, and if so, support will be provided to them to do so (see below).

b) The Person in Charge to identify how cooking/food preparation supports can be provided to those who wish either through Cheshire Ireland staff or individual's current social support staff. This will involve a review of the current roster and staff duties.

c) The Person in Charge to liaise with the current the external Personal Assistant services (IWA and CIL) and the HSE around the provision of meal preparation supports to the appropriate people. Contact will be made with both organisations by 31st August 2015.

d) The North Western Regional Manager to develop a proposal to be forwarded to HSE to request and secure provision of social support hours for Cheshire Ireland to deliver to Service Users.

a) Proposed Timescale: 8th August 2015 and ongoing. Responsible Individual(s): Person in Charge

b) Proposed Timescale: 31st August 2015. Responsible Individual (s): Person in Charge

c) Proposed Timescale: 31st August 2015. Responsible Individual (s): Person in Charge

d) Proposed Timescale: 15th September 2015. Responsible Individual (s): North West Regional Manager

Proposed Timescale: 15/09/2015**Theme: Individualised Supports and Care****The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was poor evidence available of consultation with residents with regard to the running of the service.

2. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

a) The person in Charge will organise and advertise a residents meeting with an attached social activity to encourage service users

b) The contact details of the local independent advocacy officer are displayed on the service users notice board. All service users will be reminded of same by Person in Charge and PPIM will ensure that they meet with each service User individually around issues specific to them on at least a 3 monthly basis

c) The complaints procedure is publicly displayed within the centre and available to service users

Proposed Timescale: a) 22nd August 2015 meeting will be advertised

b) Commencing 5th August 2015 and on a 3 monthly basis thereafter

c) Completed

Responsible Individual (s) Person in Charge, PPIM, Regional Manager/Provider

Proposed Timescale: 22/08/2015

Theme: Individualised Supports and Care

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

Residents informed the inspector that they would occasionally attend activities in Sligo Town in the evenings but this did not occur often enough and generally not at night as the personal assistant service was not available at night or at weekends and the staff employed by the provider did not have the capacity to provide support to service users. Residents stated they wanted to go further than Sligo town and the centre should have the use of a vehicle in order to support them to achieve their goals and fulfill their wishes.

3. Action Required:

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

a) The Service Manager and Regional Manager met with the HSE to discuss actions required from this inspection report, This meeting occurred on the 21st July, A further meeting has been requested by the Service Manager with the HSE

b) The Person in Charge will liaise with the current external Personal Assistance services (I.W.A. and C.I.L) and the HSE around the provision of social supports to the appropriate people.

Contact will be made with both organisations by the 31st August 2015.

c) The North West Regional Manager will develop a proposal to be forwarded to the HSE to request and secure provision of Social Support hours for Cheshire Ireland to deliver to Service Users

d) Cheshire Ireland will re-evaluate the expressed need for transport for Service Users and identify ways in which this can be provided

e) Discussions will be held with each Service User and during the planned Service User's meeting regarding their transport needs and support required. Options regarding Public transport and the purchasing of vehicles by Service User's to be discussed

Proposed Timescale: a) Completed 21st July 2015.

b) further meeting requested 31 August 2015

c) 15th September 2015.

d) 31st August 2015

e) 15th September 2015

Responsible Individual(s): Service Manager. North West Regional Manager

Proposed Timescale: 15/09/2015

Theme: Individualised Supports and Care

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

Service users informed the inspector that they would occasionally attend activities in Sligo Town in the evenings but this did not occur often enough and generally not at night as the personal assistant service was not available at night or at weekends and the staff employed by the provider did not have the capacity to provide support to service users. Some service users stated they wanted to go further than Sligo town. Service users stated that they felt that the centre should have the use of a vehicle in order to support them to achieve their goals and

4. Action Required:

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

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

a) The Service Manager and Regional Manager have met with the HSE to discuss actions required from the inspection report; A further meeting with the HSE has been requested by the Service Manager

b) The Person in Charge to liaise with the current external Personal Assistance services (I.W.A. and C.I.L) and the HSE around the provision of social supports to the appropriate people.

Contact will be made with both organisations by the 31st August 2015.

c) The North West Regional Manager will develop a proposal to be forwarded to the HSE to request and secure provision of Social Support hours for Cheshire Ireland to deliver to Service Users

d) Cheshire Ireland will re-evaluate the expressed need for transport for Service Users and identify ways in which this can be provided

e) Discussions to be held with each Service User and during the planned Service User's meeting regarding their transport needs and support required. Options regarding Public transport and the purchasing of vehicles by Service User's to be discussed

Proposed Timescale: a) completed 21st July 2015

b) 15th August 2015

c) 15th September 2015

d) 31st August 2015

Responsible Individual(s): Person in Charge, Regional Manager/Provider

Proposed Timescale: 15/09/2015

Theme: Individualised Supports and Care

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

A resident required a priority occupational therapy review as the chair he currently used was deemed not to meet his needs. He had had a occupational therapy assessment in April 2015 but an update assessment was required and a decision needed to be made in order to ensure that he could attain the highest level of independence possible.

5. Action Required:

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

a) An Occupational Therapist review has been held on the 15th July in relation to this Service User. The Occupational Therapist review has scheduled a trial period for the service user to use his power chair in his own apartment with the assistance from staff. This trial will be reviewed on the 4th August 2015 by the Occupational Therapist

b) Additional support hours have been sought for the Service User following consultation with the HSE

Proposed Timescale: a) Completed 15th July

c) Completed with response expected by the 15th August 2015.

Responsible Individual(s): Person in Charge

Proposed Timescale: 15/08/2015

Theme: Individualised Supports and Care

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

Not all records provided to the inspector provided sufficient evidence that complaints had been promptly investigated, what actions had been taken and if residents were satisfied with the outcome and were informed of the appeal process as per the Regulations.

6. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

a) The Service Manager and Regional Manager will review recent complaints and actions within the centre to be carried out and corrective actions identified taken where necessary

b) Cheshire Ireland's complaints policy to be reviewed as per requirements

c) All future communication with Service User's regarding complaints received will include information on rights of the appeal process within complaints procedure

d) The complaints procedure is publicly displayed within the centre and available to Service User's

Proposed Timescale: a) 30th September 2015. Responsible Individual(s): Person in Charge and North West Regional Manager

b) 31st August 2015. Responsible individual(s): Quality Officer Cheshire Ireland

c) 5th August 2015 and ongoing Responsible Individual(s): Person in Charge and PPIM

d) completed

Proposed Timescale: 30/09/2015

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

Theme: Individualised Supports and Care

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

Residents told the inspector that there was very little opportunity for them to develop and maintain personal relationships and links with the wider community as there had no support in the evenings to access the local community. This was confirmed by staff. Personal assistants were not available after 17:00 hrs or at weekends.

7. Action Required:

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

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

a) The Service Manager and Regional Manager have met with the HSE to discuss the

necessary actions required resulting from the HIQA inspection and report

b) The Service Manager will request a meeting to engage with External Personal Assistance Providers supporting Service Users regarding the current social requirements of Service Users within Abbey View Residences.

c) The Regional Manager will develop a proposal to forward to the HSE to request and secure additional social support provision for the residents of Abbey View Residences, to be provided at flexible times including evenings and weekends

Proposed Timescale:

a) completed 21st July 2015

b) 31st August 2015. Responsible Individual(s): Person in Charge, Regional Manager/Provider

c) 15th September 2015

Proposed Timescale: 15/09/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

There was a contract of care in place, however this failed to fully outline the services to be provided. Additionally it did not contain any information with regard to the fee charged or any additional charges that were the responsibility of the resident.

8. Action Required:

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

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

a) A new Service User agreement has been developed in the organisation which is in line with all regulatory requirements

b) Service Agreements to be reviewed to ensure the inclusion of all relevant information as outlined in the regulations.

Proposed Timescale: a) Completed. Responsible Individual(s): Service Quality team

b) Proposed Timescale 15th September 2015 Responsible Individual(s): Person in Charge

Proposed Timescale: 15/09/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

While the resident was looking forward to living in the community she also expressed a little apprehension and worry about the move. Other residents had plans which were in their infancy with regard to moving out of the centre.

9. 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:

- a) Any service user moving to the community will be supported by both the Person in Charge and other dedicated staff
- b) A Community Transition Co-ordinator has been appointed on an interim basis to oversee the specific Service User identifier's transition into the community
- c) A full transition plan is being finalised with the Service User in question
- d) A community Service Co-ordinator post has been advertised and an individual will be appointed following a recruitment process to ensure oversight of community service and support Service Users

Proposed Timescale: a) Immediate b) 4th August 2015. c) 21st August 2015. d) 15th September 2015. Responsible Individual(s): Community Transition Co-ordinator, Person in Charge, Service Quality Team

Proposed Timescale: 15/09/2015

Theme: Effective Services

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

Some residents had plans which were in their infancy with regard to moving out of the centre. While they expressed a wish to live independently family members met with by the inspector were anxious with regard to this plan. They expressed a desire for their loved one to remain in the centre. There was a lack of information on what management were doing to allay these anxieties.

10. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- a) The resident in question has expressed a desire to move from the centre into a different living arrangement in the community and Cheshire Ireland are developing

transition plans in accordance with her wishes.

b) The service user has been assisted to prepare a presentation according to her communication needs to explain to her loved ones how she feels and why she wishes to move.

c) The Service Manager has met with the family in question and will continue to be available to support and provide all possible assurances

Proposed Timescale: a) Ongoing

b)Ongoing

c)Ongoing

Responsible Individual(s): Person in Charge

Proposed Timescale:

Theme: Effective Services

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

While goals were set there was no commencement date so it was not possible to see when the goal was identified. There was poor evidence available that goals were regularly reviewed and progress charted.

11. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

a) A commencement date will be added to each care plan goal to ensure timescales can be measured.

b) The current care plan template in use will be reviewed and amended to ensure that more detail is documented on progress and dates achieved

c) An awareness/information session for staff will be held on the updating of care plans and goal tracking

Proposed Timescale:

a) 31st August 2015.

b) 31st August 2015.

c) 30th September 2015.

Responsible Individual(s): Person in Charge

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Improvements were required to ensure all residents' personal plans were based on the assessed needs of residents, to ensure each personal plan outlined the supports required to maximise the resident's personal development in accordance with his or her wishes particularly with regard to social care and meaningful activity.

12. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

a) Residents personal plans will be reviewed developed and improved to ensure that their wishes with regard to required social supports are documented, monitored and updated on an ongoing basis and as required

b) The Service Manager will review support provided to Service Users by external providers as per memorandum of understanding by meeting with the individuals x4 times per year

Proposed Timescale: a) 30th September 2015, Responsible Individual(s): Person in Charge, PPIM

b) Commencing 30th July 2015 and ongoing Responsible Individual(s):

Proposed Timescale: 30/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There were two residents who were dependent on staff to come and open their doors to exit their apartments.

13. Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

Cheshire Ireland will identify ways to ensure that the residents identified are able to access their apartment doors more independently, including obtaining quotes for the provision of automatic exit doors . Funding requests have been made to the Registered Provider by the Service Manager

Proposed Timescale: Quotes to be obtained by 31st August 2015 and ongoing work following this. Responsible Individuals: Provider/Regional Manager

Proposed Timescale: 31/08/2015

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 had completed fire safety training.

14. Action Required:

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

a) 10 staff have completed fire training on 27th July 2015. All further staff will be trained by 30th September to ensure compliance with regulatory requirements.

Proposed Timescale: a) 30th September 2015. Responsible Individual(s) : Person in Charge

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Fire drill were not completed regularly and records were not comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate or any environmental factors are recorded and deficits addressed in subsequent drills.

15. Action Required:

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

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

a) A day time fire drill was held on the 26th of June 2015.

b) A night time fire drill will be held on the 31st of July 2015.

c) Fire drills will be repeated every month for the next three months. Service Manager and Health and Safety Officer will review this and determine the necessary timeframe in

September 2015

Proposed Timescale:

a) completed 26th June 2015

b) 31st July 2015

c) September 30th 2015

Responsible Individual(s) Person in Charge, Cheshire Irelands National Health and Safety Officer

Proposed Timescale: 30/09/2015

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:

A policy that reflected the National Policy 'Towards a Restraint Free Environment' was available in the centre however there was no evidence available that staff had been trained on this policy.

16. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

a) Training and awareness sessions will be provided to all staff by 30th September 2015

Proposed Timescale:

a) 30th September 2015.

Responsible Individual(s): Person in Charge and Regional Clinical Educational Facilitator

Proposed Timescale:

Outcome 10. General Welfare and Development

Theme: Health and Development

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

The Inspector found that some residents had little opportunity to experience active social participation, education, and training. A minority of residents had temporary employment. One resident was engaged in education, training and development in a meaningful way.

17. Action Required:

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

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

a) The Service Manager and Regional Manager have met with the HSE to discuss actions required from the HIQA inspection report. A further meeting has been requested by The Service Manager

b) Management will develop a proposal to forward to the HSE to request and secure additional social support provision for the Service Users of Abbey View Residences, to be provided at a flexible times including evening and weekends

c) Two Service Users already prepare meals daily with staff assistance. The Service Manager through meetings with Service Users will identify which other Service Users would like to assistance to cook their own meals and how this support can be provided.

d) The Service Manager will identify how cooking/food preparation supports can be provided to those who wish either through Cheshire Ireland staff or individual's current social support staff. This will involve a review of the current roster and staff duties.

Proposed Timescale:

- a) 15th August 2015,
- b) 15th September 2015,
- c&d) 8th August 2015.

Responsible Individual(s): Person in Charge and Regional Manager

Proposed Timescale: 15/09/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A resident who had a physiotherapy plan in place and some care staff did not feel competent to carry this out as instructed consequently these exercises were not carried out daily as per the physiotherapist's advice. Staff and documentation confirmed this.

18. Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

a) The current Physiotherapy needs of the particular Service User has be reviewed with the method of supporting her with her Physiotherapy programme. Identified and a comprehensive care and support plan drawn up by the Physiotherapist in conjunction with the Service User and relevant Cheshire Ireland staff.

b) A cost effective option for Service Users to avail of private physiotherapy has been arranged to commence on 4th August 2015

Proposed Timescale:

a) 4th August 2015

b) 4th August 2015

Responsible Individual(s): Person in Charge

Proposed Timescale: 04/08/2015

Theme: Health and Development

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

A clinical needs assessment in conjunction with a staffing needs assessment is required to be undertaken to review how staffing and skill mix necessary to meet the assessed needs of residents.

19. 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:

a) A care needs assessment based on the Northwick Dependency Scale was conducted on 21st July 2015 by the Service Manager and PPIM Results will be reviewed with the Regional Clinical Educational Facilitator (Senior Nurse) and the management team to determine current staffing levels against the assessed need.

Proposed Timescale:

Completed 21st July 2015, review to take place by the 15th September 2015

Responsible Individual(s): Person in Charge and PPIM

Proposed Timescale: 15/09/2015

Theme: Health and Development

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

One resident required a priority occupational therapy review as the chair he currently used was deemed not to meet his needs. He had had an occupational therapy assessment in April 2015 but an update assessment was required and a decision was required with regard to the use of his chair to ensure that he could attain the highest level of independence possible.

20. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by

arrangement with the Executive.

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

a) An Occupational Therapy Review for the Service User was completed on 15th July 2015. The Service Manager will work with the Occupational Therapist to ensure all the individuals' needs are in relation to this area are addressed.

b) The Person in Charge has applied to HSE for additional resources to enable more social supports for this individual and provided.

Proposed Timescale: a) Completed 15th July 2015.

b) completed 21st July 2015,

Responsible Individual(s): Person in Charge

Proposed Timescale: 21/07/2015

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:

Aspects of the statement of purpose required review to ensure it contained all of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

21. Action Required:

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

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

The Statement of Purpose will be reviewed and amended to reflect the required changes.

Responsible Individual(s): Person in Charge with support from the Service Quality Officer

Proposed Timescale: 15/08/2015

Theme: Leadership, Governance and Management

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

The arrangements made for residents to access education, training and employment as detailed in the statement of purpose was not reflective of current practice due to the

staffing arrangements.

22. 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:

a) The needs and wishes of service users to the management team of PA providers and the HSE were communicated by Abbey View Residences management team at a meeting held on 21st July 2015

b) Abbey View Residences management team will develop a proposal to forward to the HSE to request and secure additional social support provision for the residents of Abbey View Residences, to ensure access to education, training and employment and other social supports be provided to Service User at flexible times including evenings weekends

Proposed Timescale:

A&b) meeting occurred 21st July 2015: follow up formally by 31st August 2015,
Responsible Individual(s): Person in Charge and North Western Regional Manager

Proposed Timescale: 31/08/2015

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:

The provider has not submitted a planning compliance certificate to date as required by the regulations.

23. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

a) Cheshire Ireland's Health and Safety Officer has engaged an external consultant to support the management team to obtain the required planning compliance certificate

Proposed Timescale:

a) 31st October 2015 Responsible Individual(s): Service Manager, North Western Regional Manager, Cheshire Irelands Health and Safety Officer

Proposed Timescale: 31/10/2015

Theme: Leadership, Governance and Management

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

There were no deputising arrangements after 17:00 hrs on a Friday until 08:00 hrs on a Monday. There was an on call rota in place but this involved some persons on call who would have to travel significant distances to attend the centre.

There was one nurse/senior care worker available in the centre who worked 30 hours per week. All other staff with the exception of the person in charge were care staff, consequently there were occasions when the care staff worked with no senior staff on duty and inadequate support arrangements in place to support them given the current needs of the residents.

24. Action Required:

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

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

- a) Additional funding is being sought to ensure the PPIM position is now a full time position (the post, including the working hours which have been reviewed by Cheshire Irelands Human Resources department).
- b) The Person in Charge and PPIM will dovetail roster arrangements to ensure that there is weekend cover both on site and by phone.
- c) The Regional on call system will continue and can provide telephone guidance and support to staff.

Proposed Timescale:

- a) 15th August 2015,
- b) Completed 2015.
- c) Completed.

Responsible Individual(s): Person in Charge, North Western Regional Manager

Proposed Timescale: 15/08/2015

Theme: Leadership, Governance and Management

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

The Inspector found that the management systems in place required review.

Management structures in the centre were clearly defined for staff working directly for the organisation but were not clear for staff who were not.

There was limited scope in relation to the person in charge's management and supervision of staff working directly with residents as some staff working with residents were not directly accountable to her as they worked for other organisations, consequently residents' social care, employment and integration into the wider community were not adequately supported.

There was little or no communication between these staff and the provider organisation staff or their respective managers.

There was no management presence in the centre from Friday evening until Monday am. Two carers were on duty from Friday evening until Monday am.

There was ten hours per week allocated to the role of a nurse to support and supervise the provision and supervision of clinical practices in the centre. Consequently, on a day to day basis, the care assistants were not supervised or supported on some days due to this arrangement.

25. Action Required:

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

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

A memorandum of understanding is in place with external Personal Assistant Providers. (I.W.A. and C.I.L) The Person in Charge will liaise with the current external Personal Assistance services, Quarterly meetings will take place to ensure needs and wishes of Service Users and current operational issues are communicate'. Contact will be made with both organisations by 31st August 2015.

a) A Review of the current Care leadership in the centre is underway

b) Based on the outcome of this review the current management cover and the nursing hours available to the centre will be amended / altered. Therefore giving adequate clinical supervision to care support staff

Proposed Timescale: 1st September 2015, Responsible Individual(s): Person in Charge and North Western Regional Manager

Proposed Timescale: 01/09/2015

Theme: Leadership, Governance and Management

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

No unannounced visits by the provider or a person nominated on behalf of the provider were carried out of the service to date.

26. Action Required:

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

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

- a) A review of the current quality audit system within Cheshire Ireland is underway. A working group has been appointed and the first meeting was held on 22nd July 2015. This group will ensure that a robust structure of audit will be in place within the organisation. A representative of the registered provider will carry out an unannounced visit by Cheshire Ireland Quality Team 30th September 2015,
- b) Twice yearly unannounced visits will be carried out and a report on the standard of care prepared following these visits

Proposed Timescale: 30th September 2015, Responsible Individual(s): National Working Group, Quality Team

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:

The audit system requires review to ensure monitoring and evaluation of the quality of care practices was occurring. There was poor evidence of action taken or measures put in place from the audits carried out, although staff did confirm they were discussed verbally at handover each day. Where deficits were identified a quality improvement plan was not in place

27. 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:

An audit working group is developing a revised and improved audit process for the Cheshire Ireland organisation by 31st August 2015, The quality of local care practises and plans is monitored by Cheshire Irelands Regional Clinical Educational Facilitators. Improvements identified by this individual will be outlined to the Service Manager and formal feedback provided to staff during staff meetings. Minutes will be maintained of these meetings.

Proposed Timescale: 30th September 2015

Responsible Individual(s): National Working Group, Service Quality Officer

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:

The registered provider had not prepared a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support .

28. 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:

a) A review of the current quality audit system within Cheshire Ireland is underway. A working group has been appointed and the first meeting was held on 22nd July 2015. This group will ensure that a robust structure of audit will be in place within the organisation.

b) A representative of the registered provider will carry out an unannounced visit by 30th September 2015.

c) Twice yearly unannounced visits will be carried out and a report on the standard of care prepared.

Responsible Individual(s): National Working Group, Service Quality Team

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:

A copy of the annual report must be made available on request to residents/service users, their representatives and the chief inspector.

29. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

a) A review of the current quality audit system within Cheshire Ireland is underway. A working group has been appointed and the first meeting was held on 22nd July 2015. This group will ensure that a robust structure of audit will be in place within the organisation. A representative of the registered provider will carry out an unannounced visit by 30th September 2015.

b) Twice yearly unannounced visits will be carried out and a report on the standard of care prepared.

Proposed Timescale: 30th September 2015, Responsible Individual(s): Intentional Working Group Service Quality Team

Proposed Timescale: 30/09/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The Inspector found that the centre was not adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

30. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- a) An assessment of care needs using the Northwick Dependency scale was carried out on 15th July 2015. By the Service Manager and PPIM, As result of this assessment, a review of the current roster will be carried out by the Service Manager to ensure the current roster meets the requirements of the assessed needs of Service Users
- b) Management will develop a proposal to forward to the HSE to request and secure additional social support provision for the Service Users of Abbey View Residences,
- c) The Statement of Purpose Management will be reviewed and amended to reflect the required changes.

Proposed Timescale:

- a) 15th September 2015, Responsible Individual(s) : Person in Charge and PPIM,
- b) 15th September 2015, Responsible Individual(s): Person in Charge and North Western Regional Manager,
- c) 15th August 2015, Responsible Individual(s): person in Charge with the support of the Service Quality Officer

Proposed Timescale: 15/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had up to date training in manual handling or fire safety.

31. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

a) 10 staff have completed fire training on 27th July 2015. All further staff will be trained by 15th September to ensure compliance against regulatory requirement

b) Manual Handling training was conducted for all staff on 15th July 2015

Proposed Timescale: a) 15th September 2015

b) Completed 15th July 2015

Proposed Timescale: 15/09/2015

Theme: Responsive Workforce

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

There was one volunteer working in the centre. While Garda vetting and a completed application form was available for this person there was no documentation in place with regard to their role and responsibilities were not set out in writing.

32. Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

a) The registered provider will ensure that a national structure around the management of volunteers is developed and rolled out throughout the organisation by 31st December 2015.

b) A local guideline will be developed within the service by the Service Manager and PPIM to ensure roles and responsibilities are clearly outlined to all current and future volunteers.

Proposed Timescale:

a) 31st December 2015, Responsible Individual(s): Registered Provider

b) 31st October 2015 Responsible Individual(s): Person in Charge and PPIM

Proposed Timescale: 31/12/2015

Theme: Responsive Workforce

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

There was no clear procedure in place with regard to supervision and support for the volunteer.

33. Action Required:

Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

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

a) The Service Manager / PPIM will meet the volunteer currently in place (and all future volunteers) on a monthly basis to provide support and supervision

Proposed Timescale: Immediate and ongoing

Proposed Timescale: 24/06/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

While there was a policy on the management of complaints this did not comply with current legislation as it failed to identify a second person to oversee that complaints were appropriately responded to and that a record of complaints was maintained in accordance with Regulation 34-Complaints procedure.

34. Action Required:

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

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

a) Cheshire Ireland's complaints policy and procedure will be reviewed to ensure it complies with current regulatory requirements

b) The North Western Regional Manager (with the support of the Service Quality Officer) oversees all complaints within the service. This information will be inputted to ensure Service Users are aware of this process into the local complaints policy and procedure

Proposed Timescale: a) 15th September 2015 Responsible Individual(s) Service Quality Officer

Proposed Timescale: b) 15th September 2015 Responsible Individual(s) Service Manager, North Western Regional Manager Service Quality Officer

Proposed Timescale: 15/09/2015

Theme: Use of Information

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

Not all schedule 5 policies were available.

35. Action Required:

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

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

The Senior Management team will ensure that all policies outlined in Schedule 5 will be developed by 31st October 2015.

Proposed Timescale: 31st October 2015. Responsible Individual(s): Cheshire Ireland's Senior Management Team

Proposed Timescale: 31/10/2015

Theme: Use of Information

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

There was no centre specific medication policy that described the management of medication in the centre.

36. Action Required:

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

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

There is an organisational medication management policy in place within Cheshire Ireland. The Service Manager and PPIM will review and localise this policy to ensure meets the needs of individuals living and working Abbey View Residences

Proposed Timescale: 20th September 2015 Responsible Individual(s)P: Person in Charge and PPIM

Proposed Timescale: 20/09/2015

Theme: Use of Information

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

There was no directory of residents.

37. Action Required:

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

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

a) An up to date electronic service user database is in place within the service. This database will be reviewed at a national level by Cheshire Irelands Head of Clinical Support Service to ensure that it is in line with the regulatory requirements. The Service Manager will ensure that this database is updated as required.

Proposed Timescale: 1st November 2015, Person Responsible: Cheshire Irelands Head of Clinical Support Service and Person in Charge

Proposed Timescale: 01/11/2015

Theme: Use of Information

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

Deficits were identified in relation to staff documentation which included provision of evidence of a person's identity including a recent photograph, details and documentary evidence of any relevant qualifications or accredited training of the person employed and provision of a full employment history, together with a satisfactory history of any gaps in employment for each staff member employed.

38. Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

a) Staff files will be reviewed by the Service Manager to ensure any gaps identified in line with the regulatory requirements are addressed and identified and addressed..
b) The Service Manager will ensure that all documentation regarding new staff entering the service will be in line with regulatory requirements

Proposed Timescale: a) 31st August 2015, Responsible Individual(s): Person in Charge
b) Ongoing , Responsible Individual(s): Person in Charge

