

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Centre 6 - Cheeverstown Community Services (Templeogue/Kimmage)
Centre ID:	OSV-0004129
Centre county:	Dublin 6w
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Cheeverstown House Limited
Provider Nominee:	Paula O'Reilly
Lead inspector:	Karina O'Sullivan
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was unannounced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 July 2017 08:30 To: 04 July 2017 20:50

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

Background to the inspection:

An initial inspection in 2014, was completed as a result of the provider submitting an application to register this designated centre in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, at the time, this designated centre was not found to be in sufficient compliance with the regulations in order for the chief inspector to grant registration. Following this, meetings were held between the provider and the health information and quality authority (HIQA) and subsequent action plans were agreed. An unannounced inspection took place in November 2015 and improvements were identified, however, a number of issues remained

outstanding. Poor managerial oversight and governance arrangements continued to be impacting upon the quality of lives of residents. The complex governance and management arrangements did not identify clear lines of authority and accountability. Subsequently in early 2016, HIQA issued the provider a timeline to implement appropriate arrangements in relation to assigning appropriate persons in charge.

The provider responded appropriately by putting persons in charge in each designated centre. The person in charge of this designated centre was subsequently interviewed in June 2016. The purpose of this inspection was to inform a registration decision and to ensure the revised governance arrangements were having a positive outcome for residents. Inspectors also followed up on the actions from the previous inspection, to ensure agreed actions were being implemented. This inspection identified significant improvements had occurred since the previous inspection.

How we gathered our evidence:

As part of the inspection, inspectors visited four houses within the designated centre and met with eight residents and six staff members. Inspectors viewed documentation such as, care plans, person-centered support plans, recording logs, policies and procedures.

Description of the service:

This designated centre consisted of four houses based in Dublin 16 and Dublin 6W operated by Cheeverstown House Residential Services. The provider had produced a document called the statement of purpose, as required by regulation. The designated centre aimed to provide community residential support to male and female adults with intellectual disabilities. There was local access to public transport. One resident informed inspectors "I am very happy here" another resident stated " staff help me when I need it, it good that way in this house".

Overall judgment of findings:

Eighteen outcomes were inspected against. Six outcomes were found compliant, eight outcomes were substantially compliant and four outcomes were found to be moderately non-compliant. Areas of improvement included information contained within both healthcare and personal plans and also residents rights and dignity.

The person in charge facilitated the inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.

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):

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

Findings:

Residents were consulted with and participated in decisions about their care. However, improvements were required in relation to complaints, privacy and dignity, and residents meetings.

The centre had a complaints policy in place and inspectors viewed the complaints log and found that there was a clear system for recording complaints. However, some improvements were required as health conditions were being recorded as complaints. The follow up to some complaints was also unclear and the satisfaction of the complainant was not recorded in all complaints. Information on the complaints procedure and the contact details for advocacy services were on display in each house within the centre.

There were structures in place to consult with residents regarding the operation of the centre. The centre held residents meetings, however, inspectors found these meetings were happening on an ad-hoc basis. Residents spoken with informed inspectors that they were consulted about activities and meal planning.

Some improvements were also required in relation to documenting residents needs, for example, where two residents attended a clinic, both residents' information were recorded within each residents daily notes. Inspectors also viewed a risk report, however, residents were identifiable as were their place of residence along with personal information. Some of these residents did not reside within the designated centre. Inspectors identified this was not ensuring confidentiality or upholding the right to privacy for each resident.

The centre had a policy on residents' finances and the inspectors reviewed a sample of residents' finances and found appropriate record keeping was in place.

Staff members were observed treating residents with dignity and respect. The inspectors found that not all residents' privacy and dignity were upheld at all times. Inspectors were informed while the main shower was broken that residents were using one resident's en-suite. On the day of inspection, inspectors found this practice was still occasionally occurring while the shower was now fixed. This issue had also been identified in the Provider's annual review and was discussed at the feedback meeting.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were systems in place to assess resident's communication needs and to provide supportive interventions as required.

Individual communication requirements were highlighted through a document called the communication matrix which was in place for each resident. The communication matrix provided key information on supporting the resident to communicate.

Communication passports were in place which provided additional information on residents' communication needs as required. The communication passports were developed with speech and language input. These documents outlined how residents communicate and provided a communication dictionary and a guide on the specific communication supports required by residents.

Residents' communication needs were identified in their communication assessments. From a sample number of eight files viewed, inspectors found the assessments captured the individual communication requirements of each resident.

Inspectors also found residents had adequate access to the radio, television, newspapers and phones in the centre.

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):

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community. Family members were also encouraged to get involved in the lives of residents in accordance with residents' preferences.

There was also a policy in place which outlined that visitors were welcome in the centre.

Family members could and did visit the designated centre on a regular basis and were free to do so. Residents had pictures of family members in the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The centre had a policy on admission which outlined the arrangements in place for admitting new residents to the centre, this was currently awaiting board approval.

The inspectors viewed a sample of contracts of care and found that each resident had a contract of care in place. However, the contracts did not outline the services to be

provided and all of the fees to be charged. The person in charge noted the organisation was currently in the process of reviewing the contracts of care.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors identified that some progress was evident within resident's personal plans. However, improvements were required to ensure residents' goals were reviewed to assess the effectiveness of residents personal plans.

Inspectors viewed a sample of eight personal plans, some of these had been updated to reflect residents current assessed needs. Some personal plans clearly outlined person-centred goals such as, gardening. For these areas clear levels of progression were identified for the goals. There was also a clear review system in place to establish the level of effectiveness. However, other social plans required improvement, for example, some goals identified in 2015 such as, partake in a choir also was present on a sheet of paper with two other goals. The inspector was informed these were goals for 2017 following the review of the residents plan. One inspector spoke with the resident and discussed their social goals, however, the resident was not sure what had progressed in relation to their goals, such as swimming, despite these goals being identified in March 2017. Another plan viewed identified resident's achievements for 2015 and despite social goals subsequently set, there was no identification of any other achievements identified since 2015.

Some residents attended a day service outside of the centre and one resident received a day service within the centre. In one house resident's had an art teacher attending the house and residents showed one inspector various pieces of art completed. These were also displayed within the house.

Inspectors viewed evidence where residents' family members were consulted in relation to the personal plans in line with residents and family members' preferences. One inspector spoke with a family member during the inspection. They outlined they were consulted in relation to the care provided to their family member.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, inspectors found the centre to be homely, community based and well located to suit the needs of residents. However, inspectors found that there were areas within one house which required attention.

The centre comprised of four houses, all of which were located in the community. Each resident had their own private bedroom with suitable storage, these rooms were decorated to their individual taste. There were separate kitchens with adequate cooking facilities and adequate communal space available in all houses. However, the inspectors noted areas within some of the houses which required attention. This included areas requiring painting and worn carpets. The provider's annual visit had also identified these maintenance issues.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, there were systems in place to promote the health and safety of residents, visitors and staff. However, areas in relation to fire management and infection control measures required improvement.

The centre had an up-to-date health and safety statement in place. This outlined the responsibilities of the various staff members within the organisation. A individual safety plan was in place for each resident which provided an overview of safety concerns.

There were systems in place for the prevention and management of fire. The procedures to be followed for the safe evacuation of all residents were displayed in a prominent place in each house. The equipment (alarm, fire blankets, extinguishers and emergency lighting) was suitably serviced. The centre completed regular fire drills in the centre which identified issues with the safe evacuation of residents. There was evidence of follow up to address issues identified. However, there were no records to demonstrate that all residents who may be left in the centre alone could evacuate the centre in the event of staff not being present in the centre. Staff and residents spoken with were able to tell inspectors what to do in the event of a fire.

Appropriate information in relation to residents with a diagnosed healthcare associated infection was not available within residents file in order to ensure staff members were guided effectively. In addition, improvements were required in the appropriate management of clinical waste as staff spoken to were unclear of the system in place for the disposal of some devices used within one house.

The inspectors identified some areas identified within a fire safety engineers report dated 2015 also appeared in the updated report dated 2017, areas such as upgrade stair enclosure at ground level. This was discussed at feedback and assurances were provided to inspectors post inspection in relation to all follow up actions.

The centre had a policy on the management of risk in place. The centre maintained a risk register which outlined risks in the centre and the controls in place to manage the risk. Risks included fire, food safety, lone working and medication. There were also individual risk assessments in place for residents which included choking, travelling independently, staying on their own in the centre and falls.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There were appropriate measures in place to protect residents from being harmed and to keep people safe.

Inspectors viewed a personal support plan, this outlined the different stages of escalation and both reactive and proactive strategies staff members were to engage in with residents. However, inspectors found the documents did not make any reference to the administration of a PRN (a medicine only taken as the need arises) medicine. Inspectors identified this document did not guide staff members effectively in the administration of PRN medicine in accordance with the resident's prescription. Inspectors viewed the indications for use was for 'severe agitation or distress not amenable to environment de-escalation or usual calming strategies'. Staff members were unclear when spoken with what exactly this meant.

Two staff members required training in the management of behaviour that is challenging including de-escalation and intervention techniques and five staff members required refresher training.

Inspectors found intimate care support plans were in place for various aspects of intimate care provision for residents requiring them. This had been achieved since the previous inspection.

Inspector spoke with members of staff and one staff member was unclear in relation to the different types of abuse which may arise within the designated centre. Inspectors viewed the training records for 18 members of staff and all staff members had received training the area of adult protection and safeguarding training. One staff member required refresher training in the area of adult protection and safeguarding training.

Residents spoken with were clearly able to outline the procedure they would follow should an area of concern arise in relation to safeguarding. One resident informed inspectors that they had completed training in the area of safeguarding and also showed inspectors their certificate of training for this course.

There were no environmental or physical restrictions in place within the designated centre.

Judgment:

Substantially Compliant

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Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: A record of all incidents occurring in the designated centre was maintained and where required, notified to the chief inspector. The person in charge was aware of the legal requirement to notify the chief inspector.
Judgment: Compliant

Outcome 10. General Welfare and Development <i>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.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: Resident's had opportunities for new experiences, social participation, education, training and employment and these aspects of resident's lives were facilitated within the centre. During the course of the inspection, residents spoke with inspectors about their employment, and others discussed day services they attended. All residents attended a day service with the exception of two residents, one who had retired and the second resident was receiving a day service form the location.
Judgment: Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Inspectors identified improvements had occurred in relation to meeting residents' healthcare needs. However, further improvements were required in relation to the details contained within resident's healthcare plans.

The healthcare needs of residents' were completed via a plan incorporating nine areas of assessments. These included, communication, breathing and circulation, nutrition and hydration, continence and elimination, personal care, meaningful activities and sleep and rest. Inspectors viewed six healthcare plans and found some of these required improvement in the following areas:

- the details contained within some of the plans required improvement for example, hypertension plans did not guide staff members effectively as staff members were not sure what was the baseline for the resident. The plan identified steps required to be taken when blood pressure was elevated, however staff spoken with were not aware of what this was for the resident. Another plan viewed made no reference to a healthcare diagnosis for the resident. Another resident required specialist interventions in relation to mobility, yet, this was not accurately outlined within the plan viewed. A staff identified the resident required the intervention for four hours per day, however, the plan stated this was required full time. Inspectors identified staff members were not guided effectively to ensure some residents received the required healthcare provision.

- follow up to assessments were not evident despite some residents assessed as at risk in relation to skin integrity, other assessments such as the risk of falls were not evident for some residents. However, some residents had very clear follow up, this was discussed with staff members on the day of inspection. Two residents had undergone a cognitive assessment, follow up of one was sent in following the inspection, however, no progress had occurred in relation to the recommendations identified and staff members were not aware of the outcome for the second resident.

- the review process in place for healthcare areas required improvement to identify the effectiveness of the interventions implemented to ensure these were having a positive impact on resident's healthcare needs.

Residents received appropriate monitoring in relation to blood tests due to medications prescribed, these results were present within residents' files.

Inspectors viewed some epilepsy plans in place and these guided staff members in effective delivery of care in relation to seizure management.

Residents had access to a G.P. (general practitioner), speech and language therapist, physiotherapy and clinical nurse specialists.

Residents requiring modification to the texture of their food was outlined in the residents files. The inspector viewed feeding, eating, drinking and swallowing (F.E.D.S) assessments in place for some residents.

Regarding food and nutrition inspectors found residents participating in mealtimes within the designated centre in accordance with residents' preferences in relation to food choices.

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):

No actions were required from the previous inspection.

Findings:

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received and a stock check was carried out once a week.

There was a system in place for recording, reporting errors and reviewing medication. Inspectors viewed incidents which occurred within the designated centre and found preventative measure were put in place to mitigate the risk of future reoccurrences.

Inspectors found the signature bank within the designated centre was completed.

Some residents were responsible for their own medication, however, one assessment viewed was dated November 2015, inspectors were informed this was the current document. Inspectors found this time frame too excessive to ensure residents' needs were accurately assessed to reflect the current needs of the resident.

All medication were contained in a single dose system including PRN, one medication

was not present as this was on order.

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):

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

Findings:

Inspectors requested for an updated statement of purpose to be submitted to the authority post inspection. On review of this document this did not contain all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and other information required updating. For example, arrangements for day care, number of whole time equivalent and age range within the centre required updating.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors found some improvements in the governance and management of the designated centre. This included the appointment of a person in charge. However, improvements were required in the area of service monitoring to ensure safe, consistent and effective delivery of care in accordance with residents needs were provided.

The system of auditing required improvement for example, medication audits, some of these contained no follow up, such as, one dated 07 June 2017. Evidence of learning from audits was also not available for example, these were not discussed at staff meetings. Some staff spoken with were not aware of what audits were conducted within the designated centre. Inspectors observed very limited auditing of areas within the designated centre.

Inspectors viewed minutes of staff meetings within the designated centre.

The person in charge met with a clinical nurse manager three to discuss areas in relation to the designated centre. Inspectors viewed minutes of these meetings.

Inspectors also viewed minutes of meeting involving the person in charge and the provider, these meetings discussed organisational issues including staffing and policies.

Inspectors found an annual review of quality and care was completed in this designated centre for 2016. This document was not available within the centre.

The provider had carried out an unannounced visit on a six monthly basis. This reviewed the safety and quality of care and support provided in the designated centre. Inspectors viewed the previous one completed, however, this document was not available within the centre.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent for a prolonged period since commencing in the role in March 2016 and there was no requirement to notify the Authority of any such

absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

There was a staff member identified to deputise for in the prolonged absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Overall, the inspectors found that there was sufficient numbers of staff available to meet the needs of the residents. However, there was an over reliance of relief staff. In

addition not all staff had completed their mandatory training requirements and the supervision of staff was not found to be adequate.

There was a staff rota in place and a planned and actual rota was maintained. The inspectors reviewed rosters which reflected a reliance on relief staff. In addition on the day of inspection two of the four houses were operating with relief staff.

The inspectors found that there was no system of staff supervision in place. This was identified in the previous inspection. Annual appraisals were taking in place for all staff.

The inspectors reviewed staff training records and found that not all staff had up-to-date mandatory training in fire safety, safeguarding, manual handling and management of behaviour. This had been identified by the centre and dates were scheduled to ensure all staff had up-to-date training.

One inspector reviewed staff files on separate day and found that staff files contained the information as required by Schedule 2 of the regulations.

There were volunteers active in the centre.

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):

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

Findings:

Improvements had occurred in relation to records and documents since the previous inspection.

Inspectors requested to view some schedule 5 policies within the designated centre such as, medication policy this was titled cheeverstown community service medication protocol. This document contained no date of approval or for review. Staff members

spoken with were not aware how long this policy was in circulation. Therefore inspectors were unable to determine if this document was kept under review every three years as required by regulations.

Another policy viewed for staff training and development was dated 2009.

Following inspection the schedule 5 policies were submitted to the authority and the staff training and development was in draft format dated 2017.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Karina O'Sullivan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Cheeverstown House Limited
Centre ID:	OSV-0004129
Date of Inspection:	04 July 2017
Date of response:	22 August 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Not all residents' privacy and dignity were upheld at all times as outlined in the report.

Some daily notes and risk reports contained information pertaining to other residents.

1. Action Required:

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Person in charge has updated risk reports to ensure confidentiality is not breached.

Confidentiality, privacy & dignity for written documentation will be included on agenda for staff meetings to upskill and refresh staff on their obligations.

Privacy and Dignity work practice will be reviewed with individuals and staff within each location by person in charge.

All printed Cheeverstown House Risk Management Reports in DC6 where residents were identifiable as was their place of residence along with personal information has been removed.

Proposed Timescale: 30/09/2017

Theme: Individualised Supports and Care

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

Residents meetings took place on an ad-hoc basis.

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:

Schedule for resident meetings will be organised and included on house weekly routine by staff and Person in Charge.

Person in charge will review the minutes and actions required from these meetings.

Proposed Timescale: 30/09/2017

Theme: Individualised Supports and Care

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

The satisfaction of the complainant was not recorded for all complaints.

3. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

Local log of complaints will be updated to ensure documentation occurs regarding actions taken,
Progress, and outcome of the complaint to ensure the satisfaction of the complainant
Feedback to resident from staff will be documented on complaints recording form.

Proposed Timescale: 30/09/2017

Theme: Individualised Supports and Care

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

The complaints process required improvement as health conditions were being recorded as complaints, the follow up to some complaints were unclear.

4. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

Person in charge will communicate and upskill staff regarding complaint procedure to ensure that health conditions are not recorded as complaints.

Proposed Timescale: 30/09/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contracts of care did not outline all of the fees to be charged.

5. 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:

Long stay contribution (RSSMAC) assessments have been completed for all residents in DC6 and forwarded to the finance department.
The finance department is currently reviewing a draft appendix document indicating information for residents and their representative about what fees will be applied and what the fees will cover and not cover.

Proposed Timescale: 29/09/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Annual reviews of some plans were unclear as outlined within the main body of this outcome.

6. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The PIC will continue to monitor and audit each person's health and social care plan to ensure annual reviews are completed.

Proposed Timescale: 22/12/2017

Theme: Effective Services

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

Some personal plan reviews did not assess the effectiveness of each plan and take into account changes in circumstances and new developments for residents.

7. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Quality department and PIC will provide education and upskilling for staff and keyworkers in relation to assessment of effectiveness of plans.
Reviews of plans will respond to changes in circumstances and new developments.

Proposed Timescale: 30/11/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Areas of some houses required some attention in the areas of:

- Painting
- Flooring, such as carpet.

8. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Painting in one location commenced on July 10th and will be completed Aug 14th.
 Painting in other location commenced July 17th and is completed.
 New flooring has been chosen and is scheduled for fitting on 25/08/17

Proposed Timescale: 31/08/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Infection control practices required improvements such as waste management and information within residents files relevant to diagnosis.

9. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

A SHARPS box is now in place since the 5th July 2017 and staff are aware to dispose of waste appropriately
 Resident's files have been updated to include all information relevant to diagnosis.

Proposed Timescale: 11/08/2017

Theme: Effective Services

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

Some areas identified within the fire safety engineers report dated 2015 also appeared in the updated report dated 2017.

10. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Fire resistant glass has been fitted in this location. Certificate on file.

Proposed Timescale: 11/08/2017

Theme: Effective Services

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

There were no records to demonstrate that all residents who may be left in the centre alone would evacuate the centre in the event of staff not being present in the centre.

11. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Day time fire evacuations are scheduled to take place on a quarterly basis plus an annual deep sleep evacuation.

An unannounced day time fire drill took place for unsupervised residents on 13th August in two locations. Both residents responded well.

One resident has already completed fire training twice. One other resident is scheduled to attend fire training on 29/08/17

Proposed Timescale: 29/08/2017

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:

The plans viewed in relation to residents behaviour did not provide staff members with appropriate guidance in relation to the management of behaviours.

12. 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:

Resident has been referred to Mental Health Intellectual Disability (MHID) team for review of PRN protocol and proactive and reactive strategies around distress and agitation. Appointment received for August 29th 2017. On completion of this review the documentation relating to his plan will be updated.

Proposed Timescale: 30/09/2017

Theme: Safe Services

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

Two staff members required training in the management of behaviour that is challenging including de-escalation and intervention techniques.

13. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Both staff are booked to attend MAPA training on 16/08/2017.

Proposed Timescale: 16/08/2017

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:

The details contained within some of the plans required improvement to ensure medical treatment recommended for each resident was facilitated appropriately.

14. 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:

Person in Charge will follow up with keyworkers to ensure individual health care plans are reviewed and ensure all recommendations are followed up.

Issues of immediate concern regarding falls, skin integrity and cognitive decline recommendations have been addressed.

Proposed Timescale: 22/12/2017

Theme: Health and Development

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

Follow up from some assessments completed was not evident for example, skin integrity, cognitive, and falls assessments.

The review process in place for healthcare areas did not to identify the effectiveness of the interventions implemented to ensure these were having a positive impact on resident's healthcare needs.

15. 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:

Issues of immediate concern regarding falls, skin integrity and cognitive decline recommendations have been addressed for individuals.

Quality department and PIC will provide education and upskilling for staff and keyworkers in relation to assessment of effectiveness of health and social care plans.

The PIC will continue to monitor and audit each person's health and social care plan to ensure annual reviews are completed.

Proposed Timescale: 22/12/2017

Outcome 12. Medication Management

Theme: Health and Development

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

One assessment was not updated or reviewed since 2015.

16. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Medication self assessment for 2017 has been completed on 10/07/2017

Proposed Timescale: 10/08/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all 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 and other aspects of the document required updating.

17. 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:

DC6 statement of purpose & function has been updated to ensure it contains all the information as per schedule 1

Proposed Timescale: 21/08/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Copies of the annual review of the quality and safety of care and support in the designated centre were not available in any of the houses on the day of inspection.

18. 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:

Annual review of the quality and safety of care and support report has been distributed to all locations in DC6 and is available for staff in the Audit folders.

Proposed Timescale: 22/08/2017

Theme: Leadership, Governance and Management

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

The management systems in place in the designated centre required improvement to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

19. 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:

Audit documentation will be updated to ensure results, recommendations actions and timelines are recorded.
Audits and results will be included as an agenda item for staff meeting/communications
Provider's Timescale: 30/09/2017 & ongoing

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no system of staff supervision.

20. Action Required:

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

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

The person in charge shall ensure that all staff are appropriately supervised. PIC attends in each location both announced and unannounced at a minimum of a weekly basis. A recording system is held by PIC of issues identified and addressed with staff on each visit.

Staff receive performance management supervision on a biannual basis.

Proposed Timescale: 30/08/2017

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 mandatory training.

21. 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:

All staff with training needs have been scheduled/booked for appropriate training such as fire safety, safeguarding, manual handling and MAPA.

Proposed Timescale: 16/08/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Medication policy for community setting was undated.

Staff training and development policy was in draft format.

22. Action Required:

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

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

Community Services Medication Protocol has been reviewed and has been circulated to managers for comment and feedback. Implementation date for updated version is scheduled for September 16th 2017

Cheeverstown Staff Training & Development Policy has been updated following circulation for comment and will be available for implementation by September 1st 2017

Proposed Timescale: 16/09/2017