



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Galway Cheshire House
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	20 October 2021
Centre ID:	OSV-0003445
Fieldwork ID:	MON-0034259

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre is a purpose built premises that provides a residential service for residents with physical and sensory disabilities. Each resident has their own apartment which contains an open plan kitchen, living and bedroom area. Each apartment also has an en-suite bathroom and additional equipment such as hoists are installed to support some residents with their mobility requirements. The centre also supports residents with some medical needs but a twenty four hour nursing presence is not maintained and this is clearly stipulated in the statement of purpose and function for the centre.

The provider employs a number of staff members directly; up-to-three staff members support residents during day-time hours and there is a sleep-in arrangement and one waking staff to support residents during night-time hours. Some residents have funded personal assistant arrangements through an external agency and these assistants also contribute to the support and care provided to residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 20 October 2021	09:30hrs to 15:00hrs	Ivan Cormican	Lead
Wednesday 20 October 2021	09:30hrs to 15:00hrs	Aonghus Hourihane	Support

## What residents told us and what inspectors observed

The inspectors found that residents were supported to have a good quality of life and that they enjoyed living in this centre. Residents were involved in decisions about their care and they were also active members of their local community.

The inspectors met with five residents at various times throughout the inspection. On the morning of inspection there was a very pleasant atmosphere with some staff busy cleaning communal areas and other staff attending to resident's individual needs. Even though the centre was busy, there was a very calm and homely atmosphere. Some residents preferred to have a lie on in the morning while others preferred to be up and about early in the day. One resident met with inspectors as they entered to centre and he gave a warm and friendly welcome. This resident remembered one inspector from a previous inspection and he spoke in a positive manner in regards to the care which was consistently offered across several inspections. This resident explained how staff were very nice and the the person in charge was also available for a chat or to resolve any issues which they may have. In general, this resident spoke very highly of the service and of how their independence was promoted.

The inspectors met with seven staff members including the person in charge, two nursing staff, three support workers and a member of the cleaning staff. All staff members were found to have a good understanding of the residents and also of their individual needs. The person in charge and nursing staff spoke at length in regards to the needs of one specific resident and how the service was endeavouring to support their autonomy while also ensuring that the centre was meeting their assessed needs. This issue will be discussed in the subsequent sections of the report. The three support workers were found to know residents well and they were observed to interact with residents in a kind and considerate manner. Residents also explained to inspectors that staff were very pleasant and that there were no delays in care when assistance was required.

Residents reported that were actively involved in decisions about their care and they attended regular residents' meetings. Inspectors also observed staff members asking residents when they would prefer to have their care needs attended to and also made them aware that they were available if they required any further assistance. A resident also proudly showed both inspectors a copy of their seasonal newsletter, 'The Galway Cheshire Times'. Residents were actively involved in it's publication and this newsletter was made available in their local community. The publication included an overview of the edition and also what was included from residents. Residents who were involved had their pictures included with their individual article and personalised entries such as 'shooting the breeze' were included as a quick question and answer session with one resident. Another resident outlined how they volunteered for 'Galway 2020' and of how proud they were to be involved. Another section gave residents the opportunity to have their poetry works published with three extensive poems included. One resident also wrote an

extensive article titled 'My Journey' which gave an account of their life and moving to the Cheshire services. It outlined out much life had changed for people with disabilities and how independence was now an important part of their life. Inspectors found that this publication assisted in creating awareness of the centre within their local community and also clearly outlined how residents felt valued as individuals and gave them a platform to showcase their individual talents in story telling and poetry.

The centre was very homely and communal areas were decorated with paintings and information in regards to rights and complaints. Each resident had their own self-contained apartment which included an open plan living and sleeping areas and also an ensuite bathroom. There was also a number of shared bathrooms and there was a shared laundry room where residents had access to multiple washing machines and clothes driers. An inspector met with four residents in their individual apartments which were decorated in-line with their interests. One resident had individual artwork on display and two others had various sports posters and pictures of them meeting sports stars. One resident with high support needs enjoyed a particular style of music and this was playing in the background as the inspector met with them.

Residents had good access to their local community and one resident regularly took trips into Galway and other nearby cities on public transport. They said that they really enjoyed these trips which they planned independently. Another resident met with inspectors and explained that they were planning to go to a concert next year and that they had already purchased their tickets. They also had photos of them meeting the Galway senior Camogie team after their all Ireland success and they seemed very proud to have met them. This resident also introduced their personal assistant and explained that they were heading out to a nearby hotel for lunch and maybe a drink.

Overall, inspectors found that residents had a good quality of life and that their independence was actively supported. Residents could also freely access their local communities and they reported that they felt safe in their home.

## Capacity and capability

There were management systems and processes in place to ensure the service provided to be safe, consistent and appropriate to residents' needs.

The centre was managed by a suitably qualified and experienced person. The person in charge was in a full time position and was not in a management role in any other centre. He had a good knowledge of the assessed needs and support requirements for each of the residents, and the requirements of the regulations. There were clear management and reporting structures in place within the centre.

The staffing arrangements within the centre were in line with statement of purpose.

The person in charge reported challenges in recruiting good quality staff but at present this was not having a significant impact on the delivery of services. There were nursing support hours of 39.5 hours per week within the centre and it was clear from the profile of certain residents that this intervention contributed significantly to managing their care needs. It was noted that seven of the nine current residents receive a varying degree of 'personal assistance' hours.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the safety of care on a six monthly basis as required by the regulations. Input from residents and representatives were sought for the annual review. The most recent six monthly review did not audit the care of a resident that had been escalated to senior management due to significant risks identified in the ability of the service to meet the resident's needs and keep them safe. The person in charge and staff were actively managing the risk locally but given the nature of the risk it was important that the provider had clear governance, ownership and oversight of this risk. The providers input needed to be clearly evidenced within the centre's records and to support the daily management of the identified risks.

The person in charge had undertaken a number of audits and other checks in the centre on a regular basis. There were regular staff meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents in the house visited. It was also evident that a core staff and management team were working within the service over a sustained period. This provided consistency of care for the residents. The duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development matrix and management were in the process of updating this to enhance oversight. There were no significant gaps noted within the training matrix and a staff member spoken to reported that there is an abundance of training offered to them.

Suitable staff supervision arrangements were in place. The inspector reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the provider's policy and to be of a good quality.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the time lines required in the regulations.

The complaints log was reviewed and it was clear to inspectors both from the log and in discussions with residents that they were aware how to make a complaint. The most recent six-monthly audit had identified a number of areas for improving the complaints procedure. A sample of complaints were looked at and it was evident that improvements had occurred especially in the area of addressing complaints in a timely manner.

### Regulation 15: Staffing

The provider ensured that there was adequate staffing within the centre. The staff team were generally very experienced, had good knowledge of the residents and the skill mix within the team was in line with the assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Training had been provided to all staff in a variety of areas within the centre. The provider operated a training matrix which allowed clear oversight of the training needs of the staff.

Judgment: Compliant

### Regulation 23: Governance and management

There were suitable and appropriate management structures in place within the centre. The provider had carried out an annual review and also there was a recently completed six month audit of the quality and safety of care within the centre as required by regulations. However, It was noted that a residents needs and care arrangements that were assessed as 'high risk' did not form part of this audit. There was also a lack of clear evidence within the centre's records to show that the provider was actively managing the assessed risk and offering appropriate oversight and support to local management.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notification of incidents within the centre were reported to the chief inspector in line with the requirements under the regulations.

Judgment: Compliant



## Regulation 34: Complaints procedure

The provider had in place a complaints policy and process that was easily assessable by both residents and their representatives. The person in charge continued to make improvements to this process in line with recommendations from internal audits.

Judgment: Compliant

## Quality and safety

Inspectors found that the provider had systems in place which ensured that the quality and safety of care which was offered to residents was maintained to a good standard.

Residents had personal plans in place which were comprehensive in nature and clearly outlined resident's preferences and individual care needs. Plans were reviewed and updated to reflect recommended changes in care practices as required and there was also a formal annual review, which the resident attended and decided upon which goals they would like to achieve in the coming year. Residents were supported to achieve goals like visiting Westport and also a horse racing event. The annual review also took the opportunity to discuss activities which a resident would no longer like to engage in, with a decision made that they no longer wished to attend day services. This resident also participated in a local choir but this had been curtailed due to COVID 19; however, the resident was supported to contact the choir coordinator who informed the resident that they would be made aware when the choir would be back up and running again.

Residents were supported to manage their own medications and storage facilities were in place in each individual apartment. Residents who managed their own medications had an assessment in place and also an associated risk assessment which promoted safe oversight of this positive practice. Some residents did not manage their own medications and a review of their medication prescriptions sheets and administration records indicated that these residents received their medication as prescribed.

The provider had a system in place for the recording, monitoring and responding to incidents within the centre. A review of these incidents indicated that the person in charge assessed each incident and action was taken if required. At the opening meeting, the person in charge highlighted that there had been an number of falls for one resident and also that they were determining which aspects of care they required assistance with. It was clearly evidenced that this resident's autonomy was promoted; however, their care needs had significantly increased since the beginning of the year and their were concerns in regards to this resident managing their own medication and attending medical appointments. In addition, there were also

concerns in regards to the resident's ability to eat whole foods. The management and staff team had taken this issue seriously and a risk assessment was devised to promote this resident's safety. Control measures such as comprehensive reviews by allied health professionals and regular one-to-one meetings with the resident were prominently featured. Although, this issue was evidently managed well within the centre, it was initially unclear if action had been taken by the provider to support the centre and local management with this issue. A review of the risk escalation system indicated that the provider had been made aware of this risk; however, there had been no formal comment on this system prior to the inspection. Further clarity was sought from the provider and a senior manager outlined that senior quality personal were scheduled to conduct a review subsequent to the inspection and that the provider would be made aware as to the outcome of this review.

Overall, inspectors found that residents were supported to have a good quality of life. Although, the provider was striving to ensure that they were meeting residents' needs, they were doing so in a manner which aimed to support resident's individual autonomy and independence.

### Regulation 17: Premises

The centre was warm, homely and residents reported that they liked having their own apartments. Residents also had access to laundry facilities and they could launder their own clothes if they so wished.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were supported to shop and cook their own food in-line with the preferences and each apartment had cooking facilities in place.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had an incident monitoring system in place and there were robust arrangements for the monitoring of risks within the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre had designated cleaning staff who worked to a scheduled when cleaning the centre and staff were also observed routinely clean high touch points. The centre appeared clean and tidy and staff were conducting regular sign and symptom checks for COVID 19.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire drills demonstrated that residents could be evacuated in a prompt manner in the event of a fire. All equipment was serviced as required and residents' personal emergency evacuation plans had been updated since the previous inspection of this centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were supported to manage their own medication and there was suitable storage in place. Medication prescription sheets and associated administration records were also maintained to a good standard.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans which were reviewed on a regular basis. Residents also attended their annual reviews where they outlined which goals that they would like to achieve.

Judgment: Compliant

## Regulation 8: Protection

There were no active safeguarding plans in the centre and residents who met with inspectors stated that they felt safe and would talk to the person in charge if they had any concerns.

Judgment: Compliant

## Regulation 9: Residents' rights

Resident's individual autonomy was supported and residents were regularly consulted in regards to their care and also in relation to the running and operation of their home.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Galway Cheshire House OSV-0003445

Inspection ID: MON-0034259

Date of inspection: 20/10/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All unannounced 6 monthly Provider audits will include the identification of any required actions or support required on red risks within the center.</p> <p>The Provider is modifying the risk escalation portal system to ensure that the center manager has sight of all comments and any required actions as well approval of the center's response to the red risk.</p> <p>The red risk escalation system notifies all Senior Management and the Board of red risks in place in the center</p> <p>The Provider will produce a flow chart diagram to ensure clear explanation of the system of risk escalation.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(2)(a)	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 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.	Substantially Compliant	Yellow	15/12/2021