



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

## Issued by the Chief Inspector

Name of designated centre:	Kerry Cheshire
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	31 May 2021
Centre ID:	OSV-0003447
Fieldwork ID:	MON-0032359

## About the designated centre

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

Kerry Cheshire is a large single-storey purpose built apartment complex in a town. The complex contains 12 self-contained apartments that have an open plan design accommodating a sleeping area, a living/kitchen area and a toilet/shower area. The apartment complex also contains communal areas including a meeting room/lounge, a kitchen, a laundry room, a reception area and office spaces. It provides a full-time residential service for up to 12 residents, of both genders with physical disabilities and neurological conditions. Residents must be between the ages of 18 and 65 upon admission to the centre. Supported is provided to residents by the person in charge, a care coordinator, a senior support worker, care support workers and a cleaner.

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

Number of residents on the date of inspection:	10
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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
Monday 31 May 2021	10:35hrs to 18:00hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The majority of residents spoken with during this inspection indicated that they were happy living in this designated centre and with the services that were provided.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment was used. On arrival at the centre the inspector observed a resident going out for a walk with a staff member and upon entering the inspector was greeted by the person in charge who requested a number of COVID-19 checks to ensure the safety of those present in the centre was maintained. To restrict movement while present in the designated centre, the inspector was mainly based in a meeting room in the communal areas of the centre.

The initial part of the inspection was spent reviewing documentation. As part of this the inspector reviewed the two most recent annual reviews conducted for the centre both of which contained the outcome of resident feedback. This feedback had been gathered from surveys completed by residents and in the 2019 annual review residents expressed great satisfaction living in the centre while indicated that it appeared to be a nice place to live and that residents felt safe living there. Residents also acknowledged that they knew who to go to if they had any issue they wished to report and had full control of their own lives with support. Some residents did express that they would like to make changes in their own apartments with others expressing that they would like different activities.

In the 2020 annual review residents continued to express their satisfaction with living in this designated centre again indicating that it appeared to be a nice place to live and residents felt safe although one resident did express that they were more comfortable with some staff rather than others. Residents who completed surveys for this annual review indicated that they had full control of their own lives with support and they knew how to raise any issues. The 2020 annual review also highlighted the difficulties residents had faced because of COVID-19 which reduced the ability of residents to get out and about. In response the provider had created a social supports group that offered activities such as weekly quizzes, yoga and book clubs.

Other documentation reviewed during this inspection included the designated centre's statement of purpose. This document is required by the regulations and outlined the services that are to be provided to residents while they live in this centre. For example, the statement of purpose outlined how residents' privacy and dignity was to be maintained such as by maintaining confidentiality, addressing residents in a form they are happy with and knocking and waiting for permission before entering residents' rooms. The statement of purpose also described how residents would be consulted with and involved in their personal plans.

When reviewing a sample of residents' personal plans it was noted that residents were involved in these and also that information had been given to residents in areas such as COVID-19. One member of staff and the person in charge were spoken with during this inspection, both of whom spoke respectfully regarding the residents living in this centre. However, although the inspector had limited opportunity to observe interactions between residents and staff members, two instances were observed where staff members went into residents' apartments without knocking or waiting for permission before entering.

The inspector did spend some time moving around the designated centre. In general it was observed that the premises provided was well furnished with efforts made to make it homely with various photos and art works on display in the communal areas. It was observed though that some areas of the internal walls required some painting and redecoration. With residents' permission, the inspector viewed four of the apartments that made up this designated centre. Three of these apartments were seen to be well presented and personalised with various ornaments and photographs on display. The fourth apartment appeared less well decorated.

During the inspection the inspector had the opportunity to speak with six of the ten residents living in the centre, either while visiting their apartments or in the communal meeting room where the inspector was based. The first resident was seen watching horse racing in their apartment when the inspector visited and said that this was something that they liked to do. This resident said that they loved living in the centre and there was nothing they disliked about this although the resident indicated that they had found the COVID-19 restrictions difficult. However, the resident did say that staff and the person in charge had kept them informed about COVID-19 and that the resident had a personal assistant four times a week who supported them to go to nearby towns.

The second resident spoken with indicated they liked living in the centre and that they were very happy with the support and information they received from staff members. This resident also stated that they found COVID-19 restrictions hard but were hoping to get out more soon. However, they did highlighted that they had been able to visit their family during COVID-19 restrictions and also attended a nearby Irish Wheelchair Association facility once a week which they enjoyed. The resident stated that they felt safe living in the centre as did the third resident who the inspector spoke with. The third resident said that they had not enjoyed COVID-19 restrictions as it meant they were unable to see family and friends but did say that their family had visited them at the centre where they liked living.

Contact with their family was also raised by the fourth resident spoken who said that during the pandemic they had kept in regular phone contact with their relatives who had also visited the resident recently in the centre. This resident told the inspector that they enjoyed listening and watching sport while the pandemic was ongoing and had their own television in their apartment for this. Mention was made of the banter the resident enjoyed with staff who also said that they felt safe in the centre. Similar comments were made by the fifth resident that spoke with the inspector who praised the centre for the level of independence it gave them. These resident

highlighted some of the things they liked to do such as knitting, arts and researching things on the Internet. The resident also indicated that they felt safe living in the centre and could bring any issues they had to staff.

While these five residents spoke very positively about the supports they received while living in this centre, the sixth resident spoken with did raise some concerns with the inspector. In particular they highlighted that they wanted more of a say in the appointment of staff working in this centre and that they would also like to see more cleaning of their apartment. When asked about whether the resident had complained about such matters, the resident indicated that they did not make complaints as they felt that there would be a backlash from staff working with them. When asked what they meant by this the resident said this backlash could take the form of silence from staff members and that they had experienced this previously. However, the resident did mention that they got on with most staff working in the centre.

In summary, there were indications that residents had been supported appropriately during the COVID-19 pandemic. The majority of residents spoken with gave positive feedback on living in this designated centre although one resident clearly indicated some unhappiness with aspects of the services provided.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The supports provided to residents were being monitored and a continuity of staff support was provided. Some improvement was required in relation to reflecting family consultation in the annual review process and aspects of the complaints procedures.

This designated centre had last been inspected by HIQA in November 2019 and was registered until September 2021. Following receipt of a registration renewal application for the designated centre that was submitted by the provider, the purpose of the current inspection was to assess the level of compliance with the regulations for this centre. As part of the renewal application the provider had submitted a statement of purpose. This is an importance governance document which forms the basis for a condition of registration. It was found that the statement in purpose in place had been recently updated and contained all of the required information.

It was also observed that the statement of purpose was available within the designated centre for residents, families or staff to review. Similarly, the designated centre's annual review for 2020 was also on display in the centre. Such annual

reviews are required by the regulations and represent one means of monitoring the quality and safety of care and support provided to residents. The inspector read copies of the 2019 and 2020 annual reviews for the centre and it was seen that they focused on the services provided to residents, assessed progress towards meeting national standards and outlined residents' views on the centre. It was noted though that neither of these annual reviews outlined the outcome of consultation with residents' family members.

The provider had ensured that another regulatory requirement relating to the governance of the centre was effectively discharged by carrying out provider unannounced visits to the centre. Such visits were reflected in written reports which included action plans for any issues identified. From reviewing recent reports it was seen that they focused on key areas such as residents' personal plans, health care and staffing. These reports indicated that there was a continuity of staff support provided to residents. This is important for consistent care and so that residents and staff are comfortable with each other. The current HIQA inspection also found that there was a good continuity of staff support as indicated by the staff rosters maintained in the centre.

The unannounced visits carried out by the provider also focused on issues related to complaints. The inspector noted that residents were supported to make complaints and that actions were taken in response to complaints raised. Records were kept of any complaints that were raised but it was observed that whether residents were satisfied or not with the outcome of such complaints was not consistently recorded. Most of the residents spoken with by the inspector indicated that they had no issues raising any complaints. However, one resident did inform the inspector that they did not make complaints as they felt that there would be a backlash from staff working with them and that they had experienced this previously.

### Regulation 15: Staffing

Planned and actual staff rosters were being maintained. Staffing was being provided in accordance with the statement of purpose with a continuity of staff support also in place.

Judgment: Compliant

### Regulation 23: Governance and management

The provider was monitoring the care and support provided to residents through provider unannounced visits and annual reviews. While the annual reviews carried out provided for consultation with residents and were on display in the centre, they did not include the outcome of consultation with family members.



Judgment: Substantially compliant

### Regulation 3: Statement of purpose

This designated centre's statement of purpose was on display in the centre, had been recently reviewed and contained all of the information required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Procedures were in place in relation to complaints with logs maintained of any complaints raised. These logs outlined the actions taken in response to such complaints but the satisfaction level of residents who raised complaints was not consistently recorded. One resident said that they did not make complaints as they felt that there would be a backlash from staff working with them and that they had experienced this previously.

Judgment: Substantially compliant

## Quality and safety

Arrangements were in place to support residents' needs during the COVID-19 pandemic but some improvement was required in relation to fire drills carried in the centre.

Residents had individual personal plans in place as required by the regulations which are important to provide staff with guidance when supporting residents' needs. The inspector reviewed a sample of these plans and noted that they contained a good level of detail in areas such as supporting residents with their intimate personal care. While some personal plans had been recently reviewed, it was found that annual reviews of some personal plans which involved residents had not taken place in over 12 months although a schedule was in place for such annual reviews to take place in 2021. While this was an area for improvement, based on the overall findings of this inspection, it was found that arrangements were in place to meet residents' needs overall.

For example, residents' health was promoted with support provided to residents to access various health and social care professionals such as general practitioners,

dentists, dieticians and opticians. Residents also had their health needs assessed on an annual basis and guidance was available within their personal plans on supporting them with assessed needs. Monitoring of residents' health was also being carried out but some inconsistencies were noted in this area. For example, documentation in one resident's personal plan indicated that their weight was to be monitored monthly but from records maintained this had only been done twice in 2021.

Other records reviewed during this inspection indicated that staff had been provided with training in fire safety and it was seen that fire drills were being carried out regularly. However, when reviewing records of these drills it was noted that a fire drill had not been carried out that fully reflected the night-time arrangements at the centre. Such drills are important to demonstrate that all residents can be safely evacuated from the centre when staffing levels are at their lowest. Although some simulated night-time fire drills had taken place in 2021, they had only involved two residents. It was observed though that the centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire containment measures.

The risks related to fire has been assessed as part of the provider's risk management process. A specific policy for risk management was in place which provided guidance on the management of risk and covered specific risks required by the regulations such as the unexpected absence of a resident. In keeping with this policy a risk register and individual risk assessments were maintained in the centre describing various risks and the control measures in place to limit the potential likelihood of such risks occurring. The inspector reviewed a sample of risk assessments and found them to have been recently reviewed.

Included amongst such risk assessments were risks related to COVID-19. It was seen that measures were in place to monitor for any potential signs of COVID-19 amongst residents and staff. For example, daily temperature checks were carried out. Supplies such as hand hygiene and PPE were also provided within the centre which staff were observed using these on the day of inspection. A COVID-19 contingency plan was in place for the centre and it was also noted that residents had specific individualised COVID-19 support plans that outlined the supports that were provided to them while the pandemic was ongoing in areas such as food preparation and medicines.

## Regulation 11: Visits

Given the layout of the designated centre, residents were able to receive visitors in private. Visits to the designated centre had been taking place in accordance with national guidance.

Judgment: Compliant

<b>Regulation 17: Premises</b>
Parts of the premises were observed to require maintenance. For example, some areas of the communal halls required painting.
Judgment: Substantially compliant
<b>Regulation 20: Information for residents</b>
The designated centre's residents' guide contained all of the required information such as a summary of the services and facilities provided.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
A risk management policy was in place that met the requirements of the regulations. Various risk assessments and a risk register were in place that had been recently reviewed.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
A contingency plan for COVID-19 was in place for this designated centre. There was regular monitoring for any signs of COVID-19 with PPE available and in use. Staff members had been provided with training in areas such as PPE, hand hygiene and breaking the chain of infection.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
Given the number of residents living in this centre and their assessed needs, a fire drill had not been carried out that fully reflected the night-time arrangements at the

centre when staffing levels were at their lowest.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

While residents had personal plans in place, it was noted that some annual reviews for these plans which involved residents had not been carried out in over 12 months.

Judgment: Substantially compliant

### Regulation 6: Health care

Some gaps were noted in the monitoring of residents' health needs such as weight and blood pressure.

Judgment: Substantially compliant

### Regulation 8: Protection

Any safeguarding concerns arising were reported to the appropriate statutory bodies with safeguarding plans put in place also. Intimate care plans were provided for residents and staff members had received relevant safeguarding training.

Judgment: Compliant

### Regulation 9: Residents' rights

During the inspection staff were observed to go into two residents' apartments without knocking and waiting for permission before they entered.

Judgment: Substantially 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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Kerry Cheshire OSV-0003447

Inspection ID: MON-0032359

Date of inspection: 31/05/2021

## 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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Survey will be forwarded to all families and feedback will be included in Annual Service Review for 2021 and going forward.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The quality partner will meet with the resident to identify what the resident means by backlash and to determine what supports she requires to feel supported around making complaints. There will be a specific support plan implemented with the service user for this. The Quality Partner will link in with the Regional Manager to update on supports required.  Maintain a record of all complaints including details of whether or not the resident was satisfied.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Painting and decorating can commence in the building once the service is 80% vaccinated.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Full night time simulation for zone 1 completed on 18/06/2021. Continue with zoned night time simulations quarterly as per policy. All activities will be forwarded to the National Health & Safety Risk Manager for review.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Plan in place for all Annual Service Reviews to be completed with service users by July 2021.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: All care plans will be reviewed by 30/06/2021 to reflect documentations of weight and blood pressure recordings. Files will be audited regularly to ensure documentation is correct.	
Regulation 9: Residents' rights	Substantially Compliant



Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The importance of knocking on individual doors to gain consent prior to entering apartment will be discussed at staff meetings on an ongoing basis.

## 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	18/06/2021

	evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	18/06/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	16/06/2021
Regulation 34(4)	The registered provider shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.	Substantially Compliant	Yellow	30/06/2021
Regulation	The person in	Substantially	Yellow	31/07/2021

05(6)(b)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be 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.	Compliant		
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/06/2021
Regulation 09(3)	The registered provider shall 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,	Substantially Compliant	Yellow	29/06/2021

	professional consultations and personal information.			
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