Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ballina Cheshire Service
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	24 June 2025
Centre ID:	OSV-0003451
Fieldwork ID:	MON-0046731

About the designated centre

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

This service is registered to support five residents with a physical and/or sensory disability and associated mobility needs. Residents may also have additional medical needs. Residents are supported by a combination of care support workers, community connectors and one personal assistant attend the service on a weekly basis to further assist a resident to access the community. Residents are supported by a staff team that includes care staff and nurses, who are available both during the day and night. The centre comprises two houses which are located on a shared site. Each resident has their own bedroom and there are overhead hoists and mobility aids to support residents with reduced mobility. There is adequate communal areas for residents to relax and the kitchens in both houses have been adapted to meet the needs of wheelchair users. There is wheelchair accessible vehicle for residents to use and the centre is located within walking distance of a large town where public amenities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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 (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
Tuesday 24 June 2025	18:10hrs to 21:00hrs	Mary McCann	Lead
Wednesday 25 June 2025	09:00hrs to 14:40hrs	Mary McCann	Lead

What residents told us and what inspectors observed

The inspector found that this centre offered a good service to residents where their rights were protected, safeguarding was well managed and residents enjoyed a good quality of life.

This inspection was a thematic safeguarding inspection which focused on a review the arrangements the provider and person in charge have in place to ensure compliance with specific regulations of the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). In June 2024 a regulatory notice was issued by the Chief Inspector stating the paramount importance of safeguarding which involves a holistic approach that promotes people's human rights and empowers them to exercise choice and control over their daily living activities. This inspection commenced in the evening and all residents were available in the centre. The staff on duty were aware of the regulatory process and welcomed the inspector into the centre. This centre consists of two houses Park View and Wood View. The houses are located in a scenic area in close location to a walking track, a lovely park, woods that have walking tracks and the local town.

The inspector commenced the inspection in Park View. There were two residents in this house and two staff were available to these two residents. The two staff knew residents well and had worked in the centre for many years. Both residents could communicate with the inspector and told the inspector they were well looked after, the food was good and staff were kind to them and they often went out into the community. The person in charge attended the centre approximately half an hour after the inspector arrived. They were very helpful and organised and clearly were familiar with the residents, staff and the day to day running of the service. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents and that resident enjoyed life. All residents were deemed to have capacity to make decisions regarding the live they wished to experience. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, offering meals and refreshments to suit their needs and preferences. Throughout the inspection, all residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in their homes. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process. This information informed the goals. For example a resident who had an interest in music had access to their own television, music equipment and was watching the music they liked on you tube and had expressed an interest to go on holiday abroad. They told the inspector they could turn off or on the music as they wished. Residents generally went out individually with staff to partake in their individual chosen activity, for example one resident on day two went out in the am with staff and the other staff member was available to stay in the centre with the resident, the other resident went out in the afternoon. On day two one of the residents went shopping. As part of this inspection, the inspector met with all four

residents who lived in the centre and observed how staff cared for residents and their interactions with residents. Residents told and told the inspector they were well looked after and enjoyed living in their home and felt safe. Staff were observed to interact in a positive way with residents involving residents as they prepared their evening tea, chatted about the day and local news and were generally light heartedly chatting which contributed to a pleasant atmosphere in the centre.

The inspector also met with the person in charge and five staff on duty, one of which was the waking night duty staff who had worked in the centre for 14 years. All staff told the inspector they enjoyed working in the centre and most had worked in the centre for considerable periods of time and consequently knew the residents well and there was good continuity of care where staff had built up good relationships with staff which contributed to person centred care and contributed to residents feeling secure The inspector also viewed a range of documents to include residents' records, the risk management policy, the safeguarding policy accident and incidents and staffing records. Policies were well maintained, the risk management policy required review and this is detailed under regulation 26 risk management. Accident and incident records contained a good description of what happened and how this was managed ensuring the resident was protected.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

Overall the inspector found that the overall management and governance systems in place in this centre were well established and ensured that the service provided was a safe quality service.

Systems were in place to ensure the provider had oversight of significant events in the centre, which included a system where staff of the centre recorded accidents and incidents and this alerted the person in charge. This oversight was important to make sure that the provider was aware of the safety and quality of the service provided to residents and to identify trends and learn from events.

The quality of this service was enhanced by the provider ensuring that adequate resources which included a staff team with the required skills and competencies to meet the assessed needs of residents. This also ensured that residents' rights to engage in meaningful activities was protected. The staff team were familiar with residents' wishes, their communication strategies and assessed needs of residents. The centre was being managed by an appropriately qualified person in charge. The management structure consisted of a person in charge who reported to the area manager. The person in charge is supported by a clinical nurse manager.

Regulation 15: Staffing

The levels of staff on duty and observations by the inspector during the inspection, together with the views of staff and residents supported that there were adequate staff on duty to meet the needs of residents.

All staff spoken with stated that staff worked well together and they enjoyed working in the centre. There was a consistent staff team which enabled the building of relationships between staff and the residents they support. Most staff spoken with had worked in the centre for many years. The person in charge supported the retention of staff by ensuring that staff were supported and ensuring sufficient staffing levels at all times. The inspector reviewed the planned and actual duty rotas from the 16th of June to the 11th of July 2025. These provided evidence that planned staffing levels are maintained. staff who spoke with the inspector were aware of who the designated officer was, and how to raise a concern if they had one, or if staff reported a concern to them.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge were aware of the importance of staff training to ensure a high-quality safe service was provided to residents All staff had undertaken safeguarding training and were in the process of completing FREDA (human rights based care) training.

Staff had also undertaken knowledge sessions from specialist personnel on specific needs of residents for example Huntington's chorea. This showed there was a learning culture that integrates learning into working practices which supports residents to receive specialist care and support that is person-centred. The inspector reviewed the training records and noted that all mandatory training for staff was up to date. Training, in addition to mandatory training, included safe nutritional care and safe administration of medication. Where refresher training was required, this had been identified by the person in charge and staff had been listed to complete the training. Staff received supervision from the person in charge on a regular basis. This allowed staff time to discuss any areas of concern they had and the person in charge to assess any areas they wished to address

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre. These included auditing systems and a clear organisational structure with clear lines of authority. This ensured that a good quality and safe service was provided to the residents who lived in this centre.

Regular team meetings were occurring and there was fortnightly management team meetings. A set agenda was in place for these meetings which included restrictive practices in use and a review of residents' assessed needs and any changes that have occurred since the last meeting as well as any health and safety issues. A comprehensive review of accident and incidents was completed by the person in charge on a quarterly basis and any trends identified were discussed. An action plan was developed by the person in charge post these meetings to ensure residents were appropriately safeguarded.

Six monthly unannounced visits were being completed by the quality and clinical leads for the west region of the organisation. The inspector reviewed the most recent visit report which was completed on the 7 February 2025. Actions identified for improvement at this time included staff training and to ensure the job title of staff was included on the rota. The person in charge had immediately enacted a corrective action plan and these issues had been addressed.

A comprehensive annual review of the quality and safety of care provided to residents for 2024 was also reviewed by the inspector. Improvements identified in this review included greater access to physiotherapy, more availability of therapeutic treatments for residents such as reflexology and beauty treatments and the enactment of an IT system for residents records. This annual review also included a comprehensive review of accident and incidents.

A resident’s survey had also been undertaken which supported that residents were happy living in the centre and this was included as part of the annual review. Also the views of residents' families were also sought and again these were included in the annual review.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that the resident reported that they were happy and felt safe. They were making choices and decisions about how, and where they spent their time.

The Inspector found that the service was person-centred and reflected the needs and wishes of the resident. The residents were happy living in the centre and enjoyed a good quality of life. There was regular contact with residents' families,

with some residents meeting family members regularly as well as family members visiting residents at the centre.

There were good risk management systems in place in this centre. However, a review of the policy evidenced that essential information, as mandated under Regulation 26 : Risk management' was absent from the policy. The person in charge submitted a revised risk management policy shortly after the inspection which was in compliance with the regulation.

The provider and person in charge were endeavouring to ensure that the residents living in the centre were safe at all times. Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with the provider's policy and best practice. The Inspector found that appropriate procedures were in place to further ensure effective safeguarding measures such as safeguarding training for all staff, the development of personal intimate care plans to guide staff coupled with the support of a designated safeguarding officer within the organisation.

Regulation 10: Communication

The registered provider and person in charge recognised that the ability to communicate effectively is fundamental to resident's well being, social relationships and quality of life and human rights.

Staff were observed to communicate with residents in a respectful and person-centred manner. A comprehensive communication policy was in place and this was reviewed by the inspector. This was last reviewed in October 2022. All residents had comprehensive communication passports in place which encompassed their ability to hear and communicate. There was good access to speech and language therapy services. Residents who required assistance with communication strategies were appropriately assisted and supported to do so in line with their needs and wishes. Some residents had mobile phones and lap tops to help them communicate with families and friends. Some residents could freely communicate independent of any aids. One resident who as a result if the likelihood of their ability to communicate deteriorating was in the process of getting a smartbox which would enable them to be retain their ability to communicate by voice in the future.

Judgment: Compliant

Regulation 17: Premises

The residents defined what was homely to them and staff recognise that this was their home.The premises were well maintained and provided a comfortable home to

residents.The open plan design allowed residents to move around with ease as it was level access.

The premises supported an individual model of care and was large enough to support residents to have their own space; for example in Park View the centre was open plan with a sitting area at the front of the house and towards the rear of the house there was a kitchen/dining room with a seated area so residents could choose to relax individually or together in either seated area. In Wood View the two residents had spilt up the communal area with one living mainly at the front of the house and had their own television and this area was in close location to their bedroom and the other residents was living to the rear of the house and had their own television and his en-suite bedroom was located in this area of the house.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individual assessments and care planning was person centred and met the needs of residents.

This centre has an IT care planning system. The inspector reviewed two personal care files with the assistance of the person in charge and aspects of other personal plans for example care plans relates to special needs of residents such as specific medical conditions. A person centred personal plan which details the needs and outlines the supports required to maximise resident's personal development and quality of life, in accordance with their wishes was in place for each resident. The personal plans were developed according to the interests of the residents which meant they were meaningful to them.

Residents told the inspector they enjoyed visiting family and family members came to the centre to visit them and also attended circle of support meetings. Residents enjoyed, and were involved in attending music events, socialising with family and friends and having outings to places of interest and local attractions. Some residents enjoyed going out for meals and this was facilitated. Residents generally went out one-to -one with staff and seemed to enjoy this. The personal plan detailed individual needs and preferences and their personal goals clearly display the choice of the resident and show the progression of the goals.

One resident had a goal to go on holidays abroad. There was detailed planning around ensuring progression of this goal. The inspector spoke with the resident regarding this goal and they seemed very happy that they would achieve their goal. This goal was linked to their previous employment and their continued interest in music. This goal showed the personalisation of the goal and displayed a positive approach to risk ensuring good quality of life for the resident and a focus on the rights of the resident. Other goals include building up independent skills and going on day trips

One resident had recently moved into the centre and the person in charge explained that they were working with this resident to develop a personal plan to enhance their quality of life and enhance independence. The resident had their own laptop and on the evening of the inspection, they told the inspector that they ordered a take away, had it delivered and paid for it themselves. Regular reviews of the person plans were being undertaken by staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the restrictive practices register and found that all recorded had been had been submitted as per the mandatory quarterly notifications to the Chief Inspector. These included a recliner chair to relax for one resident. The resident requires the assistance of staff to get out of the chair. Foot straps were also in place on one resident's feet to prevent excessive involuntary movement. Other restrictions included a specific sleep system which the resident had requested to assist with sleeping.

Restrictive practices in place had all been reviewed by the human rights committee and were reviewed regularly. There were no positive behaviour support plans in place as none were required at the time of this inspection. All staff had undertaken training in positive behavior support.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to which ensured residents were protected from abuse.

There was a strong culture of openness and reflection on care practices, and staff told the inspector they felt safe to raise any concerns expressed by residents and they encouraged residents to raise concerns if they had any. They were confident that if they raised any concerns with the management team these would be investigated and taken seriously and residents would be protected. The inspector found that safeguarding concerns were being identified, reported and managed with appropriate control measures in place in the centre.

There were no active safeguarding plans in place at the time of the inspection. The inspector reviewed the most recent safeguarding plan that had been active in the centre in early June 2025. This had been reviewed regularly and discontinued. There

was evidence that the resident was protected and it was appropriate to close the safeguarding plan.

All staff had receive training in best practices in safeguarding vulnerable adults and staff spoken with could describe the various types of abuse and signs they would observe for such as a change in mood of a resident as well as their responsibility to report any concerns they had. The residents were informed regularly by staff of their right to make a complaint through residents meetings and a complaints policy was available in the centre.

Other areas that enhanced safeguarding included suitable and safe premises which were adequate to meet the needs and individual choices of residents, consistent staff, good governance and management systems, safe fire procedures, effective risk management plans and access to speech and language therapy services.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found from a review of documentation, discussion with residents, staff and the person in charge that an open culture which respected the individuality of each resident was present at the centre.

Residents were encouraged to voice their views and supported in their choices on how they spent their day. All residents told the inspector that were doing what they were interested in and got to do the things they wanted to do. The inspector noted that all residents had their evening meal at different time and there was a different menu for residents according to their choice. For example one resident had independently ordered a take away from his lap top and paid for this independently when it was delivered. Another resident had a salad at the kitchen table.

Residents had chosen to utilise their accommodation according to their wishes. This respected their right to autonomy. Resident's welfare was promoted, and care and support was delivered in an environment which was open and conducive to preventing the risk of harm to residents. This was evidenced by staff listening and responding to residents appropriately, a consistent staff team who knew residents well, adequate staff on duty to meet the assessed needs of residents, good procedures regarding safeguarding and strong risk management procedures and support from staff for residents to raise issues and make a complaint if they wished.

For example, one resident had raised a complaint and they were supported by staff to do this. This had been resolved to the satisfaction of the resident.Where an allegation of safeguarding was reported this was investigated and reported to the safeguarding team and the Chief Inspector.Residents also had access to external advocacy services as required.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant