



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

## Issued by the Chief Inspector

Name of designated centre:	Rathfredagh Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	19 February 2025
Centre ID:	OSV-0003449
Fieldwork ID:	MON-0045774

## About the designated centre

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

Rathfredagh Cheshire Home consists of a large two-storey building and a smaller one-storey building located adjacent to each other in a rural area within a short driving distance to a nearby town. Both buildings are comprised of apartment style individual accommodations all located on the ground floor. The centre can provide for a maximum of 21 residents consisting of full-time residential support for up to 18 residents and respite support for up to three residents. Each resident in the centre has their own bedroom and other facilities throughout the centre include offices, bathrooms, dining rooms, kitchens, exercise room, a laundry room, a prayer room and store rooms amongst others. The centre supports residents of both genders with physical, neurological or sensory disabilities. Residents are supported by care support staff, nurses, a community services co-ordinator and the person in charge.

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

Number of residents on the date of inspection:	16
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## 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
Wednesday 19 February 2025	09:30hrs to 15:50hrs	Elaine McKeown	Lead
Wednesday 19 February 2025	09:30hrs to 15:50hrs	Robert Hennessy	Support

## What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre Rathfredagh. The centre was registered with a capacity of 21 adults. On the day of this inspection there were 16 residents in receipt of full time residential services. There were no residents attending for respite breaks on the day.

This designated centre had previously been inspected on behalf of the Chief Inspector in March 2023. The actions identified during that inspection were all found to have been addressed by the provider. This included holding staff meetings with all grades of staff present to promote continuity of care within the designated centre and a review of the information contained within the directory of residents to ensure it consistently contained all information as required by Schedule 3 of the regulations. The inspectors were shown a schedule of planned meetings with various groups/grades of staff as well as two planned meetings with the whole staff team for 2025. This was in line with the actions that had been outlined by the provider following the previous inspection.

The inspectors met with nine residents at different times thorough out the day and visited both buildings that are part of this designated centre. The person in charge was given copies of the information document , "nice-to-meet you" outlining the purpose of the inspectors visit at the start of the inspection. It was evident many residents were provided with copies of this document in advance of meeting with the inspectors either in communal areas or in their own apartments.

One inspector went to meet residents in the courtyard building on two occasions during the inspection. While one resident advised staff they did not wish to meet the inspector, two other residents did engage with the inspector. One outlined how they were happy with their home and the support they received from the staff team. One resident informed the inspector they preferred to spend time in the courtyard rather than accessing the main house. They also chose to have their meals in their own apartment rather than in the communal dining area with peers. These requests were supported by the staff team. Staff supporting another resident whose first language was not English were observed to effectively communicate the purpose of the inspector's visit. The resident was observed to understand what was being communicated to them. Staff were observed to be very familiar with the preferences and assessed needs of the residents for whom they were providing support.

Inspectors met another six residents who were living in the main house during the inspection. Two other residents declined to meet with the inspectors and this was respected when asked by members of the staff team. During the morning a planned music session took place in the main dining area. The room was filled with residents observed to be smiling, laughing and dancing with staff from this designated centre and residents and staff from another designated centre located nearby. This socialising initiative commenced in May 2024, originally planned for six weeks.

However, the success of the weekly activity had facilitated it to continue each week since. A number of residents spoke of the enjoyment they got each week and looked forward to socialising with friends.

Inspectors met with residents in the main house in a number of different locations. One resident was watching a preferred day time programme in the dining room when an inspector met with them. They had a copy of both inspectors nice-to-meet you document and was aware of the purpose of the visit. They outlined how they were very happy with the supports from the staff team. They invited the inspector to visit their apartment which was decorated with personal items, including photographs of relatives. The resident enjoyed social outings with relatives, liked attending sporting events and had no issues or concerns. They attended residents meeting frequently and enjoyed the variety of external speakers that spent time talking to them about many different issues including making a will and managing their finances.

Another resident welcomed the inspector into their apartment as they were listening to music. The person in charge introduced the inspector to the resident who shook the inspector's hand. They had a large collection of music and were observed to independently use a number of different machines including a radio despite being blind while the inspector spent time talking to them. They spoke of the assistance provided to them by the staff team including with their finances. They usually declined to attend residents meetings, preferring to listen to their music but also told the inspector they had no issues or concerns. They outlined who they would speak to if there was any issue they needed to discuss and reported they felt very safe and well looked after in the designated centre.

Another resident was actively exercising on fitness equipment when introduced to an inspector. They spoke of how they tried to complete at least 30 minutes of exercise each day with the support of a therapies assistant. This staff member was also present and outlined how much effort the resident put into maintaining their fitness. Another resident met with an inspector in a sitting room that also had refreshment facilities. The inspector was informed these facilities were introduced during the pandemic and assisted with residents meeting in a social capacity outside of their apartments when safe to do so. The resident liked to spend time in this room as there was a large window looking out into the grounds and they could watch television if they wished to do so. This resident was very happy in their apartment and enjoyed attending a local retirement group in the community during the week.

Another resident who met with the inspector in their apartment, spoke about their links with relatives and how they enjoyed visits in the designated centre. They were happy with the arrangements in place for them to manage their finances independently. They outlined how they participated in the residents meeting. They liked when external experts in a range of different areas came to speak on topics such as advocacy and managing finances. They had attended training on complaints recently but had never had a reason to make a complaint. They spoke of where they had lived prior to coming to live in the designated centre and outlined how this

location better suited their assessed needs.

The atmosphere throughout the designated centre was observed to be relaxed and calm. The privacy and dignity of residents was observed to be consistently respected by all staff members. This included respectful greetings, seeking consent before entering apartments and introducing inspectors. There was ample space for residents to spend time with peers if they choose to do so or be alone. Individual interests and hobbies were encouraged. For example, one resident had an interest in fire brigades and this was evident in their apartment. Another resident had decor which included words from their native language.

In summary, residents were being supported by a dedicated staff team to participate in activities and routines that suited their individual preferences. Person centred care was being provided to ensure each resident was been supported in – line with their assessed needs. Residents were being provided with opportunities to gain confidence and learn skills to aid their personal development, independence and enjoy meaningful activities. Residents were being supported to maintain links with relatives and friends. Staff demonstrated throughout the inspection how each resident's human rights were being supported which included ensuring each resident's personal living space was respected by others, their voice was heard and issues were resolved to their satisfaction.

The next two sections of this report will 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 provided.

## Capacity and capability

Overall, this inspection found that residents were in receipt of good care and support from a dedicated staff team at the time of this inspection. The person in charge worked full time in the designated centre and there was documented evidenced of progress being made to address actions that had been identified in the provider's internal audits that had taken place in July 2024 and January 2025.

During this inspection the person in charge demonstrated how the provider had systems in place to ensure the staff team were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. This included ensuring all staff had up-to-date knowledge on the effective safeguarding of residents while supporting their human rights. Residents were being supported by a core team of consistent staff members. During the inspection, the inspectors observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, residents were asked if they wished to speak with the inspectors. Three residents informed staff they did not wish to speak with the inspectors on the day and this was respected.

Staff were also observed to communicate effectively with one resident in their native language.

The inspectors were also informed of the supports and training provided to the staff team to ensure they were effectively using the electronic system that had been in operation during 2023 and 2024 when more functions were added. Staff spoken too outlined while the initial learning was a steep curve for staff, the efficiencies and improvements to enable ongoing and timely reviews of personal documents by the staff team were resulting in positive outcomes and improved oversight.

In addition, to ensure residents right to privacy regarding their personal information, the inspectors were given temporary access on a tablet device to only the personal plans that were requested to be reviewed. The provider's electronic system required permissions to be given to only staff that provided support to the resident and local management team. This ensured residents information was being stored securely and only accessed by persons who had been given permissions. The inspectors permission/access was removed at the end of the inspection.

## Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents. There was a consistent core group of staff working in the designated centre. The remit of the person in charge was over this designated centre.

- The provision of nursing care was in line with the statement of purpose and the assessed needs of the residents.
- There were no staff vacancies at the time of the inspection. No agency staff were working in the designated centre.
- Actual and planned rosters since the start of 2025, eight weeks, were reviewed during the inspection. These reflected changes made due to unplanned events/leave. The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift and scheduled training.
- The person in charge had ensured information pertaining to staff and documents specified in Schedule 2 of the regulations were available for review. One inspector reviewed four files from different grades of staff and all were found to contain the required documents and had up-to-date information.

Judgment: Compliant



## Regulation 16: Training and staff development

At the time of this inspection 71 staff members including the person in charge worked regularly in the designated centre. This included six nurses of different grades and 40 whole time equivalent, (WTE) care support workers. There were also seven regular relief staff, a kitchen manager, a therapies assistant as well as a team working under the community employment scheme who attended to external maintenance duties as well as other activities.

The person in charge outlined the provider's processes to ensure the staff team's training requirements was monitored on an ongoing basis. The human resource department centrally located for the provider would contact the local administrator in the designated centre to inform them in advance of training requirements and refresher training of staff members. This would then be addressed at a local level. All new staff must complete all training deemed mandatory and essential to work in this designated centre in advance of commencing their role.

One inspector reviewed a detailed training matrix which indicated all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents while ensuring their safety and safeguarding them from all forms of abuse. These included training in mandatory areas such as safeguarding.

The person in charge also outlined the rationale for some non-mandatory training that the staff team had also completed to ensure staff were aware of how to support residents to be involved in decision making in their daily lives and provide ongoing information and education to residents regarding their human rights.

The person in charge demonstrated their awareness of their role and responsibilities to ensure staff had access to appropriate training. For example, all care staff had attended training in the safe administration of medications.

The supervision of staff during 2024 had not taken place for all of the staff team as required by the provider's internal policy of four times per year. However, following a review of a matrix of supervisions of the staff team that had taken place during 2024, it was evident any staff member that had been working throughout the year had at least two supervisions completed during 2024. There were four members of the staff team including the person in charge who had responsibility to ensure they completed the supervisions of the staff team. The supervision matrix highlighted clearly which team member was to attend supervision with one of these delegated staff members. In addition, there were plans for supervision to be undertaken during 2025.

Judgment: Compliant

## Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre at the time of this inspection. There was a management structure in place, with staff members reporting to the person in charge. The remit of the person in charge who worked full time was over this designated centre. The person in charge was also supported in their role by a senior managers within the organisation.

The person in charge outlined the progress made to address the actions identified in the previous Health Information and Quality Authority (HIQA) inspection which took place in March 2023. This included ongoing maintenance and up grade works to the premises. Additional maintenance including to part of the roof, repairs /replacement to internal flooring and refurbishment of furniture had also been completed by the provider. The inspectors were also informed that there were advanced plans and funding secured to ensure further maintenance was completed during 2025 in the designated centre.

The provider had ensured an annual review of the services being provided had been completed for 2023. The person in charge was in the process of completing the annual review for 2024 at the time of this inspection. One inspector was afforded the opportunity to review a draft of the 2024 report and review in detail the 2023 report. It was evident that the consultation with residents was an integral part of both reports. Achievements were detailed which included positive engagement by residents with increased social interactions during the year. These included residents actively engaging in local men's shed groups, attending day services and retirement groups in-line with expressed wishes and preferences.

The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose. This included two internal provider led audits begin completed in July 2024 and January 2025. The inspectors were informed while one part of the internal audit, safeguarding had taken place in May 2024 , the second section quality and clinical functions had not been completed until 22 July 2024. It was evident actions identified in the July 2024 internal audit were addressed in a timely manner, with no repeat findings in the January 2025 internal audit. In addition, the person in charge had updated the progress of actions from the most recent audit which outlined all actions had been addressed and completed.

The safeguarding audit that had been completed in the designated centre in May 2024 outlined effective processes were in place to support residents. No actions or concerns were raised by the auditor. The person in charge also outlined the audit process they had put in place to ensure the ongoing monitoring of residents finances within the designated centre. This audit ensured residents were being supported to manage their personal finances in line with their expressed wishes. This audit was reflective of the varied financial supports required by individual residents.

The provider had arrangements in place to ensure staff members were subject to regular supervision and facilitated to raise concerns if required pertaining to the safety of the care and support provided to residents. As previously outlined in this report while the provider's policy required staff supervision to take place four times annually, the person in charge had arrangements in place to ensure each staff member had attended at least two supervisions in the previous 12 months. Due to the large number of staff working in the designated centre, the person in charge had identified with senior management the difficulties encountered in attaining four supervisions each year with each staff member in this designated centre.

Judgment: Compliant

## Quality and safety

The purpose of this safeguarding inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service which protected them from all forms of abuse, while promoting their human rights.

The provider had electronic working files for each resident. These were subject to regular review with in-built alerts for staff when reviews were required to be completed. This system was found by both inspectors to be easy to navigate, with all the required information available to review pertaining to three residents. The information was found to be up-to-date and reflective of the services and supports being provided including daily notes and planned appointments.

All staff working in the designated centre had completed training in safeguarding. Residents and staff were provided with information regarding the Assisted Decision Making Act 2015. Residents were also supported to attend information sessions and training regarding making complaints if they wished. Nine residents had attended so far during 2025.

Individual arrangements were in place for residents to support them manage their finances in line with their expressed wishes. One resident was independent in managing their finances. Others required some supports with shopping activities. However, all money management plans were developed with each resident and their consent was documented. In addition, the person in charge completed monthly audits which included reviews of residents finances to ensure residents were happy with the arrangements and recorded balances were correct where such supports were required by some residents.

Residents were consistently supported to make decisions about their everyday lives, including where they wished to have their meals and engage in different activities of their choice. It was evident the voice of the resident was being listened to by the staff team. Changes had been made to the timing of a weekly music group when a resident complained that it was occurring too close to lunch time. Once all parties involved had been consulted and agreement obtained the time was moved to suit

the group.

## Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included ensuring access to documents in appropriate formats and visual signage were available for a range of topics including safeguarding, advocacy and consent.

Residents also had access to telephone, television and Internet services.

Residents spoken with during the inspection were aware of the process of how to make a complaint and who they would speak with if they had any concerns. There were information leaflets located around the designated centre which included who the complaints officer was.

One inspector observed the detailed documentation and supports provided to one resident whose first language was not English. This included "Your service, your say" available for them in their native language. Some members of the staff team supporting this resident were also able to converse with the resident in their native language.

Judgment: Compliant

## Regulation 17: Premises

Overall, the buildings were found to be clean, well ventilated and comfortable. Communal areas were large and spacious including hallways. Personal bedrooms/apartments were decorated in line with expressed wishes and preferences of each resident. The provider had adequately addressed issues identified in the March 2023 inspection.

In addition:-

- Staff employed through the community employment scheme assisted with maintenance works around the grounds which were observed to be well maintained.
- Upgrade and maintenance works had been completed during 2024 which included replacement of flooring, upgrades to bathroom areas and roof repairs.
- Upgrades to some furniture had also taken place which included dining room tables and chairs.
- The person in charge outlined some details of funding secured for additional up grade works planned to be completed.

- A review of the space where the hydrotherapy pool was located was in progress, as the pool was no longer in use.
- A review was also in progress where furniture was aged and displayed signs of wear and tear in residents apartments .

Judgment: Compliant

## Regulation 26: Risk management procedures

This regulation was not reviewed in full. However, from a review of residents personal plans which included individual risk assessments it was evident residents were actively consulted. The wording of risks were reflective of person centred language. For example, " the risk of no response or delayed response if the call bell system fails could lead to emotional distress or injury to me" . The subsequent control measures for this risk included call bell audits, with any issues addressed by the service provider and in the event of a failure staff would complete checks every 15 minutes to ensure the well being of the resident. These measures were considered to be effective by the resident.

In addition, the provider's electronic system alerted staff if a review of risks was required. This provided assurance that there were systems in place in the designated centre for the assessment, management and ongoing review of risks.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspectors reviewed the electronic working files of three residents personal plans. These working/active files were found to contain up-to-date information. The system alerted staff if a review was required in any section of the personal plan. Information pertaining to health care, communication, hospital appointments and other allied health care professionals was also easily accessible for the staff, ensuring the most recent report/recommendations were identified.

- One resident who had been admitted to the designated centre in December 2024 had all relevant sections of the personal plan reviewed and completed within days of their admission with a further review in-conjunction with the resident planned in the weeks after this inspection. This plan also had the option for the resident to chose what information they would prefer to keep private. This was evident to have been selected by the resident in one section of the working file at the time of this inspection and the inspector did not have permission to access this section of the file.
- In addition, the development and progress of personal goals were

documented for each resident. Residents had actively participated in the identification of their goals. This included a goal for one resident to visit relatives in another country. All dates for review of personal goals were also documented with an alert on the file for staff once the review is due to be completed.

- One resident's personal plan was also documented in their native language which was available to them in their apartment.
- The electronic system was found by both inspectors to be easy to navigate, contained all the relevant information regarding each resident and clearly outlined areas where residents may need assistance or supports and were independent in other areas of their daily lives.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage challenging issues. The provider ensured that all residents had access to appointments with allied health care professionals such as, psychiatry, psychology and behaviour support specialists as needed.

There were no active behaviour support plans in place at the time of this inspection. The provider's internal auditors highlighted that the supports provided and improved communication had resulted in two behaviour support plans being stepped down.

At the time of this inspection there was a review in progress to identify the most appropriate training in the area of behaviour support for staff that would best meet the assessed needs of the residents in 2025.

Judgment: Compliant

### Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There were no open safeguarding plans at the time of this inspection.
- One closed safeguarding plan was subject to monitoring and the resident was happy with control measures put in place. All documents pertaining to the

safeguarding concern and responses from the safeguarding and protection team including the interim and actual safeguarding plan were available for inspectors to review.

- The provider had ensured a policy- Safeguarding of vulnerable persons at risk of abuse, was available to staff and residents. This was scheduled for further review in January 2026.
- Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. These plans evidenced consultation and review occurring with the resident for whom the plan was devised for.
- Residents were supported to raise concerns. Inspectors reviewed documented evidence where a concern was raised by a resident regarding an aspect of their personal care. It was addressed in a timely manner, actions taken and discussed with the resident and the person in charge ensured the resident was happy with the outcome.
- The person in charge was part of an inter-agency collaboration group which met four times per year and was attended by the members of the safeguarding and protection team. These meetings provided opportunities for mutual learning and support.
- In-person training for staff regarding safeguarding was being planned for 2025.
- The person in charge had reviewed the safeguarding policy statement for the designated centre in January 2025. The details included the names of designated officers and there was a zero tolerance approach to abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

- The provider had resources in place to support each resident to attend their preferred activities regularly, this included day services, community groups and social activities. In addition, an activities co-ordinator worked with residents in the designated centre to promote physical exercise among other activities in-line with expressed wishes and preferences of residents.
- Residents could choose to have their meals in a communal area or in their own apartment.
- Residents were supported to vote in the recent general election if they wished to do so.
- Three residents were supported by personal assistants.
- Residents were provided with information from external speakers regarding a

range of subjects including money management, advocacy, safeguarding, legal issues and personal safety.

- The voice of the resident was evident to be listened to by the staff team and local management. Complaints were responded to in a timely manner and issues addressed to the satisfaction of the complainant. For example, one resident complained about a staff member not understanding traditional Irish foods. Following a review on the same date, steps were taken to ensure all staff were familiar with traditional foods and preferences of residents. The plan that was put in place included a basic introductory information sessions for staff developed by the kitchen manager and a visual board to be installed in the kitchen to assist staff to understand what residents were looking for if they didn't understand the spoken word or what the resident was communicating to them.
- Residents were supported in line with their expressed wishes to manage their personal finances.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant