



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:	26 September 2022
Centre ID:	OSV-0003451
Fieldwork ID:	MON-0037750

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:	3
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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 (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 26 September 2022	09:00hrs to 17:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector spent time in the company of residents and observed the care and support interactions between residents and staff at intervals throughout the day. The inspector spoke with residents who lived in this centre and staff on duty, and also viewed a range of infection control documentation and processes.

This centre was located in a residential area on the outskirts a rural town, which gave residents good access to a wide range of facilities and amenities. The centre suited the needs of residents and provided them with a safe and comfortable living environment. Both houses in the centre were spacious, clean and well maintained. The houses were furnished and decorated in a comfortable, domestic style which created a very homely atmosphere. Rooms were furnished and decorated with comfortable furniture, cushions, pictures, framed, photographs, plants, flowers and televisions.

The centre was equipped to meet the specific needs of the people who lived there and to enhance the levels of safety and comfort for them. Suitable facilities, furniture and equipment were provided to meet the needs of residents. Some features of the building included fully-accessible spacious en suite bathrooms, hoists, and a stair lift. There were televisions, a wide selection of games, DVDs, and music choices available for residents' entertainment and both houses had Internet access. There was adequate communal and private space for residents, and rooms were spacious. Each house had a sitting room, sun room, a well-equipped kitchen and dining area and a utility room with laundry facilities. All residents had their own bedrooms. Residents were happy for the inspector to see their bedrooms. The inspector saw a sample of bedrooms and en-suite bathrooms, which were suitably furnished and equipped, and personalised. The garden at the rear of the centre was laid out to ensure that it was fully accessible for residents' use. Exercise equipment was also available in the centre to support residents' fitness and exercise plans.

The inspector met with all three residents who lived in the centre, and these residents communicated with the inspector in various ways. Residents who spoke with the inspector said they were very happy with all aspects of living there. These residents said that they were well cared for by staff who provided them with good care. One resident told the inspector that she would feel comfortable to raise any concerns with staff and she was confident that any issues would be addressed. The resident also said that she enjoyed the meals in the centre. There were systems for supporting residents to choose their meals and staff explained how the choices of residents who did not communicate verbally were established.

All three residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Throughout the inspection, staff were observed spending time and interacting warmly with residents, supporting their

wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences. The inspector also noticed that care had been taken with residents' appearance. Residents were nicely dressed, their outfits were clean and coordinated, they wore coloured nail polish and their hair was nicely styled.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre had dedicated wheel-chair accessible transport, which could be used for outings or any activities that residents chose. As this was a home-based service residents had choices around doing things in the centre or going out to do things in the community. Some of the activities that residents enjoyed included going out for walks and drives, shopping, going out for coffee and meals, and going to bingo, cinema, musicals and concerts.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the management team and staff prioritised the wellbeing and quality of life of residents.

While this inspection identified good infection prevention and control practices, there were some minor areas for improvement, which will be discussed in the next sections of this report.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported and that residents were safeguarded from infectious diseases, including COVID-19. However, some improvement was required to various aspects of infection control documentation and cleaning guidance to ensure that this standard would be maintained.

There was a clear organisational structure in place to manage the service. There was a person in charge who was responsible for the management of two designated centres in the area. The person in charge worked closely with residents, staff and with the wider management team. There were arrangements in place to support staff and to access the support of senior managers when the person in charge was not on duty.

The centre was suitably resourced to ensure the effective delivery of care and support to residents, and for effective infection control management. These resources included the provision of a suitable, safe and comfortable environment. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising gels throughout the buildings,

supplies of disposable gloves and aprons, personal protective equipment (PPE), and cleaning materials and equipment. The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

The provider had ensured that there was adequate staffing levels in place to ensure the centre was also cleaned and maintained to a good standard on a daily basis. There were measures in place in the centre to ensure that staff were informed of infection control protocols and practices. Staff had received training in various aspects of infection control, such as training in food safety, hand hygiene, use of personal protective equipment (PPE), and breaking the chain of infection. Overall, the provider had also ensured that a range of up-to-date guidance documents, policies and procedures were available to inform staff of best infection control practices. However, However, the provider's infection prevention and control and cleaning protocol required improvement as the guidance on the management of potentially infectious laundry was not sufficiently clear to inform practice.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of infection control management was being provided and maintained. Unannounced audits were being carried out twice each year on behalf of the provider, in addition to an annual review of the service. Detailed infection control audits were being completed quarterly in the centre, and these included hand hygiene, PPE and staff knowledge. Records of these audits showed high levels of infection control compliance, and that any identified issues gave rise to action plans and were being addressed.

Staff were mindful of the importance of sharing information about residents' infection status in the event of any resident transferring from the centre.

The risk register had been updated to include risks associated with COVID-19.

Quality and safety

The provider had good measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Residents lived in a clean, comfortable environment, although there were some minor repairs required to ensure that this standard would be maintained. Improvement to cleaning records was guidance on laundry processes was also required.

The centre was two neighbouring houses, in a residential area of a rural town. The location of the centre enabled residents to visit the shops, coffee shops and restaurants in the town. The centre had dedicated, wheelchair-accessible transport, which could be used for outings or any activities that residents chose. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, going out for coffee and restaurant meals, housekeeping tasks, table-top games and crafts, beauty treatments and music. There was also a well maintained

and furnished accessible garden where residents could spend time outdoors.

The provider had ensured that there were strong measures in place for the prevention and control of infection. There was extensive guidance and practice in place in the centre to control the spread of infection and to reduce the risk of COVID-19 infection. This included adherence to national public health guidance, staff training and implementation of daily cleaning schedules. There was a wide range of information about COVID-19 available to inform staff and guide practice.

There was a plentiful supply of face masks, and staff were wearing appropriate masks at all times during the inspection.

During a walk around the centre, the inspector found that it was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. The kitchens in both houses were bright and comfortable, and were well equipped with readily cleanable and suitable equipment for cooking and food storage. Both houses were kept in a clean and hygienic condition throughout. Overall, wall and floor surfaces throughout the house were of good quality, were clean and were well maintained. Wall and floor surfaces in bathrooms were of impervious materials which could be easily cleaned. Some doors and architraves, however, had become chipped and damaged through usage and required repainting. There were also some broken floor tiles in the kitchen of one house. These deficits created areas which could not be readily cleaned.

Residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Residents were supported to access vaccination programmes if they chose to, and were assisted to make informed decisions about whether or not to become vaccinated.

A high standard of hygiene was evident in the centre. Deep cleaning by an external agent was being carried out on a regular schedule in addition to the daily cleaning carried out by staff in the centre. Cleaning schedules had been developed which detailed the centre's hygiene requirements, and staff members carried out the required daily cleaning tasks. This included daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Staff who spoke with the inspector were clear about cleaning and sanitising routines and explained how these were carried out. However, while a detailed cleaning schedule had been developed, the completion of cleaning tasks was not been consistently recorded, and therefore it was difficult to establish if all tasks had been completed in line with the provider's guidance. The management team acknowledged this and promptly amended the cleaning record form to improve this.

A supply of cleaning equipment and materials such as mops, cloths and buckets was

provided, with specific colour coding for high risk areas such as bathrooms. Cleaning with steam cleaner was carried out in lower risk communal areas. There was a plentiful supply of cleaning materials such as sanitising solutions, wipes and cloths. Staff explained the steam cleaning and colour coded cleaning system that was used, and the nightly process for washing mop heads. A procedure had also been developed for managing the laundry of infected linens and clothing in the event that an infectious outbreak were to occur in the centre. However, this guidance document required some further information to ensure that all aspects of high risk laundry management were clearly stated.

Arrangements were in place for residents to have visitors in the centre as they wished, and for them to visit family and friends in other places. Residents were also supported to use social media to keep in touch with family members, and this was happening during the inspection.

Regulation 27: Protection against infection

There were good measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. However, some areas required improvement. While the centre was well maintained and was of a good standard structurally, some maintenance works were required to ensure surfaces could be effectively cleaned. In addition, improvement to some aspects of guidance documentation was also required to ensure that the overall quality of infection prevention and control would be maintained. Verification of cleaning tasks and the policies and procedures guiding laundry processes also required improvements.

The areas for improvement included:

- in one house there were cracks in some kitchen floor tiles which created an area which could not be effectively cleaned
- there was some damage to paintwork at doors and architraves in both houses
- while a detailed cleaning schedule had been developed, the completion of cleaning tasks was not been consistently recorded, and therefore it was difficult to establish if all tasks had been completed in line with the provider's guidance
- the provider's infection prevention and control and cleaning protocol required improvement as the guidance on the management of potentially infectious laundry was not sufficiently clear to inform practice.

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Ballina Cheshire Service OSV-0003451

Inspection ID: MON-0037750

Date of inspection: 26/09/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">-A new system has been put in place for the management of laundry in the 2 houses to comply with IPC. This was implemented on the 27/09/22 with a local SOP developed. SOP folder implemented and accessible to all staff on duty. This has also been emailed to staff and discussed face to face.-Cleaning protocols were amended to increase detail on the 27/09/22 and implemented immediately. These are being monitored daily by management. These changes had been communicated to staff immediately via email, handovers and face to face by management.-Cracks in tiles will be sealed ensuring they can now be effectively cleaned and comply with IPC.-Damage to paintwork and architraves have been repaired and painted. Completed on 14th October 2022	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/10/2022