



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

Issued by the Chief Inspector

Name of designated centre:	O'Dwyer Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	03 May 2023
Centre ID:	OSV-0003452
Fieldwork ID:	MON-0030503

About the designated centre

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

O'Dwyer Cheshire Home provides a residential and respite service for up to seven residents who have physical and sensory disabilities. Residents who utilise this service may also have complex healthcare needs and reduced mobility. Five residents have a full-time placement in this centre and there are two identified respite beds. Five of the residents have their own individual apartments, which consist of a kitchen/living area and a separate ensuite bedroom. The centre also has a separate open plan kitchen /dining facility with a sitting area. The centre is wheelchair accessible and additional equipment such as hoists and pressure reducing devices are in place to support residents with reduced mobility.

The centre is located in the countryside and within a short drive of two local towns where community services are available, transport is provided for residents to access these services. Care support workers attend to residents during the day and there is a night duty and sleep-in arrangement to support residents during night time hours. Nursing care is also provided seven days a week and an emergency manager on-call arrangement is available for issues which may occur outside of normal working hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 3 May 2023	11:30hrs to 17:05hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met, and spoke with, the residents who lived in the centre. The inspector also met with the person in charge, the management team and staff on duty, and viewed a range of documentation and processes.

It was clear from observation in the centre, conversations with residents and 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 person in charge and staff prioritised the wellbeing and quality of life of residents.

The centre was designed and equipped to meet the specific needs of the people who lived there and provided them with a safe and comfortable living environment. There was comfortable furniture, soft furnishings, and artwork, and wide corridors with handrails. Hand rails were fitted along external pathways to ensure that the outdoor area was safe and accessible.

The inspector met with all residents who lived in the centre at the time, three of who were happy to discuss their lives there. Residents who spoke with the inspector said they were very happy with all aspects of living in the centre. These residents said that they were well supported by staff, who provided them with good care, and that they always made their own choices around their lives. For example, one resident who was moving to another apartment in the centre, talked of how the apartment was being prepared specifically for them and how they had been very involved in choosing the furnishing and colour schemes that wanted. All residents said that they had fun, and could have a laugh with staff too, and this was clearly happening during the inspection. Residents told the inspector that they would feel comfortable to raise any concerns with staff and were confident that any issues would be addressed. These residents knew who was in charge in the centre, and they said that they trusted the staff.

Resident told the inspector that they enjoyed the meals in the centre. They explained that they had choices around their food shopping and meals, and that staff prepared meals that they liked, at the times that suited them. They also said that they often went out to the town for a meal, coffee or a drink and that they enjoyed this. During the inspection, one resident was having a cooked, late breakfast, and told the inspector that this was what they liked, as they preferred not to get up too early and to have the breakfast at their leisure.

As this was a home-based service residents had choices around doing things in the centre, attending activities or having outings with an external support group, or

going out to do things in the community. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, shopping, visiting families, gardening, cinema, arts and crafts, and music. The centre had dedicated wheel-chair accessible transport, which could be used for outings or any activities that residents chose. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference. On the day of inspection, most residents were out and about during the day, while one resident chose to stay in the centre and did some baking in the communal kitchen in the afternoon.

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. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and offering meals and refreshments to suit their needs and preferences.

The centre was a large building in the countryside, close to a rural town. The centre was very spacious, and was divided into five self-contained apartments and two respite rooms. Each apartment had a kitchen, sitting area and en suite bathroom. There was also a spacious communal area with a kitchen, dining furniture, seating and a television, where residents could congregate if they chose to. While residents preferred to use their own individual apartments, the communal area was sometimes used for meetings, social gatherings and festive meals. Some residents invited the inspector to see their rooms. All apartments were clean and comfortable, and were decorated and furnished in a manner which reflected the needs and tastes of each individual who lived there. For example, assistive equipment was provided as required, rooms were personalised with personal items and there was plenty of space for hobby equipment.

Throughout the building there were extra wide corridors with handrails, to promote accessibility and safety for residents. Kitchen features had also been designed to promote accessibility, and all kitchen worktops could be adjusted in height to accommodate wheelchair users. The centre was set in large grounds which were accessible to residents. A resident had pets which they enjoyed very much, and a resident who liked outdoor work was growing produce in a polytunnel in the garden. Transport was available so that residents could go out for drives, appointments, family visits and to visit local amenities that they enjoyed.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service and quality of life of residents.

Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived in this centre.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team, and was very knowledgeable regarding the care and support needs of residents. There were effective arrangements in place to support staff when the person in charge was not on duty. The person in charge was the manager of two designated centres. However, there were very strong arrangements in place to support the person in charge in the management of this service. There were three managers based in the centre who had clinical and administrative management functions, and who worked closely with the person in charge. These managers were present at the inspection and were also very knowledgeable regarding the running of the service and the care of residents. Fortnightly area management meetings took place which were attended by the person in charge and the management team.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. These included ongoing audits of the service in line with the centre's audit plan, and six-monthly unannounced audits by the provider. These audits showed a high level of compliance and any identified actions had been addressed as planned. There were several quality specialist teams in the organisation, who carried out further audits in the centre, such as health and safety, and safeguarding audits. A review of the quality and safety of care and support of residents was being carried out annually. This review was comprehensive and detailed, included consultation with the residents.

The centre was suitably resourced to ensure the effective delivery of care and support to the resident. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support the resident's preferences and assessed needs.

Staff had received training relevant to their roles, such as training in medication management and epilepsy care in addition to up-to-date mandatory training in fire safety, behaviour management and safeguarding. Staff had also attended additional training in various aspects of infection control in response to the COVID-19 pandemic. The management team had recently completed training in assisted decision making and it was planned that this training would be delivered to all staff in the near future.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal planning records, policies, incident records, directory of residents, audits, and staff training records. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. There was a range of policies

to guide staff, all of which were up to date.

The person in charge was very clear about notification of certain events to the Chief Inspector of Social Services, including quarterly notifications, and notifications relating to certain absences of the person in charge. Clear records of incidents which occurred in the centre were kept, and notifications were submitted as required.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was well supported by the management team and staff who were based in the centre, and was very knowledgeable regarding the individual needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other relevant training.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived, or received respite services, in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required by the regulations were maintained in a clear and orderly fashion and were kept up to date.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure that a good quality, person-centred and safe service was provided to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose

was being reviewed annually and was up to date.
Judgment: Compliant
Regulation 31: Notification of incidents
The management team were aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector of Social Services within specified time frames. A review of accident and incident records indicated that these notifications had been made appropriately.
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
The provider was aware of the requirement to notify the Chief Inspector of the absence of the person in charge for specific durations.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The provider was aware of the requirement to notify the chief inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge.
Judgment: Compliant
Regulation 4: Written policies and procedures
All policies required by schedule 5 of the regulations were available to guide staff and were up to date. Other relevant policies and guidance documents had also been developed to guide practice.
Judgment: Compliant

Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a good level of person-centred care.

The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents who lived there. The inspector found that residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. The centre was located in a rural area but wheelchair accessible transport was available which enabled residents to visit the facilities and leisure amenities in the neighbouring areas. Some of the activities that residents enjoyed included outings to local places of interest, going to concerts and music sessions, visiting families, shopping, baking, using personal computer pads, cinema, pub visits and going to football matches. The staffing levels in the centre ensured that each resident could be supported by staff to do activities of their preference. There was also a spacious and accessible garden where residents could spend time outdoors.

Family contact and involvement was seen as an important aspect of the service. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance. Arrangements were in place for residents to have visitors in the centre as they wished and also to meet family and friends in other places. There were suitable arrangements in place to manage any temporary absence of a resident from the designated centre. Such absences were being recorded, and there was an up-to-date policy to guide this practice.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs, and residents' personal goals had been agreed at annual planning meetings. Residents' personal planning information was comprehensive, up to date, and suitably recorded. Staff who spoke with the inspector were very familiar and knowledgeable about residents' personal plans.

The provider had ensured that residents had access to medical and healthcare services to ensure their well-being. Nursing staff were based in the centre, who were involved in the ongoing assessment of residents' health needs. Residents had access to general practitioners (GPs) and attended annual health checks. Additional professional services and medical specialist consultations were arranged as required.

Residents were also supported to attend national health screen programmes.

Residents' nutritional needs were well met. Nutritional assessments were being carried out and suitable foods were made available to meet residents' assessed needs and preferences, and residents' weights were being regularly monitored. There was also an up-to-date policy to guide practice and staff had been training in relevant aspects of nutritional care. Each resident could choose what they liked to eat each day, or if they preferred to eat out. Residents' meals in the centre were prepared and eaten in each person's apartment, although residents sometimes chose to eat together in the central dining room to celebrate a special occasion.

The centre suited the needs of the residents, and was spacious, warm, clean, comfortable and well maintained. All permanent residents had their own apartments, all of which were comfortable and personalised. There were also two rooms available for respite use, and plans to upgrade these rooms were discussed during the inspection.

Information was supplied to residents both through suitable communication methods, through interaction with staff and there was also a written guide for residents which was presented in an easy-to-read format.

Although there were no residents in the centre who required behaviour support, the provider had suitable measures in place for the support and management of behaviour that challenges should this be required. Staff had completed training in managing behaviours of concern and there was an up-to-date policy in place.

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, and in the community. Suitable supports were provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, suitably equipped, clean and comfortably decorated.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that met the requirements of the regulations. This was made available to residents and respite users in a suitable, easy-read format.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements in place to ensure that where a resident was temporarily absent from the designated centre that the hospital or other place was supplied with relevant information about the resident, including infection status. All such absences were being recorded, and there was an up-to-date policy to guide this practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. A sample of files viewed were up to date and informative.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. Access to healthcare professionals were arranged as required. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support residents to manage their behaviour if required. These included training for all staff, development of suitable support plans, and an up-to-date policy to guide practice.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant