

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

Issued by the Chief Inspector

Name of designated centre:	Wolseley Lodge
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	08 August 2024
Centre ID:	OSV-0005342
Fieldwork ID:	MON-0036500

About the designated centre

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

Wolseley Lodge is a detached two storey dwelling located on the outskirts of a town for three people, male or female, over the age of 18 years. This dwelling consists of eight bedrooms. The bedrooms which are occupied by residents are en suite. The remaining bedrooms are used for office space for staff and one is used as a storage room. There is a open plan kitchen/dining/lounge area which has double doors linking the patio area and garden. The centre provides a service to people with physical disabilities including wheelchair users, and is staffed both day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 8 August 2024	10:30hrs to 17:30hrs	Miranda Tully	Lead
Thursday 8 August 2024	10:30hrs to 17:30hrs	Linda Dowling	Support

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the centre. The inspection was completed by two inspectors over one day. From what residents told the inspectors and based on what they observed, a good quality of care and support was provided in this centre. Residents were in receipt of care that met their assessed needs and had a good quality of life.

This centre comprises a detached two story dwelling with a well maintained mature garden surrounding the premises. The centre was located just off a main road on the outskirts of a town. The centre is registered for a maximum of three adults and is at full capacity. All three residents were present on the day of the inspection and the inspectors had the opportunity to meet with all three. On arrival some residents were still in bed and they got up at a time of their choosing as the morning went on. The atmosphere in the home was calm and relaxed. Residents were supported with breakfast without pressure or undue rushing. Residents engaged with puzzles, reading the newspaper and textile activities. Staff were respectful and responsive to the needs of the residents at all times and were familiar with non-verbal cues.

One resident had a visit from family on the day of inspection and another was supported to go out and do some personal errands and have a meal out. The resident had informed the inspectors that they enjoyed going out for a meal. Each of the residents had received a questionnaire which had been sent to the centre in advance of the inspection. The inspectors received three completed questionnaires on the day of inspection. Residents had completed or been assisted to complete the questionnaires on "what it is like to live in your home".

During the inspection the inspectors had the opportunity to meet and speak with all three residents living in the centre, a family member, staff team members including the person in charge, assistant manager and acting co-ordinator about the quality and safety of care and support in the centre. They also reviewed documentation about how care and support is provided for residents and looked at the providers oversight within the centre.

As part of the inspection the inspectors completed a walk around of the home. In the designated centre there were three en-suite bedrooms, a open plan kitchen / living and dinning area, a utility and office space in the upstairs. Bedrooms were individually decorated with photographs and pictures and other items of importance to the residents such as achievements and awards. All areas of the home were very clean and tidy. Throughout the inspection staff were observed to knock on residents' doors and seek permission before entering their room and to treat residents with dignity and respect. Staff were observed to take time with residents who needed a little longer to process requests they supported them with verbal prompts and gestures in line with their assessed needs.

In summary, residents told inspectors they were happy and had things to look

forward to. The team informed inspectors they were motivated to ensure residents rights were upheld at all times. The inspectors found that residents were supported to make choices in the areas of health and finances in a way that was suitable to their assessed needs. Overall the inspectors found that residents were supported to make choices around how they wished to spend their time and what and when they would like to eat and drink. The provider was completing audits and reviews, identifying areas of good practice and areas where improvements were required. They were implementing actions to bring about the required improvements.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was completed to inform a decision in the registration renewal of this designated centre. The overall finding of this inspection were that residents were in receipt of a good quality of care and support. The providers systems to monitor the quality and safety of service provided for residents included unannounced provider audits every six months and an annual review. Through the review of documentation and discussion with management the inspector found that the providers systems to monitor the quality and safety of care and support were being fully implemented and were effective at the time of the inspection.

The person in charge was full-time and had responsibility for one other designated centre. They were supported by an assistant manager and a co-ordinator who was full-time in this designated centre with specific delegated duties to facilitate and support the person in charge and assistant manager. The person in charge, assistant manager and acting co-ordinator facilitated the inspection. All were very knowledgeable about the service and the residents.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual

health and social care needs on the day of the inspection.
Judgment: Compliant
Regulation 15: Staffing
<p>There was an appropriate number and skill mix of staff present in this centre. The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents. The staffing ratio's and rosters in the centre were reviewed and found to be meeting residents needs.</p> <p>Residents also had access to nursing support for clinical care and oversight of care needs.</p>
Judgment: Compliant
Regulation 16: Training and staff development
<p>There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled or taken place.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>High levels of compliance with the regulations reviewed were observed on the day of inspection. There were clear management structures and lines of accountability. A regional manager, person in charge, an assistant manager and house co-ordinator were in place to supervise and manage this designated centre. Good levels of professional oversight were demonstrated. For example, audits included review of staff knowledge, finance review, resident personal information and also general house keeping of the centre. The inspectors found a safe and good quality of care delivered in this centre that was well managed.</p>
Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A resident had transitioned to the centre since the previous inspection. It was evident that there was a clear, planned approach to admissions to the centre. Transitions and visits were completed as indicated by the individual needs of the residents. The provider had ensured admissions to the centre took into account the services outlined in the statement of purpose and other residents living in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose clearly described the model of care and support delivered to residents in the service. The statement of purpose was available in the centre, it contained the required information and had been updated in line with the timeframe identified in the regulations. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services in line with the requirement of the regulations.

The inspectors had completed a review of notifications received in advance of this inspection and also completed a review of the provider's accident, incident and near miss records and found that all incidents that required notification had been completed in line with the Regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had complaints policy and procedures in place that were clear and

outlined the processes in place for residents or their representatives when making a complaint.

Information guiding residents how to complain was available to them. It was evident that residents were supported to make complaints, and that action was taken on foot of complaints in the centre.

The inspectors reviewed complaints and it was found that they had been investigated, reviewed and closed in line with the provider's processes and to the satisfaction of the resident.

Judgment: Compliant

Quality and safety

Overall the inspectors found that the centre provided a comfortable home that was in good state of repair both internally and externally. The house was suitably designed and equipped to support the residents. It had a homely feel and was clean and warm. Residents had opportunities to be part of their local community and were supported to do this through person centred planning. They were making decisions about how they wished to spend their time. Residents were supported to develop and maintain connections and spend time with their families.

From what the inspectors observed, speaking with staff team and management, and from the documentation reviewed it was evident that residents were supported through individualised assessment and personal planning. There was a strong and visible human-rights culture within the centre. Residents were supported to access ongoing support from multi-disciplinary professionals as required.

The management systems in place ensured risks were managed and reviewed through centre specific risk register and individual risk assessments. The risk register outlined controls in place to mitigate the risks.

Regulation 17: Premises

As previously described the centre comprises of a detached two story dwelling with well maintained mature gardens surrounding the house. The centre has been decorated to ensure it is homely in presentation, warm and well maintained. The inspectors completed a walk around of the premises and found that there was adequate communal and private space for residents.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them

throughout the centre. All residents had their own bedroom which were decorated to reflect their individual tastes.

The centre was found to be spacious, bright, well ventilated and very clean. Residents reported as being very happy with their homes.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 28: Fire precautions

Each resident has a detailed personal emergency evacuation plan which clearly outlined the support they may require to safely evacuate in the event of an emergency. These were also supported by associated fire safety risk assessments and a centre emergency evacuation plan. The inspectors observed emergency evacuation procedures on display in the hallways and bedrooms.

There were records to demonstrate staff completing daily visual inspections of fire escape routes, weekly checks of emergency lighting and fire alarm system. A sample of staff training profiles were reviewed, all staff had received their mandatory fire training. Staff knowledge checks were also recorded and demonstrated knowledge of what they would do in the event of a fire.

The storage of oxygen which was recently required in the designated centre was well considered in respect of fire safety. Appropriate storage and signage was observed. They had ensured the local fire officer was aware of the addition of oxygen at the centre and where it was stored.

The fire safety system such as the alarm, emergency lighting and fire fighting equipment had all been serviced and maintained in line with regulatory requirement.

There had been fire drills completed in line with the frequency outlines in the

provider's policy. Although one day time drill required follow up and evidence of same was provided to inspectors the day after the inspection.

Judgment: Compliant

Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed a sample of healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. Residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection the inspectors observed residents being treated with dignity and respect. There was information available for residents in relation to their rights, complaints and advocacy services. Through observation and review of systems in place it was evident that residents were facilitated to exercise choice and control across a range of daily activities, health care and finances. It was evident their choices and decisions were respected. Residents were seen to be consulted regarding how the centre was run with regular discussion.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant