



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:	Announced
Date of inspection:	03 March 2020
Centre ID:	OSV-0003451
Fieldwork ID:	MON-0022961

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 medical needs such as multiple sclerosis and epilepsy. 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. Up-to-three staff members support residents during the day and there is one sleep-in arrangement and one night duty staff member to support residents at night-time. There is also a provision for some nursing care. The person in charge is a clinical nurse manager (CNM1) and they oversee the overall delivery of care. 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 are two wheelchair accessible vehicles for residents to use and the centre is located within walking distance of a large town where public amenities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 March 2020	09:00hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were supported to live a good quality of life. Residents who could communicate verbally, voiced their satisfaction with the service and the inspector also observed that residents who were non verbal appeared to enjoy their surroundings and the company of staff.

The inspector conducted part of the inspection from a central living area where work practices and everyday life experiences for residents could be observed. The inspector met with all four residents, a family member and members of the staff team including a visiting physiotherapist.

On the morning of inspection, one resident was up and having a cooked breakfast in the kitchen. Other residents were being supported with their personal care and overall there was a calm and pleasant atmosphere in the centre. The centre had a homelike quality and living areas were spacious and brightly lit with natural light. Furnishings were cosy and the walls were decorated with pictures of residents from when they were younger right up to the present day. This gave the centre a very personal feel and the inspector observed that residents appeared "at home" when moving about the centre and chatting with staff. The centre primarily supported residents with physical and sensory needs and the premises had been adapted to ensure that residents' independence was promoted, for example, kitchen counter tops had space underneath to allow wheelchair users ease of use and all external doorways were wheelchair accessible. Hoists and mobility aids were also readily available the residents had the use of two adapted buses.

The inspector observed that residents, who could verbally communicate, chatted freely with staff members. Staff members smiled when talking to residents and the inspector observed that staff members lowered themselves to eye level when interacting with residents who were using wheelchairs. Residents told the inspector that they enjoyed their home and that staff were very nice. The inspector noted that a staff member helped a resident with their knitting, which was a new pass time which the resident had recently taken up. This resident stated that they liked knitting and that they really enjoyed going to an over 55 club and also playing boche. Another resident also stated that they liked going out and they were planning to go out for dinner with an external service provider on the day of inspection.

Some residents had high support needs and they were unable to verbally communicate with the inspector. The inspector met with one resident who was being supported by a staff member to have a drink whilst they were watching day time television. The staff member was very personal in their approach to care and again, they sat in close to the resident and spoke in a very caring manner. The also spoke directly to the resident when assisting them to drink and the resident appeared to enjoy this interaction. The inspector also met with a family member who was visiting their relative and they spoke highly of the service which was

provided. They indicated that their relative was happy in the centre and they had no concerns in regards to the care which was offered. The family member stated that they always felt welcome and that they could visit whenever they wanted.

The inspector observed that when chatting with residents, staff members were actively encouraging residents to participate in everyday decisions such as activities and meal choices. In a casual manner staff members asked residents what they had planned for the day and were they looking forward to an activity or did they need any help getting ready. A physiotherapist who was visiting the centre also spoke pleasantly to residents and helped them with some exercises. Residents appeared to enjoy this interaction and smiled and nodded as the physiotherapist instructed them on the task ahead. Information on residents' rights were clearly displayed at eye level for wheelchair users and residents met with the person in charge on at least a monthly basis to discuss how they were and if there was any improvements needed.

To summarise, the inspector found that this centre was very much the resident's home and that the well being of residents appeared to be to the forefront of care.

Capacity and capability

Overall, the inspector found that both the provider and management team supported residents to live in a safe environment which also supported the residents' well being.

The person in charge had a strong knowledge of the residents' care need and it was clear that they were well informed in regards to developments and issues which were affecting the delivery of care. The person in charge detailed that information was gathered by various means such as internal and external audits, ongoing review of care planning and through the centre's incident reporting system. The person in charge was able to demonstrate how this information was able to drive improvements in the quality and safety of care and it was clear that much of the information gathered was used to better the lives of residents. For example, there had been a recent increase in falls and the person in charge was clearly able to show how this had been reported and the action which had been taken to address this issue. The incident reporting system had also highlighted an issue in regards to catheter care and again the person in charge showed the actions which had been taken such as external review, enhanced care planning and additional staff training and competency assessments which assisted in ensuring that a consistent approach to care was provided.

The annual review of the centre provided a comprehensive overview of the care which was provided and it also highlighted several areas for improvement which had associated action plans. This review also detailed how residents were consulted and

it was evident that their views and opinions were valued. Generally, residents reported a very high level of satisfaction with the service, but they did highlight that more opportunities for more community involvement and activities would be desirable. Although, this was a comprehensive document, there was no clear outline or plan in regards to supporting residents with more community access and the inspector found that this was a missed opportunity to drive further improvements in the quality of care which was provided.

The provider had implemented additional staffing resources since the last inspection, with an increase in nursing hours being made available in response to the residents' care needs. A review of the rota also demonstrated that residents were supported by staff members who were familiar to them. The provider was assured that quality and safety of care was maintained to a good standard by implementing a training programme in areas such as fire safety and safeguarding. Additional training was also provided in response to resident's individual needs with further training completed in regards to catheter care and percutaneous endoscopic gastrostomy care. The person in charge ensured that all staff members were up-to-date with training by tracking when training was completed and when staff members were due for a refresher. The person in charge also implemented additional assurances through the use of competency assessments which further ensured that staff members had the knowledge and practical skills to meet the care needs of residents.

To summarise, the inspector found that there was good oversight of this centre and information which was gathered as part of ongoing reviews and audits was, for the most part, used to better the lives of residents.

Regulation 15: Staffing

The provider had systems in place to ensure that all required information, such as, vetting disclosures and employment histories had been obtained for staff members which provided assurances in regards to the safeguarding of residents. The person in charge also maintained an accurate rota which indicated that residents were supported by a regular staff team.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training and refresher programme in place which assisted in ensuring that residents were supported by staff who could support their needs. The person in charge had also introduced additional competency assessments to ensure that staff members had the practical skills to care for residents.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements ensured that there was good oversight of care practices in the centre. For the most part, information which was gathered through various audits and reviews was used to better the lives of residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which outlined the care needs which the centre could cater for and also the facilities and services which would be provided to meet those needs.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported to live a good quality of life in which their independence and rights were promoted.

As mentioned earlier in the report, the centre had a real sense of home and all interactions which were observed between residents and staff members was warm and personal in nature. Each resident had a personal plan in place and revised personal planning documentation had been recently introduced to support the delivery of care. The inspector reviewed a sample of files which detailed various aspects of residents' lives such as relationships, what works well, risks and healthcare. The planning process also examined the resident's vision for the future in which their goals were identified. The inspector found that these were very personal in nature and also aimed to fulfill some resident's rights, for example, a resident was supported to gain full access to their own finances and open a bank account. They were also supported to attend a comedy event which was held by their favourite comedian. Some other goals were identified in regards to supporting residents to stay in contact with their siblings and also with friends; however, these goals had not been progressed which did impact on the resident's ability to maintain contact with their natural support networks. The inspector found that improvements in this area of care would further build on many of the positive aspects of care

which were observed.

The inspector observed that residents were actively consulted in regards to their daily lives and the person in charge met with residents formally on a monthly basis to discuss how they were getting on and if there were any areas for improvement needed. During these meetings the person in charge also discussed safeguarding which supported residents in the area of self care and protection. The centre had a recent thematic inspection in which the area of rights was one of the topics examined. It was identified that the provider aimed to support the rights of residents, but there was no formal assessment in place to assist staff with this area of care. Although, there was no formal assessment in place on this inspection, the person in charge had spoken to staff around supporting the autonomy of residents and supporting information had been made available. The person in charge also spoke about how advocacy had been used in the past to support residents' rights and an advocate was currently assisting a resident to regain control of their personal finances.

Residents reported that they were happy in the centre and they indicated that they lived fulfilling lives and were supported to be members of local clubs and they enjoyed going out for activities and such as bingo and visiting restaurants. They did not tell the inspector that they were dissatisfied with their level of community access, but the annual review of the service did include that residents would like more activities and events in the community; however, no specific action plan had been implemented to support residents with their wishes for more community access.

To summarise, the inspector found that residents' rights were promoted and the provider had sufficient resources in place to support residents to live a good quality of life, but there are some areas for improvement which would further build on the positive culture of care which was observed on inspection.

Regulation 11: Visits

Residents were supported to remain in contact with their families. A family member who was visiting the centre indicated that they always felt welcome and they could visit the centre on a regular basis.

Judgment: Compliant

Regulation 13: General welfare and development

Residents outlined the range of activities which they participated in and a review of documentation indicated that they had regular access to their local community. As part of the annual review, residents indicated that they would like more activities

and trips to the community; however, this issue had not been progressed by the provider.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had produced a guide which outlined the service which was provided in the centre. This guide was available in an easy read format and was displayed in an communal area which facilitated ease of access for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to monitor and respond to events which could have a negative impact on the quality and safety of care which was provided to residents. The person in charge had a good understanding of this system and showed the inspector examples of how residents' lives had been made safer by this system. The person in charge also had a good understanding of risks and they could clearly demonstrate how the provider and senior management of the centre were made aware of safety concerns through an escalation process.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had introduced new fire safety equipment since the last inspection of this centre which promoted the safety of residents and assisted in reducing fire evacuation times.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had identified personal goals, but the provider failed to ensure that residents were fully supported to achieve these goals. For example; a resident's wishes to remain in contact with their siblings who lived abroad and friends had not

been progressed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to have good access to medical and allied health professionals. Some residents also had complex care needs and comprehensive health care planning was in place which was overseen by nursing care staff.

Judgment: Compliant

Regulation 8: Protection

There was no safeguarding concerns in this centre at the time of inspection and residents who met with the inspector stated that they were happy and felt safe. The person in charge had also introduced a regular information session with residents in which safeguarding was discussed.

Judgment: Compliant

Regulation 9: Residents' rights

At the time of inspection, an advocate was supporting a resident to regain access to their personal finances. Information on rights was on display the inspector also observed that residents were consulted with in regards to their everyday lives and care practices.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballina Cheshire Service OSV-0003451

Inspection ID: MON-0022961

Date of inspection: 03/03/2020

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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Following up residents comments made in the 2019 annual review, the PIC and the Provider's Regional Support team will work with residents to broaden the range of social activities in line with their wishes.</p> <p>Progress towards identified goals and participation in social activities and will be tracked through the residents' future plans, and in social activity logs.</p> <p>Goals and timelines for progress will be overseen, through monthly meetings with the residents, by the PIC/designate and externally overseen by the Regional Support Team through sites visits and unannounced Provider audits.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A resident who had a stated goal of maintaining contact with relatives through electronic means (e.g. Skype) is being supported to do so, with progress recorded on their future plan.</p> <p>Tracking of residents' progress towards their stated goals will be achieved by monthly</p>	

monitoring of Future plans by the PIC/designate and in meetings between the PIC and residents.
Monthly Site visits by Regional Support Team and unannounced audits will support the oversight of the future planning process and progress towards stated goals.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/09/2020
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	30/09/2020
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Substantially Compliant	Yellow	30/04/2020

	frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
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