



Office of the Chief Inspector

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

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:	19 February 2019
Centre ID:	OSV-0003451
Fieldwork ID:	MON-0025461

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 two personal assistants attended the service on a weekly basis to further assist some residents 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 and a clinical nurse manager (CNM2) visits the centre six hours per week to assist and direct clinical care practices. The person in charge is a clinical nurse manager (CNM1) and they oversees 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.

Current registration end date:	20/08/2020
Number of residents on the date of inspection:	4

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
19 February 2019	09:00hrs to 17:00hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with four residents during the inspection. Two of the residents spoke to the inspector at length and both voiced their satisfaction with the service provided at the centre. One resident stated "that they would not like to live anywhere else" and that staff members were very kind. The inspector also met with two other residents who interacted with the inspector on their own terms. All residents appeared relaxed throughout the inspection and staff interactions with residents appeared warm and caring.

The inspector also met with one family member who spoke highly of the service that was offered. They also stated that the staff members who directly supported their relative were of a very high standard and that the care which was offered was meaningful.

Capacity and capability

Overall, the inspector found that there were several areas for improvements in regards to some practices at the centre, with particular improvements required to fire precautions. However, the inspector found that the centre appeared like a very pleasant place to live and that care and support provided in a kind and caring manner with the resident as the sole focus.

The person in charge had a very good understanding of residents' care needs and of the supports which were required to meet those needs. They attended the centre on a regular basis and there was an internal auditing system in place to ensure that the safety and quality of care was maintained to a good standard. Additional external "partners" also regularly reviewed care practices to ensure that residents were receiving a good level of care and support. The inspector found that overall these systems had assisted in driving improvements in the delivery of care; however, these systems failed to recognise deficits in regards to some fire precautions which were implemented.

The provider had completed all required unannounced audits and reviews as required by the regulations. The inspector found that audits and reviews were comprehensive in nature and took into account the views and opinions of residents. Actions plans were implemented by the person in charge to address any areas for improvement and again the inspector found that measures helped to drive improvements and gave assurances in regards to the quality of care which was provided to residents.

The person in charge maintained a rota which was adjusted on the day of inspection to accurately reflect the staffing arrangements in the centre. The rota indicated that residents received continuity of care from staff members who were familiar to them and staff who met with the inspector were found to have detailed knowledge of

individual resident's care requirements. All prescribed information as stated in Schedule 2 of the regulations such as vetting disclosures and employment histories was observed in a sample of staff files reviewed by the inspector. Some personal assistants were also provided by external bodies and the majority of prescribed information including vetting disclosures had been received; however, complete employment histories were not in place for all personal assistants.

The provider had systems in place to ensure that residents were supported by appropriately trained staff. Staff members had completed training in safeguarding and fire safety and additional positive behavioural support training was scheduled to occur subsequent to the inspection. Additional training was also provided in regards to medications, manual handling and supporting residents with percutaneous endoscopic gastrostomy feeding requirements. The inspector found that these arrangements assisted in ensuring that the quality of care which residents received was maintained to a good standard.

Regulation 14: Persons in charge

The person in charge had a good understanding of care practices and had put in place appropriate systems to ensure that the overall standard of care was maintained to a good standard.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate staff rota which indicated that residents received consistency of care from familiar staff. The provider had also promoted the safeguarding of residents by ensuring that all prescribed information was available for all staff members who were directly employed by the provider. There were two personal assistants who were not directly employed by the provider who supported some residents with community activities. The provider had received prescribed information for personal assistants such as vetting disclosures; however, complete employment histories were not in place.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge maintained training records for all staff members which indicated that staff were up-to-date with training such as fire safety,

safeguarding and manual handling. Some staff members had not received training in supporting residents with behaviours of concern; however, there were no behavioural support needs in this centre and additional training dates were scheduled prior to the completion of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge maintained a directory of residents which contained all information as set out in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were systems in place for the monitoring of care practices in the centre and all required audits and reviews had been completed as prescribed in the regulations. The inspector found that these systems assisted in driving improvements in the quality of care which was provided; however, these systems failed to recognise deficits in regards to some fire precautions which did have some impact on the safety of care which was offered to residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which outlined both the care requirements which the centre could meet and the arrangements which were implemented to meet those care needs. This document was also reviewed as required, but some improvements were required to ensure that this document contained all requirements of the regulations.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers in this centre, but the provider had a policy in place to

support this practice.

Judgment: Compliant

Quality and safety

As mentioned earlier in the report, the inspector found that the centre appeared like a pleasant place to live. There was a nice atmosphere in the houses and through resident engagement and observation the inspector found that residents liked their home, and supports which were implemented were facilitating residents to live a good quality of life. There were some improvements required and most notable of these were in relation to fire precautions.

Each house had an alarm panel and fire doors, emergency lighting, smoke detection devices and fire extinguishers were installed and available throughout. The provider had ensured that all equipment was serviced as required, which, provided assurances in regards to the safety of residents. A record of fire drills was maintained which indicated that residents could be evacuated in a prompt manner when maximum staffing was available; however, the provider was unable to demonstrate that one house could be evacuated with minimum staffing. The inspector also found that prolonged evacuation times were also recorded for some residents. Furthermore, the inspector observed throughout the inspection that fire doors in both houses remained open and there was no suitable arrangements in place to ensure that these doors would be closed in the event of a fire occurring. The inspector found that the combined lack of prompt evacuation times and the lack of measures to ensure the closure of fire doors could potentially impact on the safety of care that residents received.

There was a good standard of healthcare provided to residents. Residents had good access to their own general practitioners and there was regular reviews by allied health professionals. Detailed notes were maintained following all reviews and any recommendations were effectively followed up and implemented by the staff team. Some residents required additional supports in regards to their nutritional and hydration needs and staff who met with the inspector had detailed knowledge of residents' care needs. However, some further clarity was required in regards to supporting documentation which outlined the implementation of the recommended fluid intake to ensure that a consistent approach was taken by all staff members. Clinical nurse managers within the centre had oversight of the residents' clinical care needs and a comprehensive healthcare assessment had been completed for each resident. Following this initial assessment detailed healthcare plans were implemented and if required, additional risk management plans were also developed. The inspector found that these arrangements had a positive impact on both the quality and the safety of care which was provided to residents.

There was no requirement for behavioural interventions in this centre. There were some restrictive practices in place in this centre which were implemented following

both reviews and recommendations from allied health professionals. These practices were kept under regular review and consent for their use had been sought from the residents prior to their implementation. The inspector found that these measures, which were implemented by the provider, ensured that both the safety and choice of residents was promoted at all times.

There was a nice atmosphere in each of the houses and residents who spoke with the inspector stated that they liked both their home and the staff who supported them. All interactions between residents were observed to be warm and caring in nature and residents appeared relaxed throughout the day. There were no safeguarding issues in this centre and all staff had received training in the safeguarding of residents. The provider also had systems in place for the identification and response to safeguarding issues. The person in charge was conducting regular one-to-one sessions with residents in regards to their lived experience in the centre which included if they were happy with the service provision and staffing arrangements. These meetings also covered some aspects of safeguarding but they did not fully cover all aspects of the regulations. The inspector found that some minor adjustments in regards to this area of care would further enhance the positive supports which the provider and staff team were implementing.

Regulation 12: Personal possessions

Residents were supported to manage their finances and accurate records were maintained of all financial transactions which were completed with the assistance of staff.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had good access to their local communities and a resident who met with the inspector was looking forward to attending a local club on the day of inspection. Residents were also assessed in terms of their wishes to access further education and employment; however, their wishes in terms of further training had not been formally assessed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The person in charge had good oversight of risks in the centre and all issues which

had a direct impact on the provision of care and the safety of residents had a comprehensive risk assessment in place which was reviewed on a regular basis.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had implemented fire precautions which promoted the safety of residents. Each house had an alarm panel and fire doors, emergency lighting, smoke detection devices and fire extinguishers were installed and available throughout. However, there were no measures in place to ensure that fire doors would be closed in the event of a fire occurring. The provider also failed to demonstrate that residents in both houses could be evacuated in a prompt manner when minimum staffing was available. The inspector found that improvements were required in regards to fire precautions to ensure that the safety of residents was maintained to a good standard.

Judgment: Not compliant

Regulation 6: Health care

Residents had good access the health care professionals and the staff team had effectively implemented care plans as set out by nursing staff. However, some improvements were required in regards to documentation which outlined the hydration needs of some residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were no behavioural support plans required and the person in charge had received consent for the use of all identified restrictive practices.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding issues in this centre and staff were up-to-date with

safeguarding training. Some improvements were required to ensure that residents were fully supported in the area of self care and protection.

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Ballina Cheshire Service OSV-0003451

Inspection ID: MON-0025461

Date of inspection: 19/02/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Complete employment histories are now in place for all staff working in the centre including those from External Providers.</p> <p>The PIC will review and monitor quarterly to ensure accurate records are maintained</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC has introduced a system of checks to ensure the closure of fire doors in the centre. These checks will be maintained until the installation of automatic door closures in the centre. This will be over seen by the PIC supported by the Regional Manager.</p> <p>The Provider's 6 monthly audit will include a review of fire safety measures in the centre and actions required.</p> <p>Fire safety measures have been reviewed by the PIC and Provider and a system of automatic doors closures will be installed to improve fire safety in the centre. This will be completed by 30/4/18</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The SOP will be amended to ensure that it complies with the regulations. This will be submitted to the Chief Inspector by 5/4/19.</p>	

The PIC will review quarterly and ensure any changes to the service or environment comply with regulation and are reflected in the SOP	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The PIC will complete a formal assessment of each resident's wishes in relation to further training and offer supports in relation to achieving documented wishes. These will be completed by 5/4/19.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC has implemented a system of checks to ensure that fire doors are closed in the event of a fire occurring Fire drills have been conducted and documented with minimum staffing levels in place. The Provider has sought quotations to install automatic door closures in the centre to improve fire safety and fire containment in the centre. Installation will be complete by 30/4/19	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The PIC in Charge has made improvements to documentation outlining the hydration needs of residents to ensure clarity for all staff supporting residents. The PIC will review documentation regularly to ensure documentation supports the needs of residents.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: An awareness session will be provided for all residents to ensure that they are aware of their rights in relation dignity, respect and self-protection and care. Safeguarding will continue to be discussed with each resident in individual meetings with the PIC/designate ensuring that each resident has an opportunity to state any concerns they have. This will be completed by 5/4/19	

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(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	05/04/2019
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	26/02/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively	Substantially Compliant	Yellow	30/04/2019

	monitored.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/04/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant		30/04/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	05/04/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	08/03/2019
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	05/04/2019