



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

Issued by the Chief Inspector

Name of designated centre:	Ballina Cheshire Service
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	22 July 2021
Centre ID:	OSV-0003451
Fieldwork ID:	MON-0030266

About the designated centre

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

This service is registered to support five residents with a physical and/or sensory disability and associated mobility needs. Residents may also have additional medical needs. Residents are supported by a combination of care support workers, community connectors and one personal assistant attend the service on a weekly basis to further assist a resident to access the community. 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 nursing 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
Thursday 22 July 2021	09:00hrs to 14:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents enjoyed a good quality of life and that their welfare and rights were actively promoted. The inspector met with two residents and two staff members on the day of inspection. The inspection was also facilitated by the person in charge and a nurse manager.

Residents who met with the inspector communicated on their own terms and they appeared to enjoy the company of staff who were supporting them. Residents had high support needs and they communicated through the use of body language, eye movements and sounds. One resident relaxed as they watched their favourite quiz show on television and a staff member had just finished supporting them with a meal as the inspector met with them. The resident appeared relaxed and seemed to enjoy the company of the staff member who was very attentive in nature. The staff member smiled and remained at eye level with the resident as they chatted freely with them about their plans for the day. The staff member had a good understanding of their needs and how they preferred to have these needs cared for. They explained how the resident enjoyed getting their nails and hair done and also how they liked wearing nice clothes.

The other resident who met with the inspector was also being supported by a staff member and they both sat and watched a country and music band on television. This resident also communicated through the use of body language and sounds and they smiled and responded in a warm manner as the staff member chatted with them. This staff member also had a good understanding of the residents like and dislikes and they explained how the resident loved to observe people and watch the world go by when they were on community outings. The staff member also discussed how the resident loved animals and that they really enjoyed visiting a family member's donkeys on their farm. As the staff member discussed this the resident smiled and laughed and it was obvious that they enjoyed this conversation.

As mentioned above, staff interactions were very positive and their knowledge reflected the residents needs, likes and dislikes as detailed in their personal plans. Resident's personal plans outlined how they liked animals, walks, strawberries and pancakes, observing people and community life. Although, personal plans were comprehensive in nature, some improvements were required. For example, individual planning meetings to assist residents to identify and achieve personal goals had not occurred as required and it was not clearly documented how residents were supported to engage with their personal interests.

The centre comprised of two houses and the inspector conducted the inspection in one of these houses due to infection prevention and control procedures which were implemented. This house was very homely in nature and the communal areas had been adapted to meet the needs of residents with reduced mobility. Living areas were also large and spacious and each resident had their own reception room in which to relax. These reception rooms had displays resident's individual

achievements and also pictures of family members which gave the centre a very warm and homely feel.

Information on residents' rights was on display and residents attended a monthly individual meeting in which they discussed topics such as COVID-19, family connections and health. The staff team also took this opportunity to relay any organisational updates which may affect residents. The provider had also highlighted that there was a very low number of complaints in the centre and they undertook an information session with residents to assist them with understanding the complaints process. Residents were also consulted as part of the annual review and the outcome of this review was that they were very satisfied with the provided service.

Overall, the inspector found that residents' personal needs were to the forefront of care and that they enjoyed a good quality of life. However, as mentioned above, improvements were required in regards to supporting residents with their personal goals.

Capacity and capability

The inspector found that the governance and management arrangements ensured that residents were safe and that their wellbeing and welfare was promoted. Some improvements were required in regards to personal planning; however, adjustments in this area of care would build upon the overall quality of care which was found on this inspection.

The person in charge also held the role of a senior manager within the service and they were responsible for the overall management of the centre. They were supported in their role by a nurse manager and also by another senior manager within the service. The person in charge and the nurse manager were found to have a good understanding of the service and of resident's individual care needs.

The provider had completed all required reviews and audits as required by the regulations and a range of internal audits was also occurring which assisted in ensuring that care practices were maintained to a good standard. The person in charge also explained that the provider was in the process of moving to a new oversight programme which aimed to consolidate the findings of all internal and external audits into one service improvement plan. The centre's annual review was also found to be very resident focused and time was taken to actively consult with residents on their thoughts and feelings about the service, with an overall positive response returned.

The provider also had produced a preparedness and contingency plan in response to COVID-19 which was found to be robust in nature. The plan clearly outlined the isolation plan for residents and how specific colour coded teams would be assigned to their care. Individual care plans had also been devised which clearly outlined

residents' care needs should staffing resources become strained and a skeleton staff team be deployed in the centre. Additional cleaning regimes and sign and symptom checks were also in place which also assisted in promoting residents' safety.

As mentioned earlier, the staff team who were supporting residents on the day of inspection were very pleasant and they interacted with residents in a very caring manner. A review of the rota indicated that residents were supported by a familiar staff team and additional training in regards to personal protective equipment (PPE), hand hygiene and infection prevention and control had been completed by all staff members which further promoted residents' safety.

Overall, the oversight of this centre ensured that that the welfare of residents was promoted and that information which was gathered through internal review processes was used to drive improvements in the quality and safety of care which was provided.

Regulation 15: Staffing

The provider maintained an accurate staff rota which indicated that residents were supported by a familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their training needs and additional training in response to the threat of COVID-19 had been completed by all staff members.

Judgment: Compliant

Regulation 23: Governance and management

The management team of the centre had a good understanding of residents' care needs. There was also a range of internal auditing in place which assisted in ensuring that a good standard of care was promoted.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no active complaints in this centre and the provider had made arrangements to ensure that residents were assisted to understand the complaints procedures.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents care needs were well met and that they were actively supported to enjoy a good quality of health. However, as mentioned earlier in the report some improvements were required in regards to personal planning.

Each resident had a personal plan in place and the inspector reviewed a sample of these plans. The plans which were reviewed were comprehensive in nature and clearly outlined resident's individual care needs and their preferences in regards to meeting these needs. It was evident that some aspects of personal plans such as healthcare planning was subject to regular review and clearly demonstrated that residents were supported to enjoy a good quality of health. However, personal planning in regards to supporting residents to identify and achieve personal goals did require some improvements. For example, a goal setting process had not occurred as required in the two personal plans which were reviewed. It was also unclear how residents were supported with activities. This was discussed with management of the centre who detailed that national restrictions did impact on residents' ability to get involved in their community. Management also explained that many internal activities were occurring in the centre; however, these were not clearly documented. As mentioned earlier, it was clear that the residents' wellbeing was actively promoted and it was also apparent that the staff team was committed to delivery a good quality service. However, deficits in this area of care did detract from the good quality of care which was found in the majority of regulations which were inspected.

The provider had robust risk assessments in place which were reviewed on a regular basis to ensure that control measures were effective in promoting residents' safety. Risk assessments in relation to falls, dysphagia, skin integrity and COVID-19 were in place for some residents and these issues were found to have a potential impact on residents. However, the provider had identified specific controls to mitigate against these issues impacting and the residents' quality of life. A review of accidents and incidents in the centre indicated that the provider was also responsive to safety concerns. For example, there had been a recent increase in issues in relation to the receipt of medications which the provider was in the process of resolving at the time

of inspection.

Fire precautions was taken seriously and the provider had installed fire warning and preventative measures such as a fire alarm, emergency lighting and fire doors. An external company had been charged with maintaining this equipment and all had been recently serviced. Emergency procedures were readily available and individual personal emergency plans were developed for each resident which assisted in promoting awareness of resident's individual evacuation needs. Fire drills which had been completed had demonstrated that residents could be evacuated throughout different work shift patterns, including when minimal staffing was available. Some improvements were required in regards to fire drills as a fire drill had not been completed to include a resident who had been recently admitted to the centre.

Overall, the inspector found that residents welfare was promoted and their individual care needs were well maintained. Improvements in regards to personal planning was required to further build on the many positive aspects of care which were found on the day of inspection.

Regulation 26: Risk management procedures

Risk management procedures within the centre were used to promote residents' safety. Regular reviews of incidents were occurring to monitor for trends which had potential to impact on the quality and safety of care which was provided.

Judgment: Compliant

Regulation 27: Protection against infection

The centre had identified donning and doffing areas and enhanced cleaning regimes were introduced to promote residents' safety. Staff had also undertaken additional training in response to COVID-19

Judgment: Compliant

Regulation 28: Fire precautions

The provider had not completed a fire drill with a resident who had recently been admitted to the service.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provide maintained accurate drug administration and recording documents. A review of these documents indicated that medications were administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider failed to demonstrate that residents personal planning meetings had occurred as required.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had regular access to their general practitioner and comprehensive health care plans were in place which assisted in ensuring that continuity of care was promoted.

Judgment: Compliant

Regulation 8: Protection

The centre appeared like a pleasant place in which to live and there were no active safeguarding plans required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had monthly one-to-one sessions where they discussed care practices and

issues which were occurring in their lives. Information on rights was clearly displayed and staff were observed to knock before entering residents' individual bedrooms.

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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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-0030266

Date of inspection: 22/07/2021

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills were completed with staff and new service user on 6-8-2021 and 14-8-2021	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: - The PIC and staff team will set dates for quarterly review of progress towards goals in consultation with each resident in 2021 and 2022 - The review of personal plans will be progressed by local management with each resident and the process will be overseen externally by the Regional Quality Partner during monthly site visits and during 6 monthly unannounced audits - The individual assessments of all residents with regard to their social supports and access to the community will be reviewed with each person with respect to revised guidance on Covid 19 precautions. - A social supports activity log has been put in place to record activities planned and undertaken within and outside the centre.	

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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	14/08/2021
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 frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/09/2021

Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/09/2021
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