



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

Issued by the Chief Inspector

Name of designated centre:	O'Dwyer Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	11 August 2020
Centre ID:	OSV-0003452
Fieldwork ID:	MON-0030162

About the designated centre

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

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 11 August 2020	09:00hrs to 13:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the centre appeared like a pleasant place to live and residents stated that they felt safe and enjoyed living there.

Each resident had their own self-contained apartment which had a separate bedroom, bathroom and kitchen/dining facilities. The inspector met with two residents separately in their own apartments and the inspector found that each apartment was bright, warmly decorated and they had a real sense of home. One resident spoke at length about their love of art and they showed the inspector an art room which was in their apartment. They appeared very proud of the art work which was on display and they also reminisced when referring to photographs of their early childhood and family members. They also looked after two pets in their apartment and they smiled and joked when referring to how the pets interacted with each other and the resident told the inspector that they really enjoyed their company. This apartment was also adapted to allow ease of access for residents with reduced mobility and the inspector observed that the resident could easily navigate throughout their apartment. One other resident met with the inspector in their apartment and they chatted freely while they enjoyed a cooked breakfast. Again this apartment was very homely in nature and the resident had it decorated with posters of motorbikes, a subject which they had a great interest in. Both residents voiced their satisfaction with the service which they received and one resident stated that staff were "great and they couldn't do enough for you".

The inspector also met with one resident in a communal area which was located adjacent to the designated centre. The resident chatted freely and they spoke about how they passed the time during the pandemic. They stated that they didn't mind the restrictions and they enjoyed chatting to staff, walking the grounds of the centre and watching television. They explained how the restrictions have been eased and how they enjoyed going shopping once again. They wore a face mask as they chatted to the inspector and they explained how they wear a mask when shopping and ensure they use hand sanitizers. They said that staff members had advised them to take these actions to protect themselves and they said that staff had kept them up-to-date with developments in regards to COVID-19. Again, this resident spoke in a positive manner about staff and they said they were very good and would help to deal with any issues or concerns that they may have.

The inspector met with two staff members and both appeared to have a good understanding of the residents care needs. One staff member spoke about the arrangements which were implemented in response to COVID-19 and they outlined how they felt supported throughout by the management of the centre. Staff members spoke in a positive and warm manner when referring to residents and there was a very pleasant atmosphere in this centre. Overall, the inspector found that residents appeared happy and the staff who met with the inspector appeared kind and considerate in their approach to care.

Capacity and capability

Overall, the inspector found that the governance arrangements which were implemented ensured that the quality and safety of care was maintained to a good standard at all times.

The person in charge facilitated the inspection and they were found to have a good understanding of the centre and of the services which were in place to meet the resident's individual needs. Staff who were on duty stated that they felt supported by the management arrangements and the residents stated that they could go to the person in charge or any staff member if they had a concern.

The provider had systems in place for monitoring care practices within the centre which involved regular auditing in areas such as quality, infection control and medications. The quality audits examined several areas of care and it was apparent that the aim of this audit was to ensure that residents were well supported. All internal audits had identified some areas for improvement and the person in charge explained how these areas were being addressed. The provider had also completed the centre's annual review following consultation with residents and their representatives. Overall, the inspector found that these measures assisted in improving the service which residents received.

The provider had robust contingency planning in place in regards to COVID-19. Plans were in place in regards to isolating residents, should it be required and staff members had undertaken additional training in regards to hand hygiene, infection control and the use of personal protective equipment (PPE). The staff rota had also been amended to facilitate identified staff to support individual residents should an outbreak occur.

Regulation 15: Staffing

The person in charge maintained an accurate rota and staff who were on duty said that they felt supported by the management structures and received regular updates in regards to COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with training needs and they had received additional training

in regards to hand hygiene, infection control and the use of PPE.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements which were in place ensured that residents received a service which was safe and effectively monitored.

Judgment: Compliant

Quality and safety

Residents who met with the inspector indicated that they were living a good quality of life and that staff were very supportive. The inspector reviewed a sample of personal plans which were found to be very comprehensive and gave detailed guidance in terms of the supports which residents may require. Residents were supported to have personal goals which had been identified through on-going discussions. Some goals, such as a trip to Mondello race track and accessing a local gym had been postponed in light of COVID-19; however, staff members had pursued other goals and assisted a resident to get 3 dimensional glasses which would help the resident experience Mondello race track. The resident explained how they used this technology and how they could experience many different racing venues. The inspector found that this was a good example of the individualised care which was provided to residents and how staff members had sought to bring about a positive experience for residents, even though they were restricted by the COVID-19 outbreak.

The centre had re-opened to visitors and robust arrangements were implemented to ensure that residents remained safe. All visits had to be prearranged and staff were conducting temperature checks and a questionnaire had to be completed by visitors to provide assurances to the provider. Residents' family members were made ware of these arrangements and residents reported that they were very happy to see family and friends again.

Some residents who used this service had additional medical needs and nursing support was in place to support the delivery of care. The person in charge explained how there had been a strain on nursing resources prior to the inspection but the provider was in the process of recruiting additional nursing staff. Resident's personal plans had robust health care assessments in place which were reviewed on an ongoing basis. Residents also had access to medical and allied health professionals on a planned and as required basis. For example, a resident who did not wish for

assistance in regards to a particular area of care was reviewed by an occupational therapist and additional devices were installed which assisted in maintaining this resident's independence. Overall, the inspector found that residents were supported to enjoy a good quality of healthcare and a team based approach to care lead to positive outcomes for residents.

Regulation 11: Visits

The centre had re-opened to visitors and robust arrangements were in place to ensure that the safety of residents was promoted.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' access to the community had previously been restricted due to COVID-19. With the easing of restrictions residents had been assisted to safely access local shops and amenities.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had robust risk management procedures in place. Issues which had direct impact on the safety of care which was provided had been assessed and additional controls had been implemented which assisted in promoting the safety of residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had revised infection control procedures in place which were implemented in response to COVID-19. Staff were observed to wear PPE when supporting residents and the provider was conducting regular infection control audits.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider maintained accurate medication prescription and administration records. There were no control drugs in use on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were individualised and provided relevant information in regards to their individual care needs.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to enjoy a good level of healthcare. Residents had robust healthcare plans in place and they were supported to attend medical appointments as required.

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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for O'Dwyer Cheshire Home OSV-0003452

Inspection ID: MON-0030162

Date of inspection: 11/08/2020

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
Outline how you are going to come into compliance with :	

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