



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

Issued by the Chief Inspector

Name of designated centre:	Wolseley Lodge
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	04 January 2024
Centre ID:	OSV-0005342
Fieldwork ID:	MON-0036506

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 (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 4 January 2024	11:00hrs to 17:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

The inspector found that this was a well run centre where safe and good quality care was being delivered to the residents by a professional, knowledgeable and competent staff team.

The designated centre comprises a detached dormer bungalow located outside a town in Co. Carlow. The designated centre was decorated in a homely manner. Each resident had access to their own large en-suite bedroom which was decorated according to their personal tastes.

On the day of the inspection, three residents were supported within the centre. One resident had recently transitioned to the service while awaiting a long term placement in another centre operated by the provider. The inspector spoke with all residents on the day of the inspection. Each resident reported to and appeared content and comfortable in the centre. Engagements between staff and residents was seen to be respectful and engaging.

Resident were supported in a kind and gentle manner in line with their assessed needs. Residents were observed completing their morning routines, relaxing in the sitting room or their bedrooms and/or receiving meals with the support of staff. Residents appeared relaxed and content. From documentation review it was evident that resident were supported to enjoy activities in line with their wishes and preferences. Due to the age profile of the residents the residents choose to spend the day at home. They opted to partake for different activities across the week. They enjoyed drives out, meals out, visiting family, shopping, bingo and watching tv programs. In house activities were also provided if a resident wanted to engage in the same. Person-centred planning was evident with the needs and wishes of the residents respected at all times.

There was evidence of effective oversight of the centre. There was a full-time person in charge who was supported by an assistant manager and house coordinator. The person in charge was also responsible for another designated. The staff team comprised of care support workers. Nursing care was available to all residents as required. On the day of inspection, there were nursing vacancies. Agency nursing were being used an interim measure until recruitment was finalised. The staff team appeared knowledgeable regarding the resident's individual preferences and needs when speaking with the inspector.

In summary the inspector found throughout the inspection that residents appeared well cared for, happy, relaxed, comfortable and content. The residents were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them. Kind, caring and positive interactions were observed between residents and staff

throughout the inspection.

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

Capacity and capability

The inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service.

The provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing an annual review of care and support which included consultation with residents and their representatives. They were also completing six monthly unannounced inspections and the staff team were regularly completing a number of audits in the centre. These audits and reviews were identifying areas for improvement, and these improvements were found to be having a positive impact on residents' lived experience in the centre.

A resident had transitioned to the centre while awaiting for their long term placement in another centre. While assessment had been completed, this had been completed for an alternative centre. While the inspector recognises no negative impact of this transition was observed or communicated to the inspector on the day of inspection, the admission of the resident was not in line with the centre's statement of purpose.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place. There were nursing vacancies within the centre however the provider was in the process of filling these posts and was ensuring the provision of nursing oversight in the interim.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. For example, the person in charge, assistant manager and house coordinator were regularly present in the centre.

Regulation 15: Staffing

There was an appropriate number and skill mix of staff present in this centre. The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents. The staffing ratio's and rosters in the centre were reviewed and found to be meeting residents needs. The inspector met one nurse who was very knowledgeable and involved in the residents clinical care and oversight of care needs. Agency nursing were being used as an interim measure pending the completion of an active recruitment campaign.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There were clear management structures and lines of accountability. There were clear management structures and lines of accountability. A regional manager, person in charge, an assistant manager and house coordinator were in place to supervise and manage this designated centre. Good levels of professional oversight were demonstrated. For example, audits, reviews, management meetings, spot checks, team meetings, consultative engagement with residents and families were reviewed. The inspector found a safe and good quality of care delivered in this centre that was well managed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A resident had transitioned to the centre while awaiting for their long term placement in another centre. While assessment had been completed, this had been completed for an alternative centre. Interim safety arrangements were in place and it was evident that consultation had occurred with both the temporary resident and residents who already lived in the centre. While no negative impact of this transition was observed or communicated to the inspector on the day of inspection, the admission of the resident was not in line with the centre's statement of purpose. In addition, the terms on which the resident shall reside in the centre had not been in agreed in writing on admission.

Judgment: Not compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. Incidents were appropriately managed and reviewed to enable effective learning and reduce recurrences.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a high standard. The centre presented as a comfortable home and provided person-centred care to the residents.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of healthcare plans, risk documentation and fire safety documentation. The inspector found good evidence of residents being well supported in the areas of care and support.

The inspector reviewed residents' personal files. Each resident had an up to date comprehensive assessment of their personal, social and health needs. Personal support plans were found to be person-centred, regularly reviewed and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector reviewed the fire management arrangements and found the provider ensured that appropriate fire precautions were in place and that these were well maintained. While the staff team were conducting regular fire drills, a fire drill had

not be completed with minimum staffing following the admission of a new resident. This was completed during the inspection.

There were effective systems in place for the safeguarding of residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in place in the centre. The inspector observed fire fighting equipment, detection systems, and emergency lighting all in working order around the centre. Staff and residents were completing regular fire safety evacuation drills however a fire drill had not be completed with minimum staffing following the admission of a new resident. This was completed during the inspection. Records demonstrated that residents could be evacuated from the centre in the event of a fire in an efficient manner. Staff were completing daily checks on fire safety systems and equipment was regularly checked and service by a fire specialist.

Judgment: Compliant

Regulation 6: Health care

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

professionals as required.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

Through observation and review of systems in place it was evident that residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Staff were observed to respectfully engage with residents. Residents were seen to be consulted regarding how the centre was run with regular discussion.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Wolseley Lodge OSV-0005342

Inspection ID: MON-0036506

Date of inspection: 04/01/2024

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 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The Statement of Purpose has been amended to allow for potential temporary admissions whilst a vacancy exists – excerpt of same below. <p>Emergency Admissions</p> <p>There will be no external emergency admission at Wolseley Lodge. Should our sister services in Tullow experience an emergency whilst there is a vacancy in Wolseley Lodge it may be required to utilize that vacancy as a temporary measure. Similarly, whilst transition work is ongoing for an approved admission to another of our services in Tullow, and should there be a vacancy in Wolseley Lodge, it may be required to utilize that vacancy as an interim measure should the referred person require an expeditious placement.</p> <p>In either situation same will be done following considerations of compatibility, safeguarding, consultation, and review of information available regarding the person’s support needs. As such placements will be interim only no service or tenancy agreements will be drawn up but the terms on which the person will reside in Wolseley will be agreed in writing on admission.</p>	

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 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Not Compliant	Orange	30/01/2024
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	30/01/2024