



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

## Issued by the Chief Inspector

Name of designated centre:	Galway Cheshire House
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	06 July 2022
Centre ID:	OSV-0003445
Fieldwork ID:	MON-0030902

## About the designated centre

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

The centre is a purpose built premises that provides a residential service for residents which physical and sensory disabilities. Each resident has their own apartment which contains an open plan kitchen, living and bedroom area. Each apartment also has an en-suite bathroom and additional equipment such as hoists are installed to support some residents with their mobility requirements. The centre also supports residents with some medical needs but a twenty four hour nursing presence is not maintained and this is clearly stipulated in the statement of purpose and function for the centre.

The provider employs a number of staff members directly; up-to-three staff members support residents during day-time hours and there is a sleep-in arrangement and one waking staff to support residents during night-time hours. Some residents have funded personal assistant arrangements through an external agency and these assistants also contribute to the support and care provided to residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
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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
Wednesday 6 July 2022	10:00hrs to 16:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that residents enjoyed living in this centre and that they were supported to have a good quality of life. Residents who met with the inspector stated that they felt safe in their home and that staff and management of the centre were kind in their approach to care.

This was an announced inspection and was conducted to assist in determining the renewal of the registration of this centre. As part of the announced inspection residents gave feedback, both verbally and in the form of a questionnaire in regards to the quality and safety of care which they received. Four questionnaires were completed by residents and all highlighted a high level of satisfaction with both the service and the staff which supported them. One questionnaire reported that they found the visiting arrangements cumbersome due to COVID 19 and another highlighted that there had been frequent changes in regards to their personal assistants which they found difficult.

The inspector spoke at length with three residents and also spoke for a short period of time with one resident in a communal area. All residents stated clearly that they liked their home and that staff were really very nice. The three residents who spoke at length with the inspector discussed their lives and things they liked about the centre and certain aspects which they would like to change. One resident stated that they really liked their home and they had a great sense of freedom. They used public transport on a daily basis to visit various cities and they popped out whenever they wanted to local shops.

Another resident, again stated that they liked their home, but in the future that they would maybe like to move to their own independent accommodation. They also stated that they had some issues with the transport which was available to them in the centre and that they were confused as to when it was available to them. Both of these points was discussed with the person in charge and they were aware of the residents wishes to move to independent living which they had discussed with the resident in the past. Although, they were aware of recent issues the resident had with transport, they discussed revisiting this issue with them and they stated that they would be assisted to make a formal complaint, if they so wished.

The final resident who met at length with the inspector again highlighted their satisfaction with the service and they spoke about how nice the Cheshire staff were. They said that they had lived in this centre for a number of years and that the care and support which they received had steadily improved over the years. When asked about community involvement the resident stated that they had a personal assistant which facilitated outings three days a week and that they liked this set routine. On the day of inspection, they were settling in to watch Wimbledon tennis for the day and they were looking forward to seeing their favourite player.

The centre was well maintained and there were plans in place to seek funding for

additional upkeep and painting of internal communal areas. Each resident had their own self-contained apartment which could be accessed through the designated centre or via it's own front door. The inspector met with one resident in their own apartment which was warm and homely. The resident enjoyed all sports and their were posters of their favourite football teams and pictures of them meeting various sports stars. The resident was also very proud of a picture of them meeting two members of the British royal family and the spoke about how that was a great day out.

The inspector met with three staff members, including the person in charge, a nurse manager and also a care support worker. All staff were found to have a good rapport with the residents and as mentioned earlier, residents stated they staff were kind in their approach to care. The person in charge and the nurse manager had a good understanding of resident's individual needs and issues which had the potential to impact on the quality and safety of care which was provided. The care support worker also had a good understanding of residents' care needs and also of arrangements such as safeguarding and how to support residents when making a complaint.

Overall, the inspector found that residents received a service which facilitated and supported their independence. Residents reported that they enjoyed living in this centre and that staff were responsive to and supportive of their individual needs. Some improvements were required in regards to the reporting of medication discrepancies and also in regards to supporting some residents with the safe management of the finances, these issues will be outlined in the quality and safety section of this report.

## Capacity and capability

Management arrangements which were in place on the day of inspection assisted in ensuring that the service was safe and that residents enjoyed a good quality of life.

The inspection was facilitated by the person in charge and a nurse manager. As mentioned earlier, both managers had a good understanding of residents' needs and also of the resources which were put in place to meet these needs. The person in charge was in a full-time role and they held overall responsibility for the day-to-day operations of the centre. They also completed a range of scheduled audits in areas such as personal planning, incidents, complaints and fire safety to ensure that the care and welfare of residents was maintained to a good standard at all times. The nurse manager held responsibility for healthcare planning in the centre and they demonstrated detailed knowledge of both residents' health and social care needs throughout the inspection.

The provider was aware of the requirement to complete both an annual review and six monthly unannounced audits of the quality and safety of care which was provider to residents. The centre's annual review was comprehensive in nature and

provided an overview of care which was provided in the previous year. This review also took into account residents' views on the service which assisted in ensuring that residents were consulted in regards to the running of their home. The six monthly unannounced audit was based on the regulations, robust in nature and outlined some aspects of care which required adjustment . A detailed and time bound action plan was in place to ensure that all actions were addressed in a timely manner, the person in charge also had a good understanding of the areas which required some improvements.

The inspector observed that there was a warm and pleasant atmosphere in the centre throughout the inspection. Staff members were observed to respect residents' privacy by knocking on their individual apartment doors prior to entering and they were also observed to stop and chat to residents in communal areas throughout the day. A staff member who spoke with the inspector for a period of time explained how residents would be supported through a complaints process, should they have any concerns and also how residents are safeguarded from abuse. They also had a good understanding of residents individual needs and they also highlighted that were free to raise any issues they may have with management of the centre.

The provider had ensured that staff members had received training which was relevant to their role in areas such as fire safety, safeguarding, behavioural support and infection prevention and control. Staff members were also assisted to undertake refresher training in these areas which assisted in ensuring that residents were supported by competent staff. The provider also had all required Schedule 2 documents in place, such as vetting disclosures and employment histories for staff members which promoted the safeguarding of residents.

Overall, the inspector found that the provider had employed a person in charge and a nurse manager whom provided good oversight of care practices in this centre. The provider also had management arrangements in place which promoted residents' overall safety and welfare and ensured that residents enjoyed a good quality of life.

## Regulation 15: Staffing

Staff were pleasant in their approach to care and a staff member who met with the inspector stated that they felt supported in their role. The person in charge maintained an accurate rota and all Schedule 2 documents were in place which promoted the overall safeguarding of residents. There was also a schedule of team meetings and one-to-one supervision with management of the centre which ensured that staff members had a platform in which they could raise concerns or issues which may impact on the care which was provided.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were up-to-date with their training needs and they were facilitated to raise concerns in regards to care practices through the implementation of regular team meetings and scheduled support and supervision with their line manager. An administrator who maintained training records also described a new electronic training management system which was due to be installed subsequent to the inspection and would provide greater oversight of training in this centre.

Judgment: Compliant

### Regulation 23: Governance and management

The governance arrangements in this centre ensured that residents were facilitated to enjoy a good quality of life. The person in charge held responsibility for the running and operation of the service and he ensured that residents were actively supported to make decisions in regards to their own care and also in relation to the running and operation of their home. All required audits and reviews had been completed and additional internal audits were in place to ensure that the overall service was safely operated.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers in place on the day of inspection; however, residents had their own personal assistants which they directed to support them in areas of care such as attending social events, personal shopping and personal care.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in this centre and residents who met with the inspector said that they had no hesitation to make a complaint if required. Residents stated that the person in charge had managed previous complaints to



their satisfaction and they were happy with the process which was in place. A review of records indicated that the provider sought to seek resolution for all complaints and residents had the right to appeal the outcome of a complaint if they were unhappy.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The provider had all required policies in place which were reviewed in line with the regulations and assisted in promoting the quality and safety of care in this centre.

Judgment: Compliant

#### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application to renew the registration of this centre. The application had been submitted within the required timelines which demonstrated that the provider was aware of their requirement to renew the registration of this centre under the registration regulations.

Judgment: Compliant

#### Quality and safety

The inspector found that the quality and safety of care which residents received was generally maintained to a good standard. Residents were supported to be active in the pursuit of their personal interests and the provider had arrangements in place to ensure that safety was promoted. Although, the majority of care practices which were reviewed on this inspection were well maintained, some adjustments were required in regards to the management of some risks and the reporting of medication discrepancies for one resident.

As stated earlier, residents who met with the inspector stated that they enjoyed living in this centre and that the general arrangements which were in place supported them to enjoy a good quality of life. Residents enjoyed various activities and they were either supported by their own personal assistants or by staff from the centre. Some residents attended day services with an external organisation and others attended weekly meditation and poetry sessions. On the day of inspection, the person in charge highlighted that a resident had applied for a job with a large

retail company and their personal assistant was facilitating them to attend for interview subsequent to the inspection. Some residents also accessed their communities independently with one resident describing how they loved to get the public bus on a daily basis either into Galway city or to other nearby towns. A resident in this centre also attended their own paid employment and the person in charge explained that they had enjoyed this job for a number of years. Overall, the inspector found that residents enjoyed a diverse range of activities and that their interests were readily supported by both staff and their own personal assistants.

The inspector reviewed the arrangements to support residents in managing their finances and personal possessions. The provider had highlighted through internal auditing that residents required additional supports to maintain a log of their personal possessions and the person in charge was addressing this through an associated action plan. The inspector reviewed a money management plan for one resident which indicated that they required some assistance with their finances. A nurse manager explained how they were assisted by an assigned staff and the plan detailed the support that they required. The inspector sought the resident's permission to review the implementation of this money management plan; however, they preferred for the inspector not to review this arrangement on the day of inspection. The inspector noted that the provider promoted the rights of residents and respected their decision to manage their own finances. The person in charge explained that some resident's personal assistants did have access to resident's personal automatic teller machine (ATM) cards and that residents gave them permission to use these ATM cards to access funds on their behalf. Although, resident's decisions in relation to this matter were respected, this presented some risk to residents as there were no arrangements to monitor this practice or to promote financial awareness for these residents.

Residents had been assessed to manage their own medications which were stored in their own apartments. Medication administration prescriptions which were reviewed contained the necessary details for the safe administration of medications and a staff member who met with the inspector had a good knowledge of this area of care. Resident's independence was promoted in this centre and residents were supported to manage their own medications with some residents assessed as requiring described levels of interventions to promote safe practice. The nurse manager who spoke with the inspector outlined that a resident required assistance to collect their medications and sometimes they would inform staff members that they did not require medications. The nurse manager also reported that on occasions when the resident requested assistance with their medications it was apparent that they were not taking their medications as prescribed. Although, the resident wished to manage this area of care there was no formal reporting of these concerns to monitor the frequency of these occurrences.

Residents were well supported in regards to health promotion with residents facilitated to participate in relevant national preventative health screening programmes. The nurse manager had also developed robust healthcare plans, for identified medical histories which ensured that residents would receive continuity of care. The provider, whilst supporting a resident to make decisions in relation to their health, had identified a risk in regards to them not attending for healthcare

appointments and also in refusing assistance with some areas of care, including their medications. The provider was very much aware of the risk this posed to the resident and robust risk assessments were in place which had been escalated to senior management. The inspector found that the provider was keeping these concerns under constant review with regular consultation with the resident senior management occurring.

Overall, the inspector found that residents did enjoy a good quality fo life and that the provider actively supported resident's independence. Although, the reporting of medication discrepancies and supporting residents to safely manage their finances required improvement, adjustments in these areas of care would further build upon the many positive care practices which were found on this inspection.

### Regulation 11: Visits

The provider had arrangements in place which promoted residents' rights to have visitors in their own apartments. The provider had spoken with residents and requested that visitors who enter the centre via the resident's own apartment doors complete a questionnaire in relation to COVID 19. The person in charge indicated that residents were happy with this arrangement and no issues or complaints with this arrangement had arisen prior to the inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents maintained their personal belongings in their own individual apartments and the person in charge was in the process of assisting residents to maintain a record of their personal possessions, in line with the regulations. Residents had keys to their own apartments which also ensured that they could keep their possessions safe. The provider also had money management plans in place for residents who required some levels of assistance in relation to their finances, which assisted in ensuring that the safeguarding of their finances was promoted.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents accessed the community in line with their own wishes and they were

facilitated to seek employment and attend additional training in areas which interested them. Residents were assisted in this area of care by their own personal assistants and also by a social support service which was operated by the provider. These arrangements ensured that residents enjoyed a good quality of life and that their opportunities for employment and education were respected and promoted.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a system in place for recording, monitoring and responding to incidents within the centre. The person in charge held responsibility for reviewing all incidents and a review of records indicated that the provider and the person in charge were responsive to patterns of incidents which may impact on the quality and safety of care which residents received. Robust risk assessments had also been introduced in response to care concerns for one resident. Although risk and incidents were generally well managed, the provider had not risk assessed how some residents were supported in terms of their personal assistants having direct access to the ATM cards. Furthermore, the provider did not demonstrate that potential medication discrepancies were recorded for a resident who managed their own medications.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had been assessed to manage their own medications which assisted in ensuring that their independence was promoted. Medication recording sheets and associated administration records indicated that medications were administered as prescribed for those residents who required assistance in this area of care. Residents also had access to a pharmacist of their choice and they were supported to order and collect their own medication, in line with their individual preferences.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to medical professionals in times of illness and also for routine checkups. The provider also made arrangements for allied health professionals to review residents when changes in the care needs were highlighted. The provider

was also made aware of the changing needs of one resident and management of the centre were keeping up-to-date with these changes to ensure that the centre could cater for this resident's assessed needs.

Judgment: Compliant

### Regulation 8: Protection

The centre appeared like a pleasant place in which to live and staff members were observed to be warm and kind in their approach to care. There were no active safeguarding plans in this centre and staff were aware of the arrangements to keep residents safe from harm. Staff members had a vetting disclosure in place and were also trained in safeguarding which promoted residents' overall safety. Residents who also met with the inspector stated that staff were very nice and that they felt safe in their home.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre was a pleasant place in which to live and the provider clearly demonstrated that residents were consulted in regards to their care and also in regards to the running and operation of their home. There was a schedule of residents' meetings which they could attend if they so wished which gave residents a formal opportunity to give their thoughts on where improvements in care could be made. Residents were also supported to freely access their local communities and their rights to seek paid employment and further education were actively supported.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Registration Regulation 5: Application for registration or renewal of registration	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Galway Cheshire House OSV-0003445

Inspection ID: MON-0030902

Date of inspection: 06/07/2022

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge has written to a PA provider requesting a protocol for PA's assisting Service Users to access their money through ATM or other means. The protocol will be reviewed to ensure financial safeguarding for service users.</p> <ul style="list-style-type: none"><li>- The Person in Charge will complete a Risk assessment detailing risk rating and controls in place, as agreed between the Provider, the PA service Provider and the service user/s.</li><li>-The Service User's money Management plans will be updated accordingly</li><li>- Support for a service user who wishes to manage their own medications has been reviewed and increased, with their agreement.</li><li>- The service user is now being supported by the CNM to order medication and conduct a monthly stock check which highlights any variances in medication taken.</li><li>- The Service is exploring alternative packaging with a local pharmacy which will allow the service user to maintain a level of independence in managing their medications as per their wishes.</li></ul>	



## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	13/09/2022