



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

Issued by the Chief Inspector

Name of designated centre:	Kerry Cheshire
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	17 April 2024
Centre ID:	OSV-0003447
Fieldwork ID:	MON-0034447

About the designated centre

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

Kerry Cheshire is a large single-storey purpose built apartment complex in a town. The complex contains 12 self-contained apartments that have an open plan design accommodating a sleeping area, a living/kitchen area and a toilet/shower area. The apartment complex also contains communal areas including a meeting room/lounge, a kitchen, a laundry room, a reception area and office spaces. It provides a full-time residential service for up to 12 residents, of both genders with physical disabilities and neurological conditions. Residents must be between the ages of 18 and 65 upon admission to the centre. Supported is provided to residents by the person in charge, a care coordinator, a senior support worker, care support workers and a cleaner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 17 April 2024	10:30hrs to 18:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

Kerry Cheshire is a designated centre operated by the provider Cheshire Ireland. The centre can provide full time residential supports to twelve residents over the age of 18 years. The premises of the centre is located on the outskirts of a large town and was purpose built. Each resident is supported in a self-contained apartment with access to communal areas such as a dining room and meeting room if they chose. Each resident has private access to their apartment through accessible doorways.

Over the course the inspection the inspector had the opportunity to meet and interact with seven residents, currently availing of a service within the centre. The inspector also reviewed relevant documentation such as personal plans, complaints folder and governance systems to gather information.

One resident met with the inspector on the morning of the inspection. They were being supported to attend an appointment by a member of the staff team. The resident chatted happily with the inspector about life in the centre. They showed them around their apartment and how they like to have their personal possessions just the way they like it. They spoke highly of the staff support they receive and how they can speak with any staff if they have a concern, and told the inspector they were very happy living in the centre. All the staff were very good to them and they could always call on them if they needed. The resident showed the inspector the call system they had, and pressed it to show them that the staff always come when called. A staff member promptly responded to call and asked the resident what they could do to help. As the resident had to leave for their appointment they said goodbye to the inspector and told them have a good day.

Residents were coming and going from the centre as they day went on. They requested to speak with the inspector and this was respected. The resident spoke with one resident and their visitor in their apartment. The resident chatted happily about life in the centre and how supportive the staff team were. They knew how to voice a concern to if there was any issue but had never had to do so. They liked to be as independent as they could be but also could ask the staff for assistance if they needed. While in this apartment the inspector noted that the fire extinguisher was blocked by the resident's personal possessions, this was highlighted to the person in charge who spoke with the resident and rectified the issue.

One resident was watching TV in their apartment after a busy day. They were watching the horse racing. They chatted with inspector about a new wheelchair they had received and how they were getting on with that. They showed the inspector their kitchen area and chatted about the supports staff given around mealtimes and shopping. Each resident could avail of staff support to do their weekly shop if they chose. This resident also liked to eat out at a local restaurant one evening a week and looked forward to their take away. They appreciated staff supporting them with their health care and personal care and liked to have more independence in this

area.

One resident chatted with the inspector about who they would speak to if they were concerned or worried about anything. They also chatted about what they would do in an emergency and showed the inspector where they would go. They had a lovely range of body products and chatted with the inspector about how they go shopping for these and which one they like best. They were going to get their hair cut in a local hairdressers in the coming days after the inspection.

One resident chatted with the inspector about what life was like in the centre during the pandemic. They found this very difficult especially not being able to see and interact with family members. Staff did support visitors in line with national guidelines but the resident reported this was not the same and it was all very isolating. They were happy things were back to normal. This individual was very proud of their apartment and liked to keep it clean and tidy. They did report that the electric fire was not working, this was reported by the inspector to the person in charge. The staff showed the resident how to work the fire correctly and they were happy with this.

Another resident spoke to the inspector about their goals. They liked to read and collect memorabilia but they now had a lot of stuff in their apartment. A goal had been developed to support the resident to purchase storage boxes for what they wanted to keep and for other bits and pieces to be donated. This resident spoke of the support they receive from staff at difficult times and how this is appreciated. They spoke of their support plan and how much has helped them. They proudly showed the inspector their plants and discussed how they cared for them. They also showed them the plants they had in the garden near their entrance door. The inspector observed that all doors to the apartments were accessible to residents through either a fob system or push button. The resident's personal assistant arrived at this time so the inspector said goodbye so as not to disturb their activities.

One resident was relaxing in their apartment and requested to speak with the inspector. They did express that at times it can be difficult if there is a staff on duty that does not know them, but they can speak for themselves and tell them what they need. The resident spoke of their independence and how important this is to them. They showed the inspector a remote control they had sourced which they could use to control areas in their apartment such as lights, the TV and their blinds. They had a vehicle but chose to request support from family and friends to avail of this and to attend activities and appointments as they chose. The resident spoke of upcoming concerts they were planning to attend with friends and the planning they were looking forward to do. The resident expressed to the inspector that they chose not to make complaints, the inspector discussed the options which were available to them and the systems they could use to raise any concerns or discuss any issues.

The next two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection completed within the designated centre Kerry Cheshire. The purpose of the inspection was to monitor ongoing compliance to the Health Act 2007 and to assist in the recommendation to renew the registration of the centre for a further three cycle. The provider had submitted a full application to process the renewal of the registration. This incorporated the required information such as the floor plans of the centre, evidence of insurance and a planning declaration. Some minor amendments were required to the statement of purpose.

The registered provider had appointed a clear governance structure to oversee the management of the centre. A suitably qualified and experienced person in charge oversaw the day to day operations of the centre. At this time of the inspection they were supported in their role by a senior support worker and a newly appointed care co-ordinator. They reported directly to the person participating in management. There was clear evidence of communication with the governance structure through governance meetings. These meetings were utilised any identified issues which required attention such recruitment, admissions to the centre and the assessed needs of the residents.

The provider had implemented effective measures to ensure the centre was operated in a safe and effective manner. This included the implementation of a range of monitoring systems such as the annual review of service provision, six monthly unannounced visits to the centre and onsite auditing. Where actions were identified an improvement plan was developed and monitored by the governance team.

The registered provider had appointed a suitable skill mix to the centre. The residents accessed nursing care through the community platform. While staff vacancies were present the provider was actively recruiting. To ensure sufficient staffing levels were in place the provider utilised regular agency staff to ensure continuity of care. The person in charge had ensure the core staff team were facilitated to attend mandatory training as required. This courses had been identified as mandatory by the provider to support the assessed needs of residents. However, the mandatory training needs of agency staff differed. Clear rationale was not in place for this differentiation and required review.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured the application to renew the registration of the centre for a further three year cycle. This included the payment of fees and the submission of the required prescribed information.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge of the centre. This individual was fulltime in their role and maintained effective oversight over the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staff roster to ensure the required support was available for all residents currently residing in the centre.

While a number of vacancies were in place the registered provider was engaging in active recruitment. The person in charge ensured continuity of care for residents through the allocation of regular agency staff known to residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured all staff were facilitated and supported to attend the training deemed mandatory to support the residents currently availing of the service within the centre. However, it was evidenced that the same requirement for mandatory training was not in place for agency staff, with no rationale for this. For example, agency staff are not required to have completed medication administration training and training to support residents who may display behaviours of concern.

The person in charge was based in the designated centre to informally supervise members of the staff. Formal supervisory meetings were completed on a quarterly basis, as per the provider policy.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the allocation of a clear governance structure to oversee the operations in the centre. The inspector was provided with evidence of ongoing communication with the governance team to ensure effective oversight was in place of all residents assessed needs.

Through effective monitoring systems oversight was maintained and actions set to ensure any issues were addressed in a timely manner. This included such monitoring as:

- The annual review of service provision, which last completed in March 2024
- Six monthly unannounced visits to the centre,
- Infection prevention and control
- Restrictive practices.

Following the completion of all monitoring systems an improvement plan was developed to ensure any actions were addressed in a timely manner.

Staff were afforded the opportunity to raise concerns through several platforms including team meetings and informal visits. Each staff also received induction to the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The person in charge ensured the development and review of the statement of purpose for the centre. Some minor amendments were required to the document to ensure it reflected all the required information accurately. This included the use of agency and relief staff within the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of a complaints procedure to

ensure all residents were supported to submit a complaint as they saw fit. This included the appointment of a complaints officer, a complaints pathway and a times approach to complaints.

The inspector reviewed the complaints folder maintained by the person in charge. Within the documentation reviewed there was evidence of adherence to the provider policy, communication with the complainant and where possible satisfaction of the complainant. Should it be required the provider had appointed a third party to investigate a complaint should a resolution not be obtained

Judgment: Compliant

Quality and safety

As stated previously this was an announced inspection completed within the designated centre Kerry Cheshire. Through review of documentation, speaking with residents and observations throughout the day, the inspection reviewed the quality and safety of the centre, a high level of compliance was evidenced.

Residents were supported through the risk process to live life as they chose. They were supported to participate in activities in the local and wider community. A number of residents attended a local day service of their choice. Some residents spoke of their role in the local community and availing of local community services such as shops, restaurants and bars. Residents where possible used public transport to access the local community, but if needed transport could be organised.

Each resident was supported to develop a comprehensive personal plan. These plans incorporated a multi-disciplinary approach to the assessed needs of each resident such as behaviour support, communication and personal goals. The desired outcomes were in place and agreed to by the resident. Residents were consulted in the development of all plans including safeguarding plans, healthcare supports and individualised risk assessments.

Residents currently residing in the centre were keenly aware of their rights and spoke of how staff supported them to ensure these were met. Residents spoke of their right to choice, right to vote, their right to refuse to participate in an activity if they chose. Residents, overall, felt if they chose they could speak with the person in charge or staff member if they had a concern. Through regular resident meetings and staff interactions residents were consulted in the day to day operations of the centre and any changes which were to be implemented.

Regulation 11: Visits

On the day of the inspection residents were observed welcoming visitors to their home. All residents spoken with highlighted how all visitors were welcomed in the centre and staff always provided supports as required.

Judgment: Compliant

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Residents discussed the activities and training programmes they completed and those they wished to complete in the future. Residents had an awareness of their personal goals.

A number of residents had personal assistant support to allow them to participate in a range of activities including third level education, local community courses and their hobbies. One resident was an avid gardener, while another chose more retirement based activities.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured the development of a residents guide. Upon review of the document it was evident this included the information required as set out regulation 20 including the terms and conditions of residency.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre-specific risk register and individual risk assessments. At the time of the inspection the provider had identified no high level risk. The risk register outlined the controls in place to mitigate the risk which was regularly reviewed by the person in charge. Such risks addressed within the risk register included:

- Independent travel,
- Isolation,
- self-harm and

- charging of electrical devices.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured there were effective systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Upon visiting one apartment it was observed that access to a fire extinguisher was inhibited by the residents personal possessions. This was addressed by the person in charge when highlighted.

The inspector completed a review of the last five completed fire evacuation drills including the completion of a night time scenario drill. Drills promoted resident awareness of what to do in an emergency. Each resident had a personal evacuation plan in place which appropriately guided the resident and staff in supporting residents to evacuate. Residents spoken with were aware of the evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs.

Areas of support were addressed including desired outcomes and required interventions. This included in such areas as communication, mobility and skills promotion.

Judgment: Compliant

Regulation 7: Positive behavioural support

As required residents within the centre were supported in the area of challenging behaviour. The supports in place were reflective of the support needs of the individual. Residents were consulted and included in the supports identified. One resident spoke to the inspector about their plan and how through its implementation

they feel more relaxed and in control of themselves. This was completed through a positive approach plan.

As required external supports were accessed to ensure a holistic and multi-disciplinary approach to support. Supports were in place to reduce the likelihood and impact of a behavioural incident, what to observe for, and how to proactively manage identified triggers.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear comfortable in their home and spoke of feeling safe. Residents were aware of of who to speak to if they had a concern of felt unsafe. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring residents were kept safe at all times.

Within each personal support plan it was addressed in a clear and dignified manner how to support the intimate and personal care needs of residents. Residents were observed by the inspector to offered these supports by staff in a very respectful way.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which respected the rights of all individuals. Residents were consulted in the day-to-day operations of the centre through key worker and house meetings. The person in charge ensured residents were provided with up to date information pertaining to the centre including the inspection process and what to expect.

Residents spoken with over the course of the inspection had a clear understanding of their rights and were supported to articulate these. Residents residing in the centre were supported to vote.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kerry Cheshire OSV-0003447

Inspection ID: MON-0034447

Date of inspection: 17/04/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Service has begun new processes to ensure the competency of the agency staff member who appears for work in the Kerry Cheshire Service. As agency staff are not employees of Cheshire Ireland, it is not feasible to consider providing training for each agency staff member and we must also acknowledge that agency staff change depending on the shifts for which cover is needed.</p> <p>However, to ensure safe delivery of care within the Service we will:</p> <ul style="list-style-type: none"> a. Ask the agency to provide us with a Record of Learning for the agency staff member which we will keep on file and ensures that the person is competent in the work they are undertaking. (Employee will have to give permission for this to happen under GDPR). b. A peer information meeting will be held by the Line Manager on duty with every new agency staff member when they present for duty. The content of this meeting will be guided by a checklist which we have now developed. The checklist will be signed by both parties at the end of the meeting and will be maintained on Cheshire records. The checklist will ensure that information has been given to the agency staff member on: <ul style="list-style-type: none"> i. Information on behavioral plans, care plans and risk assessments. ii. Information on fire evacuation, health and safety, and call bell system <p>Medication will never be administered by an agency staff members as they will not have completed the Cheshire Ireland Medication Administration training programme. All medication administration will be administered by trained Cheshire employees.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The person in charge will ensure the development and review of the statement of purpose for the centre. Amendments will be made to the document to ensure it reflects all the required information accurately. Use of agency and relief staff within the centre will be included in the statement of purpose.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2024
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/06/2024