



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

Issued by the Chief Inspector

Name of designated centre:	St. Patrick's Cheshire - Leonardsville and Abbey Close
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	09 October 2024
Centre ID:	OSV-0003437
Fieldwork ID:	MON-0036907

About the designated centre

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

St. Patrick's Cheshire - Leonardsville and Abbey Close is located in a market town and consists of three one storey terrace style houses in a community housing estate, a group of eight apartments surrounding a landscaped courtyard and another detached one storey dwelling. The units which make up this centre are all self-contained and each can provide a home for one resident meaning that the maximum capacity of residents living in this designated centre is 11. Each resident has their own bedroom and other facilities throughout the units which make up this centre include living areas, kitchens and bathroom facilities. The designated centre provides full-time residential services for residents of both genders, between the ages of 18 and 65 and those who have physical and sensory disabilities or neurological impairments that require a medium to high level of support. Staff support is provided by nurses, care workers and care support staff.

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 9 October 2024	10:45hrs to 18:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the centre. Overall the inspector found that residents were well cared for and were active and engaged in their homes and communities.

The centre comprises individual apartment style accommodation situated at two locations within close proximity to each other. At the first location, eight one bedroom apartments were located. Five residents were living in this part of the designated centre. The apartments were located around a small courtyard and had small patio areas to the rear of the property. Five of the eight apartments were occupied by residents and were found to have been decorated according to individual preferences and were laid out in order to meet residents' individual needs. A separate building provided facilities for laundry. These facilities were accessible to residents.

At the second location of the designated centre, there were three two-bedroom apartments. Each property was occupied at the time of inspection and were seen to be well maintained and to provide the appropriate facilities pertinent to residents' individual needs.

The inspector met with seven residents and two family members over the course of the inspection. Feedback to the inspector was very complimentary of the service received. It was evident that for some residents the transition to the service had been extremely positive and afforded opportunities for them to receive the support they desired in a homely environment. Residents described their active lifestyles and either spoke about or showed the inspector aspects which were of particular importance. It was evident that interests were encouraged and supported by staff. For example, residents were supported to practice their faith and attend religious events which were occurring nationally. For other residents this included support to attend auditions and also to explore work opportunities.

Throughout the inspection, it was evident that residents were fully supported to engage in the service they received. One resident described to the inspector how they were part of the residents committee and how they were exploring new ways to develop the committee. Residents also participated in interview panels for the recruitment of staff to the service. Residents were also supported in maintaining relationships and family connections important to them. It was evident on the day of inspection that visitors were welcomed to the centre. One family member described how welcome they were and how on occasion they would share meals with their relative in their home.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. The response from residents was positive with residents noting they liked where they lived, could make

their own choices and decisions were supported by staff.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. It was found that the care and support provided was person-centred and in line with the residents' specific needs in this centre.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall findings from this inspection were that the residents were in receipt of a good quality and safe service. The provider was monitoring the quality of care and support they received and working to support residents to gain independence and make choices in their day-to-day lives.

The centre was well run and the provider's systems were proving effective at capturing areas where improvements were required and bringing about these improvements.

The local management team were found to be familiar with residents' care and support needs and were motivated to ensure that each resident was happy, well supported and safe living in the centre.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

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 ratios and rosters in the centre were reviewed and found to be meeting residents needs. Since the last inspection, the provider had recruited nursing staff rather than utilising agency staff. Nursing staff were supported by a CNM1 and the centre management team.

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 or taken place.

The provider was in the process of reviewing training in relation to behaviour support to ensure the programme was suitable to meet the needs of the centre.

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 in place. A regional manager, person in charge, an assistant manager, co-ordinator and a CNM1 were in place to supervise and manage this designated centre. Good levels of professional oversight were demonstrated. For example, audits included review of staff knowledge, finance review, resident personal information and also general house keeping of the centre. The inspector found a safe and good quality of care delivered in this centre that was well managed.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedures in place that were clear and

outlined the processes in place for residents or their representatives when making a complaint.

Information guiding residents how to complain was available to them. It was evident that residents were supported to make complaints, and that action was taken on foot of complaints in the centre.

The inspector reviewed complaints that had been received and it was found that they had been investigated, reviewed and closed in line with the provider's processes and to the satisfaction of the resident.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported and encouraged to engage in activities of their choosing. Residents appeared comfortable and content in their homes. Residents and staff engaged with the inspector over the course of the inspection and residents were observed to be out and about and to lead active lives.

As part of overall reviews of documentation, the inspector reviewed residents' assessments and read a sample of residents' personal plans and found that they positively described residents' needs, likes, dislikes and preferences. The personal plans described residents' communication and behaviour support needs. Positive communication practices were observed over the course of the day between residents and staff.

Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre. There were monthly audits taking place on residents' finances. There was evidence of oversight of residents' accounts with audits reviewing bank statements also.

Judgment: Compliant

Regulation 17: Premises

Overall, this designated centre was decorated in a homely manner and was very well maintained. The provider had ensured the provision of all items set out in Schedule 6, including adequate kitchen areas, storage facilities, and laundry facilities.

The centre comprised of individual apartment style accommodation situated at two locations within close proximity to each other. At the first location, eight one bedroom apartments were located. Five residents were living in this part of the designated centre. The apartments were located around a small courtyard and had small patio areas to the rear of the property. Five of the eight apartments were occupied by residents. At the second location of the designated centre, there were three two-bedroom apartments and an additional apartment utilised by staff. Each property at the second location were single occupancy and were fully occupied at the time of inspection. All areas of the centre viewed by the inspector were seen to be well maintained and to provide the appropriate facilities pertinent to residents' individual needs.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre.

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.

The residents had a number of individual risk assessments on file so as to promote their overall safety and well-being, where required. Risk areas such as feeding, eating, drinking and swallowing, Diabetes management, falls and residents declining intervention were all reviewed. Where control measures had been identified to manage the risk the inspector found that the person in charge had ensured these were in place and monitored. For example, additional supervision and support at mealtimes, or additional supports if/when a resident refuses medical intervention.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found safe systems were in place for the management of medicines in the designated centre. Practice relating to the ordering; receipt; prescribing;

disposal; and administration of medicines was found to be appropriate. Residents each had their own medication storage located in their bedrooms. The provider had identified medication incidents and was seen to take responsive action and learning to prevent further occurrences.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed a sample of residents' personal plans and found personal plans to be comprehensive, in that they informed all aspects of the residents' life. Up-to-date assessments of individuals' needs had been implemented based on these assessments. 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.

Systems to safeguard residents were clearly evident and staff members knew residents and their individual support needs very well. The inspector reviewed safeguarding incidents that had been reported and found clear investigation, follow up, learning from and corrective actions had been implemented effectively.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the rights and diversity of residents was being respected and promoted in the centre. Residents' personal plans were reflective of their likes, dislikes, wishes and preferences.

The provider had ensured that residents were facilitated in participating in many aspects of the running of the designated centre through regular meetings and

consultation with staff. Residents were seen to be treated in a respectful manner by staff present throughout the inspection while choice was actively encouraged within the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant