

# 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:	Unannounced
Date of inspection:	20 April 2023
Centre ID:	OSV-0003437
Fieldwork ID:	MON-0039079

## 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:

8

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 20 April 2023	09:00hrs to 17:00hrs	Conor Brady	Lead
Thursday 20 April 2023	10:15hrs to 15:30hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

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

On the day of inspection, eight residents were living in the designated centre. The inspectors had the opportunity to meet with all eight residents. In addition to speaking with residents, the inspectors reviewed all parts of the designated centres premises, spoke with members of management and the staff team and completed a thorough documentation review.

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 in 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. This building was accessible to residents and on the day of inspection residents were observed being supported to complete laundry tasks.

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 inspectors had the opportunity to meet residents both individually and with staff within their apartments. Engagements between staff and residents was seen to be respectful and engaging. It was evident that staff and residents maintained a good and open communication. Residents were consulted in the care and support they received. For example, preferences in relation to how people accessed the residents' homes were clearly documented and observed in practice on the day of inspection.

When speaking with residents' they were complimentary of the care they received. They described their days being filled with activity both in the centre and the community. On the day of inspection residents were seen to be preparing to attend day service, go shopping and visit family. Residents described how they were supported to expand their interests and hobbies and gave a number of examples of when this occurred. Equally residents were found to be well supported to raise complaints and articulate areas of their care and support that they were not happy with and the provider showed evidence of their responses to same.

There was evidence of effective oversight of the centre. There was a full-time person in charge who was very well supported by an assistant manager and house

coordinators. The person in charge was also responsible for another designated. On the day of inspection, there were vacancies for staff nurses which needed to be filled (given the assessed needs of residents). Agency nursing were being used as an interim measure until recruitment was finalised.

In summary the inspectors 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 inspectors found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service. Each apartment in the centre was homely in its design and there was a clear focus by staff team on ensuring that each resident directed the care they received in their homes.

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.

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 inspectors 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 coordinators 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 inspectors 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. Nursing staff provision was in the process of being increased as two nurses were required on this centres roster due to the medical care needs of residents. The inspectors met one nurse who was very knowledgeable and involved in the residents clinical care and oversight of care needs. The person in charge who was also a nurse highlighted that two nurses would be hired imminently to ensure nursing oversight in this centre was maintained to a good standard. 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

Inspectors found very good levels of governance, management and oversight in place. A regional manager, person in charge and two coordinators were in place to supervise and manage this designated centre. Very good levels of professional oversight were demonstrated. It was very evident that provider and local oversight were effectively in place. For example, audits, reviews, management meetings, spot

checks, team meetings, consultative engagement with residents, families and advocacy services were all reviewed. Inspectors found a safe and good quality of care delivered in this centre that was well managed.

Judgment: Compliant

## Quality and safety

The inspectors found that the quality and safety of care provided for residents was to a very high standard. They were in receipt of person-centred care that supported them to spend their days as they wished. Their rights were supported and promoted and their talents and skills were celebrated and encouraged. Residents were supported to make decisions about their care and about the day-to-day running of the centre.

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, fire safety documentation, and protection against infection. The inspectors found good evidence of residents being well supported in the areas of care and support.

There were effective systems in place for the safeguarding of residents. The inspectors 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.

The inspectors found that the service provider had systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19. The designated centre was visibly clean and well maintained on the day of the inspection.

As mentioned earlier in this report, residents were very much involved in the running and operation of their home.

## Regulation 13: General welfare and development

Residents were found to be very well supported to have active and meaningful lives.

Inspectors spoke with residents and reviewed activation schedules and found that residents participated in a multitude of activities of their own choosing. For example:

- Arts/Crafts



- College Courses/Training Programmes
- Music/Bingo/Day Care Centre
- Fishing
- Lourdes/Mass/Shopping Centre Outings
- Theatre Group/Music Festivals/Band Practice
- Holidays/Hotel Breaks - Domestic & Foreign

Overall inspectors found that residents had very good opportunities and supports in place to support their general welfare and development. Residents were well consulted with by staff and management about how they wanted to spend their days and were equally well supported to come and go from the centre to engage in activities in line with their own preferences. Clear and up to date records were maintained in residents activation logs.

Judgment: Compliant

### Regulation 17: Premises

Overall, this designated centre was decorated in a homely manner and was very well maintained. Where repairs or maintenance works were required these had been identified by the provider and measures were in progress to address the issues. For example, the replacement of flooring following a leak and the repair to an automated door.

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. All residents had their own apartment which were decorated to reflect their individual tastes.

The centre was found to be spacious, bright, well ventilated and very clean. Residents reported as being very happy with their homes.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a clear and effective risk management system in place. Risk policies and procedures were in place, guiding practice and reviewed regularly. A risk register was in place to monitor clinical, personnel and environmental risks. Risk

identification, assessment and management systems were in place. Staff demonstrated a good understanding of the main risks prevalent in the centre and how to manage these risks appropriately. Risk areas such as communication, skin integrity, continence supports, eating, drinking and swallowing, health care management, mobilising safely, stoma site care and call bell response times were all reviewed. Risks were found to be responded to and well managed in this centre. For example, inspectors reviewed 43 reported incidents that occurred in March and April 2023. In each instance a risk rating was appropriately applied (low/medium/high), there was appropriate reporting, recording and risk response evident. Furthermore there were appropriate control measures put in place to protect residents. This demonstrated a very thorough approach to risk management and good levels of risk monitoring and oversight.

Judgment: Compliant

### Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre.

There was infection control guidance and protocols in place in the centre. The inspectors observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for high touch areas, regular cleaning of rooms and some personal equipment. Good practices were in place for infection prevention and control including laundry management and a color-coded mop system.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires. The provider had completed further works required following the last inspection in relation to fire containment, such as the installation of fire doors in the premises. There was suitable equipment in place and evidence was viewed that it was being regularly serviced and maintained.

Staff were in receipt of fire safety awareness training and fire drills were occurring regularly. Staff completed regular checks of all aspects of fire safety and where issues were identified there was evidence this was reported and repairs completed.

Judgment: Compliant

## Regulation 6: Health care

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

Judgment: Compliant

## Regulation 8: Protection

Residents reported to inspectors as feeling very safe and well protected in this centre. Systems to safeguard residents were clearly evident and staff members knew residents and their individual support needs very well. Safeguarding policies and procedures were in place. Safeguarding was a paramount consideration in the centre with safeguarding training, team meeting discussions and stay safe/protection presentations all evident. The provider had the community members of An Garda Síochána give a presentation on safeguarding in this centre which showed good community networking and commitment to resident safeguarding. Inspectors reviewed any safeguarding incidents that had been reported and found clear follow up, learning from and corrective actions had been implemented. Staff members demonstrated good knowledge on the types of abuse, how to manage safeguarding allegations/disclosures, how to report and record safeguarding concerns and ultimately how to keep residents safe. Overall inspectors found good safeguarding practices evident in this centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were getting the right supports and were given the right amount of information to help them make choices and decisions in relation to their day-to-day lives.

Throughout the inspection the inspectors observed residents being treated with dignity and respect. There was information available for them in relation to their rights, complaints and advocacy were actively engaged within the service. There were also systems in place to ensure that their personal belongings were respected and kept safe.

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
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant