



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

Issued by the Chief Inspector

Name of designated centre:	Donegal Cheshire Apartments
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	23 January 2023
Centre ID:	OSV-0003440
Fieldwork ID:	MON-0029786

About the designated centre

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

Donegal Cheshire Apartments provides full-time residential care and support to adults (male and female) with a disability from the age of 30 years old. The centre is a single storey dwelling that can accommodate up to twelve residents. Each resident has their own self-contained apartment comprising a kitchen, dining and lounge area and a bedroom with en-suite bathrooms which were accessible to people with mobility issues. There are also communal areas including lounge, two large activity rooms, two conservatories and additional bathroom facilities. The designated centre is located in a residential area of a town and is close to local amenities. Residents are supported by a team of social care workers along with additional nursing support being provided during the week. Residents are supported with their assessed needs by between three to four staff during the day and at evening times. Overnight there are two staff, one sleep over staff and one waking 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
Monday 23 January 2023	10:00hrs to 18:15hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents who met with the inspector reported that they enjoyed living in this centre and that they considered it their home. They were actively supported to enjoy a good quality of life and they could access the local community in line with their preferences.

The inspector met with four residents on the day of inspection. Three of the residents received a full-time residential service and one of the residents was attending for their first respite stay. All residents who met with the inspector were highly complementary about the service and the staff team. The full-time residents were happy to invite the inspector into their individual apartments and they openly discussed their lives both past and present. Residents were reminiscent of the past and they discussed when they were younger, their family and how they currently lived their lives. These residents were highly complementary of the service which was provided and they explained that they liked the staff that assisted them.

Each full-time resident who met with the inspector explained that they loved their own apartments which they had individually decorated. There were pictures of family and friends on display and also areas of personal interest such as works by modern street artists, musical instruments and also religious figures. Residents apartments consisted of an open plan living, kitchen and dining area. Residents also had their own ensuite bedroom which was adapted for residents with reduced mobility. The main areas of the centre were bright, airy and well maintained. There were a two conservatories in which residents could relax and there was also a main kitchen and two large communal rooms where residents met for a chat or to have their monthly meetings. In addition there was also a large reception/sitting room and as the inspection concluded the inspector observed three residents sitting and chatting while enjoying a television programme together.

Residents enjoyed living in this centre with one resident explaining that they could stay in their own apartment if they wished or they could choose to get involved in the operation of the centre. This resident choose the latter, and they explained how they really enjoy meeting up with other residents but they also liked the option of retiring to their own apartment where they could have time to themselves. They explained how they loved attending the weekly supper club in which one resident cooked a meal for the centre and all residents met in a communal room to chat and enjoy an evening together. This resident was assisted by staff to shop for the supper club which was occurring on the evening of inspection and they inspector observed two residents and a staff member preparing the meal as they laughed and joked with each other.

There was a very pleasant atmosphere in the centre and the inspector observed staff interacting with residents in warm and familiar manner. One resident had a love of music and as they inspector was walking through the centre a staff member was heard singing some of the resident's favourite 1980's music hits to them as they

assisted them with managing their apartment. The inspector met with the staff member later in the day and they spoke warmly about their interactions and how they found that playing, listening and signing along to music with this resident perked them up for the day and lead to a marked reduction in behaviours of concern.

Three questionnaires were completed anonymously by residents with an overall good level of satisfaction reported in regards to rights, care and support, the management of complaints and also the centre itself. Two questionnaires reported that they would like the opportunity for more activities and one reported that they were satisfied with the support they receive, including centre and community based activities. Although residents identified that improvements could be made in this area of care, residents who met with the inspector voiced their satisfaction with community access.

Overall, the inspector found that residents enjoyed living in this centre and they were supported by a staff team who knew their needs and were kind and considerate in their approach to care. This inspection did highlight that some area of care required improvements such as staff training, personal planning and fire drill records, with significant improvements required to the submission of notifications.

Capacity and capability

The inspector found that the provider had oversight systems in place which promoted the welfare of residents and assisted in ensuring that the quality and safety of care was generally maintained to a good standard.

This was an announced inspection which was facilitated by the centre's person in charge and a support worker who held responsibility for some of the day-to-day operations. The person in charge had assumed the role in the months prior to the inspection and there had been a number of management changes prior to this point. The person in charge and senior support worker both had a good understanding of residents' care needs and there was a clear delegation of duties and responsibilities.

The person in charge was in a full time role and and they attended the centre on a daily basis. They had a range of reports and audits to monitor the quality and safety of care which was provided and it was clear that they were up-to-date with any issues which had the potential to impact upon care. For example, the person in charge clearly demonstrated how falls for one resident were collated and resulted in prompt referral and resolution of the issue which promoted the safety of this resident.

The provider had also completed all required audits as set out by the regulations with some areas for attention identified. The centre was also supported by members of separate quality, clinical and health and safety teams which visited the centre on a regular basis and provided additional oversight of these areas of care. However,

these internal audit and review systems had not identified that all notifications had not been submitted as required by the regulations. The centre's annual review was nearing completion and questionnaires had been completed by residents in regards to their thoughts on the service. Both questionnaires from the current review and previous review were reviewed by the inspector which indicated a high level of satisfaction with the service. The inspector found that this arrangement ensured that residents were kept to the forefront of care and that their opinions were valued.

The inspector found that residents were supported by a staff team who were kind and considerate in their approach to care. Staff who met with the inspector had a good knowledge of resident's individual care needs and they were observed to chat warmly with residents throughout the inspection. Residents also reported that they liked the staff who supported them and that if they had any issues that they could go to the person in charge for assistance.

The provider is required to have to have specific documents in place in regards to staff who support residents. Theses specific documents are set out in Schedule 2 of the regulations and receipt of these documents prior to staff supporting residents assists in the safeguarding residents. Although the provider had these documents in place for staff employed directly, they were not in place for one agency staff member when requested by the inspector. The provider understood the breach in regulations and all required documents were received prior to the conclusion of the inspection. However, the inspector found that the lack of assurances in regards to Schedule 2 documents for agency staff did have the potential to negatively impact upon care.

Overall, the inspector found that the oversight of day-to-day care practices was of a good standard; however, the duties of submitting notifications and also having Schedule documents in place required review.

Regulation 15: Staffing

The provider maintained a planned and actual rota which indicated that residents were supported by a familiar staff team. There was minimal use of agency staff and there was one agency nurse on the centre's rota at the time of inspection. A review of required staff documents showed that all requirements of Schedule 2 as stated in the regulations was in place for staff were employed directly by the provider. However, on the day of inspection, not all Schedule 2 documents for an agency staff member were in place when initially requested by the inspector; however, this issue was rectified prior to the conclusion of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff who met with the inspector stated that they felt supported in their role and scheduled team meetings and individual supervision sessions facilitated them to raise any concerns they may have in regards to the care which was offered in this centre. The provider also had a schedule of mandatory and refresher training in place which assisted in ensuring that staff could cater for residents' assessed needs. Although, staff were up to date with their training needs in areas such as safeguarding and fire safety, not all IPC related training had been completed by all staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had governance arrangements which ensured that in general the quality and safety of care was maintained to a good standard. The person in charge was supported by two senior care workers who had oversight of day-to-day care in the centre. The person in charge maintained overall responsibility for the operation of the centre and they reported to a senior manager. Although care was held to an overall good standard, the provider failed to ensure that all notifications had been submitted as required and that Schedule 2 files were in place for an agency staff member prior to the commencement of this inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Although the provider demonstrated that some notifications had been submitted as required, the provider had not submitted all quarterly notifications as set out in the regulations.

Judgment: Not compliant

Quality and safety

The inspector found that the quality and safety of care which offered was maintained to a good standard with residents reporting a sustained improvement in

care over the last number of years. Although this was an overall positive inspection, some improvements were required in regards to personal planning and the recording of fire drills.

The provider was responsive to incidents which had occurred in the centre and the person in charge had a good understanding of incidents which had occurred such as falls, medications errors and explained injuries. There was also a clear response from management of the centre in regards to trends in care. For example, a recent decline in a resident's health also prompted a review by nursing staff which resulted in robust and comprehensive health care plans and protocols to guide staff when responding to this resident's medical needs.

As mentioned above, the provider was proactive in assessing and responding to residents' healthcare needs. Two members of nursing staff were employed to complete healthcare assessments and comprehensive healthcare planning was in place to ensure that residents received a consistent approach in this area of care. Nursing staff were also on site six days a week to provide advice and assessment of residents' needs and staff who met with the inspector stated that they were well supported to meet residents' day-to-day healthcare needs.

Each resident had a personal plan in place which outlined areas such as their personal history, healthcare needs, social needs and also their individual day-to-day preferences. Personal plans also contained records of residents' activities and indicated that they had good access to their local communities. The majority of residents attended day services throughout the week and residents who met with the inspector stated that they were satisfied with their access to the community. Residents reported that they enjoyed doing their own personal shopping and one resident was very proud of the weekly voluntary work which they did in the local community. Although, residents reported that they were well supported with a choice of activities, a review of records indicated that some improvements were required in regards to personal planning and the progression of residents' goals. For example, not all personal planning meetings had occurred as required and a resident was not fully supported to achieve all their chosen goals.

The inspector found that residents were supported to live their lives as they wished and that overall the quality and safety of care was generally maintained to a good standard.

Regulation 17: Premises

The premises was maintained to a good standard and residents had a choice of areas in which to relax with visitors or other residents. Resident's individual apartments were cosy in nature and they facilitated resident's independence in regards to cooking, decoration and receiving visitors. Overall, the centre was warm cosy and decorated in modern fashion. It was also equipped with overhead hoists for residents with reduced mobility and also accessible to wheelchair users which again promoted resident's independence. Each apartment was also fitted with

laundry facilities and there was also a communal area for laundering and drying clothes.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy ingredients and prepare their own meals. The action from the last inspection was addressed with additional supplies of food in place for when residents ran short of their own supplies. There was also comprehensive guidance in place for residents which were assessed as requiring assistance with their nutritional needs. There was also a communal effort for residents to come together for planned supper clubs and on the evening inspection a resident prepared a home cooked meal for everyone to enjoy in one of the communal meeting rooms.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for identifying, recording and responding to incidents. This system was well known to staff and oversight was provided by the centre's person in charge. Incidents of concern were screened by the person in charge, with follow up by relevant multi-disciplinary team members occurring as recommended. The provider had also implemented additional risk assessments in response to identified issues such as changing healthcare needs, falls and modified diets. The inspector found that these systems assisted in ensuring that residents' safety was promoted at all times.

Judgment: Compliant

Regulation 27: Protection against infection

Staff members were observed to use PPE throughout the inspection. Hand washing facilities and hand sanitisation stations were readily available and staff members were observed to either wash or sanitise their hands when entering residents' apartments. The centre was also clean to a visual inspection and residents were supported to clean and sanitise their own apartments in line with their own wishes. The centre had a dedicated cleaner and there was a colour coded cleaning system in place which assisted in the prevention of cross contamination between areas in the

centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and there was fire safety equipment in place such as fire doors, emergency lighting and a fire alarm system. There was also fire fighting equipment in place and all fire safety equipment had a service schedule in place which was up to date. The centre was also divided into zones and a phased horizontal evacuation plan was in place. Fire drills were completed which indicated that each zone could evacuate in a prompt manner. Although, fire precautions were robust, fire drill records failed to include which residents, including respite users had participated in planned fire drills.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had been assessed to manage their own medications and each resident's medication was held in their individual apartment. Medication storage was locked and suitable, and they were free from non-medication items. Medication prescription charts contained the relevant information for the safe administration of medicinal products and prescription sheets which were reviewed were signed by their general practitioner (GP). In addition, the provider was aware of recorded medication errors and there was a system in place to respond to trends in errors.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which outlined areas such as their personal history, healthcare needs, social needs and also their individual day-to-day preferences. A sample of plans which were reviewed were found to be comprehensive in nature and gave a clear outline of how each resident preferred to have their care delivered. Although, plans were detailed in nature some improvements were required in regards to the review process. For example, a resident's annual review had not occurred as required and progression of a resident's goal was not clearly evident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were well supported to enjoy and maintain a good quality health and the centre had dedicated nursing staff throughout the working week. The nursing staff held responsibility for the day-to-day support and management of any healthcare related issues and complete healthcare assessments and associated plans of care were regularly reviewed and updated. A review of records also indicated that residents were well supported to attend all healthcare associated appointments including GP, medical consultant and allied health professionals.

Judgment: Compliant

Regulation 9: Residents' rights

Residents who met with the inspector stated that they liked living in their home and that they felt supported by the staff team who were in place. Residents had good access to their local communities and they told the inspector that they generally got out and about at a time of their choosing. They were actively supported to get involved in the centre and recently a resident's representative had been asked to join the health and safety committee. Scheduled centre meetings also kept residents up-to-date with topics such as staff and management changes, birthday invites and the development of a new on site cafe.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Donegal Cheshire Apartments OSV-0003440

Inspection ID: MON-0029786

Date of inspection: 23/01/2023

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All outstanding staff who required refresher training in IPC modules have: Completion date 17th February 2023 The coordinator will review records monthly and schedule refresher training as required.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Quarterly notifications omitted in error have been submitted retrospectively for Q3 2022 on 23/01/2023 The PIC and Regional manager will ensure that all quarterly notifications have been drafted and submitted for each quarter. Schedule 2 documents were obtained for one agency worker on 23/01/2023 The PIC will require all external staff to submit schedule 2 documents prior to commencing service. This will be monitored during regional support meetings included as a standard agenda item.	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All required notifications were submitted on 23/01/2023</p> <p>The PIC has been in place since November 2022 and now has access to the portal to submit quarterly notifications as well as any notification required within 3 working days.</p> <p>The quarterly notifications have been scheduled in the PIC diary to submit as set out in the regulations.</p> <p>The Regional Manager and PIC will ensure the Notifications are submitted quarterly where an unplanned absence of the PIC may occur.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All fire drills will include resident/respice users participating in the planned fire drill.</p> <p>All staff have received Fire Safety refresher training: Completion date Friday 17th February 2023</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Each person will have an annual review completed by the end of April 2023.</p> <p>This meeting will include a discussion around the person's experience of the past year, review of their personal plan, general wellbeing, review of goals and supports required and an annual Multi-disciplinary input.</p> <p>In the interim the local management team have met with individual residents and discussed their wishes and from their have identified a goal for the current month.</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	17/02/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	23/01/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at	Substantially Compliant	Yellow	27/02/2023

	suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	23/01/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual	Substantially Compliant	Yellow	30/04/2023

	basis.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/04/2023