



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

Issued by the Chief Inspector

Name of designated centre:	Waterford Cheshire
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	24 May 2023
Centre ID:	OSV-0003457
Fieldwork ID:	MON-0039835

About the designated centre

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

Waterford Cheshire was established in 2003 and provides accommodation and support in a purpose-built facility of self-contained apartments to adults with physical disabilities and neurological conditions. Individuals seeking to access services must be aged between 18 and 65 when they first arrive.

The service can accommodate 16 Service Users in total. Fourteen permanent residential apartments are available and two apartments are used to provide respite services. Most of the apartments have one bedroom, some have two bedrooms. All apartments have a kitchen/dining room and accessible bathroom.

Many of the people accessing the service have high physical support needs and the service endeavours to provide the supports required to enable each person to maintain the best possible health and to remain as independent as possible, for as long as possible. People living in the centre direct and participate in their own care. The centre operates all year round and is staffed 24/7. A mix of nursing and support workers provide assistance to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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 24 May 2023	10:00hrs to 15:30hrs	Miranda Tully	Lead
Wednesday 24 May 2023	10:00hrs to 15:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

This inspection was completed to review progress made by the registered provider following previous inspections of the centre in January and March 2023. Following the March 2023 unannounced inspection, the Chief Inspector of Social Services issued a warning to refuse the renewal of the registration of the centre due to an absence of safe quality services being provided in this designated centre. Fire safety measures, at this time, were of particular concern.

The Cheshire Foundation in Ireland provided written assurances to improve the standards of care and support in the centre and come into compliance with the Health Act. As part of the decision making process for the renewal of registration of this centre, a further inspection was required due to poor compliance with specific regulations in this centre.

This inspection was carried out by two inspectors over the course of one day. During this time the inspectors had the opportunity to meet with residents, staff and senior management. In addition, inspectors completed an inspection of the premises and reviewed pertinent documentation. It was evident to the inspectors that the provider had implemented key actions set out within the compliance plan to ensure the care provided to residents was to an appropriate standard.

Inspectors spoke with and observed residents going about their daily routines. Residents expressed to inspectors that they were happy living in the centre and felt supported by staff. Staff were observed responding to residents and interactions between residents and staff were seen to be respectful and engaging. One resident showed an inspector their individual apartment. The resident described how there had been a recent leak which had been resolved and a plan was in place to complete internal painting. It was evident through discussion with the resident that they were consulted with, in regards to the running and operation of the centre. The inspectors observed additional examples of consultation with residents throughout the inspection and examples of when external representatives were engaged to further support the resident, for example CHIME, EPIC, and the National Advocacy Service.

Inspectors found good examples of a rights based approach to supporting residents. For example, a human rights based training programme had been run in this centre and inspectors were shown how this training had benefited staff understanding of promoting choice, control, consultation and self directed care. For example, residents in this centre attended college, employment programmes and had very active and independent social lives and were also well supported by staff to take positive risks. A resident in this centre spoke to inspectors about how they were involved in the recent nationally broadcast television advertisements to create public awareness for the Assisted Decision Making Act.

During the walk around of the property key action items such as replacement and

installation of fire doors and containment measures, improved infection prevent control management and upgrade renovation works to kitchen and bathrooms were all evident. While some additional works remained, there was a clear plan in place with improved oversight to ensure that all actions would be completed appropriately.

Overall, significant improvements had been made to ensure the service provided to residents was safe and effectively monitored. The next two sections of the report discuss these findings in more detail.

Capacity and capability

It was evident significant progress had been made by the provider to ensure key actions set out within the compliance plan were implemented and that care and support provided to residents was to a good and safe standard.

On the day of inspection, there were sufficient numbers of staff on duty to support residents' assessed needs. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. Staff were seen to be responsive to residents and were knowledgeable regarding their needs.

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.

At the time of inspection, the provider was in the process of recruiting for a full-time person in charge. In the interim, the PPIM and an experienced manager from another centre were providing oversight of the centre. Governance and management in this centre, while positive, required more consistency and continuity in terms of supervision, oversight and monitoring of both the staff team and the care and support of residents. There has been a number of personnel changes in this centre and while the interim arrangements have provided stability and assurance further improvement was required in this area to ensure consistent and accountable local leadership and management.

Regulation 15: Staffing

A revised roster had been implemented by the provider in February 2023 in order to meet the current assessed needs of residents. A further review of staffing allocation is to take place in June by the provider in order to further assess the effectiveness of the revised staffing allocation. Staff and management spoke about ongoing communication with residents and the pathways available to them to raise queries

and concerns.

The inspector found that on the day of inspection there was sufficient staffing levels in place to meet the needs of the residents.

A sample of staff files were reviewed and found that they contained all of the information as required by Schedule 2 of the regulation.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that improvements had been made since the last inspection. 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

Overall improvements were found in this area and the interim arrangements in place gave the required assurances. The provider had implemented the corrective actions following their commitments to do so and provided higher levels of accountable management in this centre pending the recruitment of a person in charge. However further improvement was required in this centre in terms of local managerial oversight and continuity of staff supervision and action plan implementation given the levels of change and inconsistency the centre has gone through.

Judgment: Substantially compliant

Quality and safety

There was good consultation with residents, both through documented meetings and through less formal interactions. It was observed that residents were appropriately supported and encouraged to enjoy a life of their choice and participate in activities which they enjoyed.

Inspectors observed considerable improvements to the environment with upgrades

to residents individual apartments, while this work is ongoing there was a clear programme of works for its completion and oversight was delegated to an experienced manager to ensure assigned dates for completion were met.

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.

Residents were protected by policies, procedures and practices relating to health and safety and risk management. There was a system for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the interim person in charge. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended and updated as necessary.

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 on the day of the inspection.

Regulation 13: General welfare and development

Inspectors spoke with residents and found that residents participated in a multitude of activities of their own choosing. For example, college courses, paid employment, attending social gatherings and concerts.

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.

Judgment: Compliant

Regulation 17: Premises

The centre comprises a large building that contains communal areas and a number of self-contained apartments over two floors. Externally there is a terrace of individual apartments connected to the main building via a covered walkway. In advance of the inspection written assurance and photographs were received from the CEO confirming corrective actions outlined from a previous inspection had been completed. During the walk around of the property, key action items such as upgrade works to kitchen and bathrooms were evident. While some additional work

remained there was a clear plan in place with improved oversight to ensure actions would be completed in a timely manner. The inspectors found that residents apartments were personalised and homely.

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. 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. Improvement was required in relation to the security of the building, as a number of people not known to the residents were seen to be able to access the main communal areas in an uncontrolled manner from the front of the premises. While there had been no recent recorded incidents this matter required review from a privacy and security perspective.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had implemented corrective actions outlined from a previous inspection. Residents were protected by the infection prevention and control policies, procedures and practices in the centre. There was evidence of contingency planning in place for COVID-19. 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. There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned. An experienced manager was in place to oversee progress and ensure systems implemented were embedded into practice.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety measures had been taken by the provider. A competent fire safety engineer had completed a review and actions identified had been fully implemented. Inspectors reviewed fire safety equipment, detection equipment and servicing records, emergency lighting, fire containment measures, evacuation procedures and

records. A clear fire safety register and safety statement was in place, reviewed and updated. The centre was found to be well managed in terms of fire safety having been required to focus on this area over the last number of inspections.

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. 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

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. It was evident through discussion with the residents that they were consulted with, in regards to the running and operation of the centre. The inspectors observed examples of consultation with residents throughout the inspection such as engagement regarding staffing, maintenance works and changes in centre. The provider had also encouraged consultation with external representatives to further support the resident, for example CHIME, EPIC, and the National Advocacy Service.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Waterford Cheshire OSV-0003457

Inspection ID: MON-0039835

Date of inspection: 24/05/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Person in Charge has been successfully recruited and has commenced her role at the Centre on 3rd July 2023. Detailed induction has commenced. This ensures going forward there is local managerial oversight and continuity of staff supervision and action plan implementation. PPIM will continue to support the PIC and local management to ensure actions plans are implemented and quality improvements of the Centre continue. PPIM will meet with Service for Operational meeting monthly and will be sent minutes of weekly local management meetings. Service Manager from Tullow Cheshire will support new PIC during induction and will continue to be on site 1 day a week for next 2 months. Clinical , HR and Quality Partners will continue to support Service and meet Person in Charge and local management monthly. National Risk Manager and Housing manager will continue to oversee premises and fire schedule of works until completed. CEO will continue to be updated of progress within the Centre who will in turn update the Board of Trustees at their meetings.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Automated main doors into Service can only be accessed by Service users and staff. All deliveries and visitors will be required to ring bell to gain access. Signage outside the doors will reflect this.</p>	

A review of the exterior security and privacy of the Centre from the main road outside will take place. This review will include an assessment and advice from the local Community Garda.

Any recommendations from this review (including the building of wall, fence or planting to limit accessibility from main pathway outside Centre from the general public will be documented and quotes for any identified works will be sought by 31/8/2023 with a completion date for any agreed works by 31/10/2023

Risk Assessments of Security to building will be completed and reviewed as per rating going forward.

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 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	04/07/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/10/2023