



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

Name of designated centre:	Donegal Cheshire Apartments
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	09 October 2018
Centre ID:	OSV-0003440
Fieldwork ID:	MON-0024497

## 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 with a disability. The centre is a single storey dwelling that can accommodate up to twelve residents. Each resident has their own self-contained apartment comprising of a kitchen, dining and lounge area along with their own bedroom and en-suite bathroom facilities. Furthermore, the centre provides a communal lounge, two large activity rooms, two conservatories and additional toilet facilities. Donegal Cheshire Apartments is located in a residential area of a town and is close to local amenities such as shops. Residents are supported by a team of social care workers along with additional nursing support being provided during weekdays. Residents are supported with their assessed needs by between three to four staff during the day and at evening times. At night-time, staffing levels reduce to two staff, which consists of a sleep over and waking night duty. In addition, residents at the centre are supported with their assessed needs through access to their own personal assistants at set times during the week. The day-to-day operations of the centre are assisted by community employment schemes.

**The following information outlines some additional data on this centre.**

Current registration end date:	18/06/2020
Number of residents on the date of inspection:	10

## How we inspect

To prepare for this inspection the inspector or 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
09 October 2018	09:05hrs to 17:10hrs	Stevan Orme	Lead

## Views of people who use the service

The inspector had the opportunity to meet six residents who lived at Donegal Cheshire Apartments during the inspection. Residents, who spoke with inspector, said that they felt safe and happy at the centre.

Residents told the inspector that they were supported to access the local community and do day-to-day tasks by staff that they liked and got on well with.

Residents also told the inspector that they were involved in making decisions about the running of the centre and would also have no reservations in raising any concerns about the quality of service they received with the centre's management team.

Where residents were unable to tell the inspector about the care and support they received, the inspector observed that they appeared both relaxed and comfortable with the support provided by staff.

## Capacity and capability

Governance and management arrangements in place at the centre ensured that practices were subject to regular review and monitored to ensure that residents received a good quality of care and support which reflected their assessed needs. Governance arrangements ensured that residents were kept safe and protected from harm and supported to achieve their personal goals and participate actively in their local community.

The provider had ensured that the centre's staffing arrangements were appropriate to the assessed needs of residents, with suitably qualified staff being available at all times such as nursing support on weekdays. Staffing arrangements ensured that residents' needs were met in a timely manner and reflected personal support plans and the recommendations of multi-disciplinary professionals.

Governance and management arrangements regularly monitored both care and support provided to residents and operational practices at the centre. The provider ensured that unannounced six monthly visits occurred at the centre and an annual review of the care and support provided was undertaken. In addition, the person in charge and delegated staff completed a range of management audits with the outcomes being shared with both staff and senior management. Where audits identified areas for improvement these were resolved locally by the centre's management team or appropriately escalated in-line with the provider's policies and

procedures.

In addition, the provider had ensured that robust arrangements were in place to effectively respond to adverse incidents which might occur such as the outbreak of fire or loss of utilities. These arrangements were subject to regular review into their effectiveness and training opportunities ensured that staff were knowledgeable on how to manage such incidents and ensure that residents were protected from harm. The providers' reporting arrangements for adverse events such as accidents and incidents were detailed in nature, with all events being subject to review to ensure practices in place at the centre were fit for purpose and residents' needs.

Staff employed were knowledgeable on both residents' needs and the day-to-day operations of the centre. The provider ensured that staff knowledge was current and kept up-to-date through the accessing of regular training opportunities. Regular training ensured that staff skills effectively supported residents' assessed needs and reflected current practice developments in health and social care. However, the inspector noted that the provider's training arrangements had not ensured that all staff had completed training in areas such as infection control and food hygiene which was required at the centre.

In addition, to attendance at training, the provider further ensured consistency of care provided to residents through staff attendance at regular team meetings and involvement in one-to-one supervision arrangements with either the person in charge or line manager.

### Regulation 15: Staffing

Appropriate staffing arrangements were in place to meet residents' assessed needs in a timely manner and support them to achieve their personal goals.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management arrangements ensured that practices at the centre were subject to regular monitoring and reviewed to ensure that residents received a good standard of care in-line with their assessed needs and supported them to achieve their personal goals.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose was subject to regular review and reflected the services and facilities provided in addition to all information required under the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents were knowledgeable about their right to make a complaint about the quality of service received. Furthermore, the provider had arrangements in place to appropriately record and investigate any received complaints about the centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies required under the regulations were subject to regular review and updated to reflect current developments in health and social care practices. Following the last inspection, the provider had put arrangements in place which ensured that all policies were available to staff at the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Access to regular training opportunities ensured that staff were suitably knowledgeable and equipped to effectively support residents with their assessed needs. However, training arrangements had not ensured that all staff had completed required training in infection control and food hygiene

Judgment: Substantially compliant

## Quality and safety

Support arrangements at the centre ensured that residents received a good quality of care which reflected their assessed needs and supported them to achieve their personal goals. Residents told the inspector they were happy and felt safe at the centre and were knowledgeable about their rights. However, further action was required to provide residents with an accessible version of their personal plan to increase their awareness of how their needs would be supported at the centre.

Residents participated in a range of activities both at the centre and in the local community which reflected their personal interests and assessed needs. Residents attended day services and one resident had full-time employment in the local town. Where residents did not attend day services, the provider had ensured that resources were available for day activity programmes to be facilitated by staff at the centre.

Residents' personal plans were comprehensive and clearly guided staff on how to support residents' assessed needs. Governance arrangements ensured that personal plans were subject to frequent review to ensure they were up-to-date and effective. Residents were actively involved in both the review and development of their plans, and told the inspector about the supports they received. However, the provider had not put measures in place to provide residents with an accessible version of their personal plan to further increase their awareness of the supports they would receive at the centre.

Where residents had moved into the centre following the last inspection, the inspector found that the provider had ensured that transitional arrangements were both well planned and sensitive to the needs of the resident. Transitional arrangements were subject to regular review in consultation with the resident and all other associated parties such as multi-disciplinary professionals and advocates.

The provider ensured that residents were kept safe and protected from harm at the centre and arrangements were in place such as a fire evacuation plan and appropriate fire fighting equipment. In addition, regular simulated fire drills were carried out to ensure the effectiveness of evacuation measures and to ensure both residents and staff were confident on what to do in the event of emergency. In addition, staff knowledge was kept current through access to regular training opportunities in this area.

Following, the last inspection, the provider had made improvements to their risk management arrangements at the centre to further ensure residents were kept safe. For example, the provider had put measures in place to ensure that residents' medication was given as prescribed and comprehensive audit arrangements were in place for the management of residents' personal finances.

Where residents had behaviour that challenges, the provider had arrangements in place which ensured that individuals were supported through a multi-disciplinary approach. Comprehensive behaviour support plans were developed by qualified behavioural specialist and reviewed regularly to ensure their effectiveness. Where restrictive practices were in use at the centre, these were subject to regular

assessment into their suitability and clear rationales were in place for their use. In addition, following the last inspection, the provider had put measures in place to ensure both resident consultation and consent prior to a restrictive practice being introduced to support their assessed needs.

Residents were actively involved in making decisions about the day-to-day running of the centre. Residents participated in regular monthly house meetings, where they made decisions on group activities and were informed about any proposed changes to the centre. House meetings were further used by the provider to empower residents about their rights such as making a complaint if they were unhappy with provided supports. The provider also ensured that residents were aware of how to access advocacy services if required. The inspector noted that this service had been accessed by residents at the centre, with an advocate attending multi-disciplinary meetings to support one resident to express their views on the provision of services.

### Regulation 12: Personal possessions

The provider ensured that where residents required support to manage their personal finances this was made available. In addition, following the last inspection, audit arrangements had been implemented to safeguard residents' finances from the risk of abuse and ensure they were managed in-line with organisational policy.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to access and participate in a range of activities which reflected their assessed needs and enabled them to achieve their personal goals.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that residents were kept safe from harm. Arrangements ensured that possible risks were identified and control measures implemented, which in turn were subject to regular review to ensure their effectiveness.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire safety equipment and arrangements were in place at the centre. Residents and staff were knowledgeable about actions to be taken in the event of a fire and regular simulated evacuation drills were carried out to assess the effectiveness of the provider's fire evacuation plan under all circumstances.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had made improvements to medication practices following the last inspection, which ensured that all medication was administered to residents as prescribed by their General Practitioner (GP).

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive and reflected both staff knowledge and multi-disciplinary professionals' recommendations. Personal plans were subject to an annual review into their effectiveness which involved both residents and their representatives along with staff and associated professionals. However, the provider had not ensured that an accessible personal plan was available to residents to inform them about the care and support they could expect to receive to meet their needs.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Where residents had behaviour that challenges, the provider ensured that staff training and positive behaviour plans were in place to both support the individual and reduce any risk to others.

Judgment: Compliant

### Regulation 8: Protection

Robust arrangements were in place to safeguard residents from the risk of abuse including clear reporting protocols. Staff were knowledgeable on the signs of abuse and had received up-to-date training which ensured their knowledge was in-line with current developments in health and social care practices.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were empowered to make decisions about the day-to-day running of the centre. The provider also ensured that residents were made aware of their rights such as how to make a complaint and how to access advocacy services.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 16: Training and staff development	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Donegal Cheshire Apartments OSV-0003440

Inspection ID: MON-0024497

Date of inspection: 09/10/2018

## 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
<ul style="list-style-type: none"> <li>• Regulation 16: Training and staff development</li> </ul>	<ul style="list-style-type: none"> <li>• Substantially Compliant</li> </ul>
<ul style="list-style-type: none"> <li>• Infection Control training is being held on 30<sup>th</sup> November 2018 for all staff members who require it.</li> <li>• Food hygiene training has been scheduled in the service on 3<sup>rd</sup> and 4<sup>th</sup> December 2018 for all staff who require it.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<ul style="list-style-type: none"> <li>• All residents in Donegal Cheshire are being consulted with by management to identify who will benefit from, and who wishes to have an accessible care plan.</li> <li>• Identified residents will be provided with an accessible care plan in a format which meets their specific needs. The resident will participate in the development of the accessible plan with staff and management, according to their wishes.</li> <li>• Residents will be informed that they can request and receive their care plan in an accessible format from the Person in Charge at any time. The accessible format will be agreed and designed in consultation with the resident.</li> </ul>	

## 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	6 December 2018
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	1 March 2019