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

Issued by the Chief Inspector

Name of designated centre:	Wolseley Lodge
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Carlow
Type of inspection:	Short Notice Announced
Date of inspection:	11 September 2020
Centre ID:	OSV-0005342
Fieldwork ID:	MON-0030405

About the designated centre

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

Wolseley Lodge is a detached two storey dwelling located on the outskirts of a town for four people, male or female, over the age of 18 years. This dwelling consists of an eight bedroomed home (bedrooms occupied by residents are en-suite). There is a open plan kitchen/dining/lounge area which has double doors linking the patio area and garden. The centre provides a service to people with physical disabilities including wheelchair users, and is staffed both day and night. Staff support is offered by nursing and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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 - 2015 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
Friday 11 September 2020	11:30hrs to 18:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This centre had been unoccupied for most of the COVID-19 pandemic as the residents had moved to live in single occupancy apartments within another centre nearby. The residents had transitioned back to their home in this centre only a few months prior to this inspection. As the COVID-19 pandemic was still current the inspector adhered to national guidance and best practice while engaging with the residents and the staff team.

This centre is currently home to three residents and the inspector met and engaged with two of them on the day of inspection. The third resident had been out for a drive and on return to the centre had chosen to relax in their bedroom and watch television.

One resident was observed to be supported by a staff member in the kitchen making buns, they were using height adjustable tables to ensure that the resident could access a surface to work from. The resident explained to the inspector that they were happy to be home. They had missed being in their centre although they understood about the COVID-19 virus and why they had moved. They told the inspector that they liked their house and that there was a vehicle available if they wanted to go out anywhere for a drive. While the resident was waiting for the buns to come out of the oven they moved to the living room and were listening to the radio and were seen to have access to change the channel or adjust the volume if they wished. Staff were at all times friendly, knowledgeable about individual residents preferences however offered choices and listened to residents wishes.

Another resident had been out with staff for a drive and on return the inspector met with them while they relaxed in the living room. They were greeted by name by all staff present and by members of maintenance who were also seen to be respectful when in the house. The resident indicated it was difficult to recognise people when they were wearing masks and found it difficult to interpret what was being said when unable to see faces for additional cues.

Capacity and capability

This designated centre had been closed for a number of months during the COVID-19 pandemic with the residents moving to single occupancy apartments in another centre nearby run by the provider. Overall, the provider had ensured that a familiar staff team had remained with residents to ensure consistency in uncertain times and to ensure residents continued to receive a good quality service.This inspection found

evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of the residents.

A temporary change in person in charge had occurred in the months preceding this inspection and the provider had notified the chief inspector of social services of the arrangements in place for the management and oversight of the centre. They had appointed a suitably qualified and experienced individual to provide cover in the post of person in charge. There were clear lines of accountability and authority in place with the person in charge reporting to the regional manager and an assistant manager in turn reporting to the person in charge. There were good reporting systems evident between the person in charge and the assistant manager both of whom had well established communication systems in place with the staff team. There was a buddy system in place with another designated centre in close proximity and both the person in charge and assistant manager also worked in this centre. In addition, an on call system was in place for staff to call outside of regular working hours, should management or nursing support be needed.

The registered provider had put in place a staff team who had been appropriately recruited, supported and supervised to provide care and support to the resident living in the centre. Review of staff personnel files showed that all documents as required by Schedule 2 of the regulations were in place for all staff. The staff team was currently complete and while an additional number of staff had been recruited on a short term basis to provide additional support during the COVID-19 pandemic they were still on the staff team. The inspector spoke to staff during inspection and reviewed information relating to residents' needs. In addition rosters were reviewed, the inspector was satisfied that appropriate workforce levels were provided to meet the residents needs at the time of this inspection. Rosters were also available for the inspector to review that had been in place while the residents were living in the other centre and they demonstrated an individual service with small dedicated teams of staff working with individual residents.

The registered provider had arrangements in place to monitor the service provided and a number of audits were regularly taking place. While the inspector noted that the language used in recording in the audits needed to be more specific that did not take from the content and frequency of review. Where audits had occurred any issues that were highlighted, were acted upon in a timely manner. This provided assurances to the inspector that the provider had appropriate systems in place to monitor the service provided and ensure positive outcomes for the residents. A six monthly unannounced visit to the centre to review the quality and safety of care provided to residents had been carried out on 10 September 2020 and while the previous visit had been in November 2019 this gap was due to the temporary closure of the centre. The most recent unannounced visit was seen to have had an action plan in place following this. The annual review of the quality and safety of care and support had been completed for 2019 and on review was seen to demonstrate liaison with both residents and their families or representatives.

Staff members were observed by the inspector to be warm, caring, and respectful in all interactions with the individuals in the centre. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents'

care and support needs. All staff in the centre had completed training in line with residents' needs although a number of staff were due refresher training in key areas such as safe administration of medication fire safety. However, the provider had an employee training plan in place and these refresher sessions were scheduled with contingency arrangements to provide theory via e-modules as required. All staff had completed a suite of training specific to infection prevention and control, hand hygiene and the wearing and use of personal protective equipment (PPE). Staff were in receipt of support and supervision provided by the person in charge and/or assistant manager and a schedule was in place to ensure these occurred as per the providers policy.

A statement of purpose is a key governance document which describes the service to be provided. The provider had ensured that a statement of purpose was in place and had been subjected to recent review. However, on reviewing this document the inspector felt it did not reflect the current position with respect to the number of residents the centre is registered for and the floor plans within the centre with respect to registered bedrooms. This was reviewed by the provider on the day of inspection and a new version of the statement of purpose was available for review prior to the end of the inspection which reflected the day to day operation of the centre and key information accurately.

The inspector reviewed the accident and adverse event records for the centre and was satisfied that where required any information that was to be submitted to the chief inspector of social services had occurred as required. There was discussion with the person in charge on the day of inspection about ensuring the information required by the providers systems was appropriately recorded, as some records had not been signed as having been reviewed or incomplete information was recorded. Nonetheless notifications were being submitted as required by regulations.

Regulation 15: Staffing

The numbers and skill mix of staff were suitable to meet the assessed needs of residents. The staff were familiar with the residents' needs and seen to interact with them in a respectful and dignified manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training in line with residents' needs. While some staff required refresher training this had been scheduled and a clear provider plan and schedule was in place. Staff were in receipt of formal supervision and support from the assistant manager and person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance and management structures in place with clear lines of authority and accountability. Audits had been carried out in key areas such as health and safety and medicines. The registered provider had carried an unannounced visit to the centre to carry out a review of the quality and safety of care provided to the residents since their return to the centre. An annual review of the quality and safety of care and support had been completed for 2019.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured that a statement of purpose was in place and had been subjected to recent review. This was further reviewed on the day of inspection to accurately reflect the service provided in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications as required by regulation had been made to the chief inspector of social services. Where a notification relating to a resident had been made while residing in another centre there was evidence of follow up following transition back to this centre,

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

A change in person in charge had occurred in the months preceding this inspection and the provider had notified the chief inspector of social services of the arrangements in place for the management and oversight of the centre. They had appointed a suitably qualified and experienced individual to provide cover in the post of person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had in place all policies and procedures as required in Schedule 5 of the regulations. These were reviewed as required by the provider and there was evidence that they were adapted to reflect current practice or changes such as those that occurred due to the COVID-19 pandemic.

Judgment: Compliant

Quality and safety

Overall the inspector found that this centre was a warm and comfortable home where the staff team were attempting to support the residents to engage in meaningful activities.

The residents had assessment of need in place and an individual lifestyle plan for 2020. From this a personal plan had been developed and consent had been obtained from all residents prior to engaging in this process. These documents were found to be person-centred and where the COVID-19 pandemic had prevented residents from achieving some goals to date there were adapted or alternative plans in place. Staff were seen to support residents to develop and reach both adapted or original goals. There were regular reviews of the personal plans in line with the providers policy where staff recorded which goals had been achieved, or steps that were still required as well as setting new goals. The residents' preferred activities were highlighted in their personal plans as were the supports they required to engage in these activities, alongside each activity thought was given to what a resident can do independently, what they may need support with and what they could learn. These questions were seen to guide staff support provided in an appropriate way.

The inspector found that the provider and person in charge were proactively protecting the residents in the centre. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding. Where residents required support to

complete personal care there were up to date intimate care plans in place that were detailed and guided staff practice. All residents had up to date assessments in place regarding money management skills and clear protocols guided all support provided based on the outcome of these. Where safeguarding plans were in place they had been progressed in line with the providers policy and were seen to be subject to regular review.

The residents in this centre were protected by policies, procedures and practices relating to health and safety and risk management. The provider policy was seen to have been reviewed and updated to include a section based on the management of risks associated with COVID-19. Risk management systems were effective, centre specific and considered. There was a detailed and current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations made to meet the complex needs of the residents. Any changes in either the residents assessed needs or as a result of an incident or accident were promptly responded to.

There were suitable arrangements to detect, and extinguish fires in the centre. However, the containment systems in place between the kitchen and utility room required review in particular as an identified evacuation route for one resident passed through the kitchen, dining room. This was discussed with the person in charge on the day of inspection and assurances were given that this would be reviewed. Suitable equipment was available and there was evidence that it maintained and regularly serviced. All residents had a personal emergency evacuation procedure in place. Staff had completed fire training and fire drills were occurring.

This centre had been closed from the end of March 2020 until late July 2020 as a result of the COVID-19 pandemic with the residents moving from their home to live in a centre close to this one. The inspector reviewed the rationale in place for this move and was assured that residents had been well supported by familiar staff while they were in the other centre. The provider and person in charge had completed inter-service transfer documentation and there was evidence of meetings with residents, their families or representatives in advance of the decision being made for transfer. All residents had given consent for the move and a note was made of their will and preference in advance of the move. All interim supports had been identified and reviewed such as, meal preparation and cooking, medication management, staffing and well being. Written confirmation of transfer and ongoing written updates were provided to both residents and families/representatives. For return to the centre these steps occurred again. Residents who spoke to the inspector said they were relieved and happy to be back in their home and they had missed it when they were away. The inspector reviewed the relevant providers policy and noted that it did not contain a section on inter-service transfers, the provider had self identified this omission and was using the documentation, processes and experiences of the residents as a guide to amend the policy.

The inspector noted the house was visibly clean and staff were observed to engage in routine cleaning tasks spontaneously throughout the day. Where there were unusual items for cleaning such as light pulls or adapted bolts the staff were able to

explain the cleaning process. All cleaning schedules were seen to detail the product to be used and the cloth or implement to be used. Hand washing facilities, alcohol gels and personal protective equipment (PPE) was readily available in the house. Staff were completing regular temperature checks and recording any contact in the designated centre. Emergency contingency plans had been developed in light of the recent COVID-19 pandemic. Guidance on infection prevention and control was available to staff and residents. Guidance was in place for staff on the use of face masks in line with national guidance. Staff members were observed wearing face masks appropriately on the day of inspection. Where residents used aerosol generating devices clear infection control protocols were in place and the staff used specific personal protective equipment as appropriate to that task.

Regulation 25: Temporary absence, transition and discharge of residents

The provider and person in charge had ensured that the residents, their families or representatives were fully involved in the decision to transition to another centre on a temporary basis as a result of the COVID-19 pandemic. Clear information was provided on an ongoing basis to all residents and assessments were in place to ensure appropriate assessed levels of care and support remained in place.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of the residents was promoted through appropriate risk assessment and the implementation of the centres' risk management and emergency planning policies and procedures. There was evidence of incident review in the centre and systems in place for learning from adverse incidents.

Judgment: Compliant

Regulation 27: Protection against infection

Measures were in place for protection against infection in the designated centre. Additional protection measures were implemented in the centre due to the COVID19 pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect and extinguish fires in the centre. Works were required as discussed on the day of inspection in relation to containment in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training and fire drills were held regularly. Resident personal evacuation plans were in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The residents personal plans were reflective of their social, health and psychosocial needs. They were developed in consultation with residents and their families or representatives. There was evidence of adaptation and review throughout the COVID-19 pandemic to ensure residents needs were met.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy was in place which gave clear guidelines for staff on procedures if a concern arose. Details of the designated officers were visible in an accessible format throughout the centre. Comprehensive detailed intimate care plans had been developed for the residents. There was regular engagement between the person in charge, the residents and their families or representatives. Where safeguarding plans were in place they were developed and reviewed in line with the providers policy.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that residents did appear to have choice and control in their daily lives. They were well informed and involved in decisions that impacted on

them. Residents reported feeling happy and safe in their home and liked that they could direct their day.
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 - 2015 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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Wolseley Lodge OSV-0005342

Inspection ID: MON-0030405

Date of inspection: 11/09/2020

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The containment systems between the kitchen and utility room will be reviewed by November 30, 2020.	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2020