



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:	Short Notice Announced
Date of inspection:	14 July 2021
Centre ID:	OSV-0003440
Fieldwork ID:	MON-0029789

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:	9
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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 - 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
Wednesday 14 July 2021	09:00hrs to 16:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were generally happy and enjoyed a good quality of life. All residents who spoke with the inspector said that staff were very nice and that they felt comfortable and safe in the centre. However, a review of documentation indicated that a resident had limited access to the community and that personal planning in relation to residents' goals required improvements.

The inspector met with five residents who were availing of a service. Four of the residents could communicate verbally and they were all very complimentary of the staff team and of the service in general. One resident said that staff couldn't do enough for you and that they were very helpful and courteous. This resident was observed interacting with a staff member and they chatted in a familiar and friendly manner. They joked with each other, yet the staff was very mindful of the residents needs. For example, the resident was a wheelchair user and the staff member brought themselves to eye level when chatting and interacting. When the staff member left, the resident indicated that they were going to ask this staff member to assist them to get to the pub, when they opened fully, as they enjoyed their company.

A representative of the organisation facilitated the inspection and they had a good knowledge of residents' care needs. They explained how the mental health teams had been supporting residents in regards to motivation and the staff team had also introduced in-house activities such as movie nights, barbecues and games evenings to help residents during national restrictions. A review of documentation indicated that a resident had been out and about in the community on a limited basis in the months previous to the inspection. Staff discussed how this resident had struggled with motivation throughout the national lockdown and as mentioned above, the mental health teams had been involved. The inspector met with this resident and they were very complimentary of the staff team and all aspects of the service; however, they did indicate that they would like to get out into the community more now that national restrictions had eased.

The inspector also reviewed a sample of personal plans and found that personal planning for the above mentioned resident required some improvements. Although the resident had been previously supported to identify and achieve personal goals, goals which had been chosen during national restrictions had only been partially implemented. For example the resident had chosen to participate in literacy classes, computer classes, photography and cooking classes. The inspector observed that this resident had displayed a large photography collage in a communal corridor which gave the centre a very pleasant feel. However, the other goals which the resident had chosen were not supported by an action plan and the provider was unable to demonstrate that they were achieved. The provider was also unable to demonstrate that personal planning meetings for two residents had occurred or were scheduled to occur as required.

Although, some aspects of personal planning required improvement, other aspects were very person centred and the provider had made considered efforts to make personal plans more accessible to residents. For example, a resident who used this service was visually impaired and they had some aspects of their personal plan transferred to a braille format. The inspector also met briefly with this resident and although personal planning was not discussed, the inspector observed that braille was used to help the resident identify storage presses in their apartment. The inspector found that this example of care clearly demonstrated that the provider was committed to providing a person centred service.

The centre had a very pleasant atmosphere and residents were observed to casually go about their own affairs. Residents stopped and chatted freely with the inspector and as mentioned earlier they complemented staff throughout the inspection. Each resident had their own apartment which had an individual entrance and two of the three residents who invited the inspector to visit said that they were very happy with their apartments. All apartments were decorated with pictures of family and friends and they were personalised with residents' interests in music, movies and sports. One resident, who had recently moved into the centre did highlight that some of their personal belongings were held in a press which they were unable to access without staff support. Although all other aspects of the apartment were adapted to meet the needs of residents with reduced mobility, this press remained out of reach for this resident and did impact on their independence.

Overall, the inspector found that residents enjoyed living in the centre. Their rights were actively supported and advocacy was available and it had been used in the recent past to support a resident. However, personal planning and community access issues did impact on the overall quality of care which was provided.

Capacity and capability

The inspector found that the governance and management arrangements ensured that residents were safe and generally enjoyed a good quality of life.

The inspection was facilitated by a person who was previously a nurse manager within the service and was operating as a quality partner for the provider at the time of inspection. This person was found to have a good understanding of the service and they also had detailed knowledge of resident's individual needs and of the governance arrangements which promoted residents' welfare and safety.

The provider had completed all required audits and reviews as required by the regulations. The six monthly audit had been recently completed and an agreed timescale for completion of identified actions was in the process of being finalised. This audit was robust in nature and did highlight that improvements were required in regards to personal planning which was also in line with the findings of this report. The provider also had a range of scheduled audits which were completed by the person in charge and also by a group of external quality partners who monitored

care practices such as healthcare, safety and personal planning.

The provider had taken COVID-19 seriously and they produced a contingency plan to assist in preparing the centre in response to this disease. Assessments had been completed to determine if residents could self isolate in their own apartments if necessary and detailed planning in regards to donning and doffing areas for personal protective equipment (PPE) was in place. For example, the centre was divided into different zones with each zone having an identified area for entering the centre and also for donning and doffing of PPE. Clear plan were also in place for supporting residents who were required to self isolate with planning for identified staff teams to support isolating and non-isolating residents.

Staff were also up-to-date with their training needs and additional training in relation to PPE, hand hygiene and infection control was also completed by each staff member. Staff were also completing enhanced hygiene regimes and a COVID-19 declaration was completed by people who attended the centre.

Overall, the inspector found that the centre was well managed and that sustained improvements were found in the overall standard of care.

Regulation 15: Staffing

The provider maintained an accurate rota which indicated that residents received continuity of care from a familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training schedule in place which assisted in ensuring that staff could support resident's individual needs. Additional training in response to COVID-19 had also been completed by all staff members.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed all audits and reviews as required by the regulations and the provider had highlighted that improvements were required in regards to

personal planning.

Judgment: Compliant

Quality and safety

The inspector found that residents were generally supported to enjoy a good quality of life. Although, some residents found national restrictions difficult, the provider had implemented additional centre based activities which promoted their well being. However, the inspector did also find that improvements were required in regards to some aspects of personal planning.

As mentioned earlier in the report, some aspects of personal planning highlighted that the provider was committed to delivering a personalised service. However, the area of goal setting required improvements to ensure that residents were fully supported to identify and achieve personal goals. The provider's goal setting process was based around an initial planning meeting where residents identified their goals, but the inspector found that planning meetings for some residents had not occurred as required. Furthermore, specific action plans had not been devised to support a resident with all their previously chosen goals and as discussed earlier, a resident highlighted that they would prefer more access to the local community. Although, personal plans were comprehensive and gave a detailed account of residents' needs and individual care requirements, adjustments to this area of care would build upon many of the positive care practices which were found on this inspection.

Residents enjoyed a good quality of healthcare and comprehensive 'best possible health assessments' were completed. The findings of these assessments then determined if residents required further specific healthcare plans and/or risk assessments. Healthcare plans had been devised in response to epilepsy, wound care and catheter care. Additional risk assessments had also been implemented in response to falls and additional referrals had been made for further review by a general practitioner and allied health professionals following an increase in falls for a resident who had recently been admitted to the centre.

Some residents required support with behaviours of concern and comprehensive behavioural support plans and risk assessments were in place to promote safety and continuity of care. Behavioural support plans were very personalised and specifically outlined the behaviours of concerns, triggers and 'what works well' in delivering care and therefore reducing the likelihood of identified behaviours occurring. There were also some restrictive practices in place which were openly discussed with residents and kept under regular review to ensure that the least restrictive option was implemented.

Fire safety was taken seriously and fire doors, a fire alarm panel, emergency lighting and fire fighting equipment were in place. Staff were completing regular checks of this equipment which was also serviced as required by competent professionals. The

centre was divided into colour coded zones and regular fire drills specific to these zones were completed when minimal staffing was available. These fire drills indicated that individual zones could be evacuated promptly; however, the provider had not completed a fire drill for the whole centre. A resident who was also recently admitted to the centre spoke to the inspector and indicated that they had completed a fire drill; however, during the drill they were advised to wait for the assistance of staff to leave the building. The resident then outlined how they were 'well able' to evacuate the building by themselves. This was brought to the attention of the person who facilitated the inspection and they advised that they would discuss this with the resident and complete further reviews of fire safety measures and evacuation procedures.

Overall, the inspector found that residents enjoyed living in the centre and that they enjoyed the company of staff.

Regulation 17: Premises

The centre had a very pleasant atmosphere and resident's individual apartments were decorated in line with their individual preferences. Although, the overall aim of the centre was to promote accessibility, a resident did not have access to a press which contained their personal belongings which did impact on their independence.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had produced risk assessments in response to issues which impacted on safety. A review of adverse events also indicated that the provider responded in a prompt manner to events which directly effected residents and staff and implemented measures to promote their welfare and safety.

Judgment: Compliant

Regulation 27: Protection against infection

Staff were completing regular sign and symptom checks for COVID-19 and enhanced cleaning regimes were implemented which assisted in promoting infection prevention and control procedures.

Judgment: Compliant

Regulation 28: Fire precautions

The provider failed to demonstrate that all residents could be evacuated in the event of a fire with minimum staffing.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider did not ensure that individual planning meetings had occurred as required. The provider also failed to demonstrate that residents were fully supported to achieve their goals and that they had regular access to their local community.

Judgment: Not compliant

Regulation 6: Health care

Residents attended their general practitioner for regular reviews and in times of illness. Residents also had comprehensive health assessments completed by a nurse manager and referrals to allied health professionals were completed as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices were kept under regular review and there was detailed plans in place which assisted residents and staff in the area of behavioural support.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in place on the day of inspection and

residents who met with the inspector stated that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents attended monthly residents' meetings and those who met with the inspector said that they were actively involved in decisions about their care.

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
Quality and safety	
Regulation 17: Premises	Substantially 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	Not compliant
Regulation 6: Health care	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-0029789

Date of inspection: 14/07/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The center management will work with the person to ensure that their belongings are located in an accessible place within their apartments. The person will be involved and will direct the process. Adjustments will be made as required to the storage cupboards to ensure the person can independently access their belongings</p> <p>The local management team will review the storage requirements of each person and take appropriate measures to ensure as much independence as possible is facilitated.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: - A simulated night time fire drill was conducted with minimum staffing levels and full occupancy of the building on 10/08/2021</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: - A review of one resident's social goals and wishes will be prioritized during August 2021. - The individual assessments of all residents with regard to their social supports and access to the community will be reviewed with each person. This will take into account increased opportunities for community participation as a result of the Covid vaccination programme and easing of restrictions as appropriate. Progress towards stated goals or revision of goals by the service user will be prioritized during Q3 and Q4 2021</p> <p>- The PIC and management team will set dates for quarterly review of progress towards</p>	

goals in consultation with each resident in 2021 and 2022.

- The review of personal plans will be progressed by local management with each resident, and the process will be overseen externally by the Regional Quality Partner during monthly site visits and during 6 monthly unannounced audits.

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 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Substantially Compliant	Yellow	30/09/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	12/08/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health	Not Compliant	Orange	30/10/2021

	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 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.	Not Compliant	Orange	30/09/2021