



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

## Issued by the Chief Inspector

Name of designated centre:	O'Dwyer Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	27 January 2022
Centre ID:	OSV-0003452
Fieldwork ID:	MON-0030508

## About the designated centre

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

O'Dwyer Cheshire Home provides a residential and respite service for up to seven residents who have physical and sensory disabilities. Residents who utilise this service may also have complex healthcare needs and reduced mobility. Five residents have a full-time placement in this centre and there are two identified respite beds. Five of the residents have their own individual apartments, which consist of a kitchen/living area and a separate ensuite bedroom. The centre also has a separate open plan kitchen /dining facility with a sitting area. The centre is wheelchair accessible and additional equipment such as hoists and pressure reducing devices are in place to support residents with reduced mobility.

The centre is located in the countryside and within a short drive of two local towns where community services are available, transport is provided for residents to access these services. Care support workers attend to residents during the day and there is a night duty and sleep-in arrangement to support residents during night time hours. Nursing care is also provided seven days a week and an emergency manager on-call arrangement is available for issues which may occur outside of normal working hours.

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

Number of residents on the date of inspection:	5
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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
Thursday 27 January 2022	12:00hrs to 16:30hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed.

The inspector met with residents who lived in the centre, two of whom were happy to talk to the inspector about their lives there. Residents who spoke with the inspector were very happy and enjoyed living in the centre. These residents said that they had good involvement in the community and referred to some of the social and leisure activities that they took part in and enjoyed. These included residents' preferred activities, which were going out in the community for meals, coffee, outings, walks and to attend social events. These residents also told the inspector that they had good relationships with staff, and this was evident during the inspection. During the times that the inspector spent in the company of residents and staff, they shared chat and jokes and were clearly comfortable and relaxed in each others company.

Although the inspector did not spend time with all residents due to their living arrangements, those that the inspector met were observed to be at ease and comfortable in the company of staff. Staff were observed spending time and interacting warmly with residents and supporting their wishes. Review of documentation showed that residents' preferences were being met and that residents were busy.

A resident who spoke at length with the inspector expressed a high level of satisfaction with all aspects of living in the centre. The resident was particularly complimentary of staff, stating that every member of staff provided an excellent level of care and support to residents. This resident explained that residents' independence was supported in an individualised way. The resident gave examples of holidays that had been taken, sports that they followed and talked about going to social events in the community. The resident spoke of plans to attend a big social and music night in the near future and was particularly looking forward to meeting up with friends.

Residents said that if they had any complaints or concerns, they would tell staff and it would be addressed. They also said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. Residents explained that their dining arrangements were flexible and that they could eat home cooked meals in their apartments, dine out, or would sometimes order take-away meals.

The centre was a large building which housed five self-contained apartments, all of which were occupied. There were also two separate respite areas which were not occupied at the time of inspection. The person in charge explained that there were plans to upgrade the respite accommodation to provide increased levels of comfort for those availing of respite services. There was accessible transport available so that residents can go out for drives and to access local amenities and social events.

The individual apartments were warm, clean, spacious, suitably furnished and comfortably decorated, and were equipped to meet the needs of residents. There was Internet access and television available for residents. The apartments were sufficiently spacious for residents to pursue their hobbies and interests. For example, one resident showed the inspector a separate art room in their apartment which was well equipped with art materials in which the resident could work. This resident also had some pet birds and told the inspector that they enjoyed looking after these pets.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the well being and quality of life of residents.

The next two sections of the report state the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre. There were good structures in place to ensure that both health and social care were delivered to a high standard, and that residents' quality of life, independence and individual choices were well supported.

There was a clear organisational structure to manage the centre. The person in charge was suitably qualified and experienced, knew the residents and their support needs. The person in charge was responsible for the management of two services, and divided his time between both centres. It was clear that the residents knew the person in charge well. The person in charge worked closely with staff in the centre and also with the wider management team.

The person in charge had a detailed knowledge of the centre and of the residents' individual care needs. The person in charge could clearly account for procedures to maintain standards of care and of the systems which were in place for promoting a good quality of life for residents. Staff whom the inspector met were very focused on ensuring that residents had a good level of social care and community involvement. They spoke confidently about the measures and procedures which were in place to maintain the safety of residents, including healthcare, infection control and fire safety.

There was ongoing review and monitoring of the service to ensure that a high standard of care and support was being provided and maintained. The auditing

systems in place in the centre were effective in identifying and achieving required improvements to the service. Unannounced audits were being carried out on behalf of the provider, in addition to ongoing audits of the centre's practices being carried out by the person in charge and staff. These included audits of medication management, infection control, safeguarding, call bells and money management. Records showed a high level of compliance in all audits and that any identified issues had been addressed.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included, appropriate staffing levels, ongoing maintenance of the centre as required, and suitably accessible transport vehicles. There were sufficient staff on duty during the inspection to support residents' general and healthcare needs and to enable residents to take part in the activities that they enjoyed and preferred.

Documentation and records viewed during the inspection, such as personal plans, healthcare plans, COVID-19 and infection control systems were informative and up to date. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. A range of policies, including all policies required by schedule 5 of the regulations, had been developed by the provider and were available to guide staff.

There were effective measures in place for the management of complaints. These included a complaints policy to guide practice, and a clear system for recording and investigating complaints. On reviewing the management of some complaints in the centre, the inspector found that they had been taken seriously by the management team and had been resolved suitably and promptly to the satisfaction of the complainants.

### Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up to date. Records were maintained in a clear and orderly fashion and were readily accessible when required.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to

residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

## Quality and safety

The provider ensured that residents living at this centre received person-centred care and support, and a good level of health care.

The centre was a large building in the countryside, close to a rural town. The centre was very spacious, and was divided into five self-contained apartments and two respite rooms. There was also a spacious communal area with a kitchen, dining furniture, seating and a television, where residents could congregate if they chose to. While residents preferred to use their own individual apartments, the communal area was sometimes used for meetings, social gatherings and festive meals. All apartments were clean and comfortable, and were decorated and furnished in a manner which reflected the needs and tastes of each individual who lived there. For example, assistive equipment was provided as required, rooms were personalised with personal items and hobby equipment, and in one apartment a resident had pets which they enjoyed very much.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. Although the centre was situated in the countryside, it was also close to a rural town and a range of amenities and facilities in the nearby areas. The centre had vehicles, which could be used for any activities or outings that residents chose, such as family visits, social events, sports and shopping.



There were arrangements to ensure that residents' healthcare was being delivered appropriately. Residents had access to medical and healthcare services and received a good level of health care. All residents had access to a general practitioner of their choice. Residents' healthcare needs had been assessed and plans of care had been developed to guide the management of any assessed care needs. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and taking exercise.

There was extensive guidance and practice in place in the centre to control the spread of infection and to reduce the risk of COVID-19. This included adherence to national public health guidance, availability of appropriate personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. The risk register had also been updated to include risks associated with COVID-19. A cleaning plan for the centre had been developed by the provider, and the centre appeared visually clean throughout. Staff who spoke with the inspector had a good knowledge and understanding of infection control and cleaning practices and confirmed that they had attended training and had found it beneficial. In addition, in depth infection control auditing was taking place. Some areas for improvement had been identified and measures to address these had been introduced. The provider had also developed an infection control policy to guide practice.

Residents' nutritional needs were well met and suitable foods were made available to meet residents' needs and preferences. Nutritional assessments had been carried out and plans of care had been developed accordingly. Residents' weights were being monitored and support from dietitians and speech and language therapists was available as required. As residents lived in fully self-contained living units each person had autonomy around choosing their daily meals. Residents were involved in food shopping and could prepare meals in their apartment with the required support from staff or dine out in the community when they preferred.

The provider had configured the building to ensure that all residents could be safely evacuated in the event of fire. In each apartment, there were wide external doors through which residents could evacuate from the building in a timely manner, without having to transfer from their beds or chairs. Staff who discussed fire safety with the inspector were confident that they could promptly evacuate all residents to safety in the event of an emergency, including at night-time.

## Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Suitable foods were ensured to suit residents' dietary needs and preferences. Residents were very involved in their own meal choices.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had strong measures in place to ensure that the spread of infection in the centre was well managed. To enhance the safety of residents, staff and visitors, additional infection control procedures had been introduced in response to COVID-19.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to evacuate residents from the centre in a timely manner in the event of fire or other emergency.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

## Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services. Plans of care for good health had been developed for residents based on each person's assessed needs.

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
<b>Capacity and capability</b>	
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant