Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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|---|---|
| Name of designated centre: | Le Cheile |
| Name of provider: | Health Service Executive |
| Address of centre: | Westmeath |
| Type of inspection: | Unannounced |
| Date of inspection: | 21 June 2024 |
| Centre ID: | OSV-0005457 |
| Fieldwork ID: | MON-0038738 |

## About the designated centre

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

The designated centre is a detached  bungalow with spacious landscaped gardens, situated on the outskirts of the local village. The house can accommodate five residents, and is wheelchair accessible throughout. There are various communal living areas, and each resident has their own personal room, two of which are en-suite. The provider describes the service as offering support to adults with intellectual disability and autism. The house is staffed full time, including waking night staff, and has 24 hour nursing support.

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

| | |
|---|---|
| Number of residents on the date of inspection: | 5 |

## 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 (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 21 June 2024 | 10:30hrs to 16:00hrs | Julie Pryce | Lead |

## What residents told us and what inspectors observed

This inspection was unannounced conducted in order to monitor on-going compliance with regulations and standards.

There were five residents on the day of the inspection and the inspector had the opportunity to meet all of them however, one resident chose not to interact with the inspector. The other residents whilst accepting the visit, did not engage with the inspector. They did, however engage in non-verbal communication with the person in charge, and were obviously very comfortable in those engagements. One resident took the hand of the inspector asked the person in charge who the inspector was, and after a few words indicated that the interaction was over. The inspector observed the daily life in the centre, and made discrete observations as resident went about their daily routines.

The designated centre was spacious and furnished to a high standard, the inspector observed that all the rooms had been recently painted and decorated. There were pictures and ornaments in the communal areas, some of which were family gifts, and each resident had their own bedroom, which was furnished and decorated as they chose. The rooms were well equipped to meet the needs of each resident, and were full of the residents' personal belongings. One of the rooms included various sensory items in accordance with the preferences of the resident, including sensory lighting and calming music.

There were pleasant outdoor areas including an internal courtyard which could be seen from inside and had been laid out with plants and furniture.The larger garden was spacious and nicely furnished for outdoor use.

On the day of the inspection, residents were involved in various activities. A review of the daily notes which were maintained for each resident indicated that they were well occupied with activities both in their home and in the community, and that activities were individual to each resident. One resident particularly enjoyed going for a hot shave, and another was interested in animals, and had a weekly activity involving horses.

As most residents did not communicate verbally, there were detailed care plans and 'communication passports' in place which included, detailed information about the best ways to communicate with each resident, and the inspector observed throughout the inspection that, staff were communicating effectively with residents. There were also various items of easy-read information available to residents, including information about how to make a complaint, fire safety and going on appointments.

The views and opinions of the families of residents had been sought via questionnaires which had been sent out by the provider, and the responses were positive in relation to the care and support offered to residents. For example, one

family member said that, they felt that all their relatives' needs were met, and another said that, their relative was 'comfortable and happy'.

Staff had all received training in human rights, and spoke about the rights of residents to make choices and to have their dignity respected. They described the way in which they would ask residents' permission before delivering personal care, and would respect the choices made in this regard. They spoke about the importance of supporting activities and experiences, including seasonal celebrations and holidays or weekends away.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There was an appropriately qualified and experienced person in charge who was a regular presence in the centre and involved in the monitoring and oversight of care and support.

There was a competent and consistent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents. Staff were appropriately supervised by the person in charge.

There was a clear complaints procedure which was displayed as required and had been made available in an easy-read format.

### Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. They knew residents well and the residents appeared comfortable in their presence.

Judgment: Compliant

## Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents, and an appropriate skills mix including registered nurses. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were familiar to the residents, and some staff had worked with this group of residents for several years. On the day of the inspection there was a new staff member undergoing the induction process, and they were doing a 'shadow shift' in a supernumerary capacity as part of that process.

The inspector spoke at length with the person in charge and with two staff members who were on duty on the day of the inspection and found that they were all knowledgeable about the support needs of residents, and their roles in providing this support.

The inspector reviewed three staff files, and while most of the information required under Schedule 2 of the regulations was in place, there were gaps in tow of the files, one in relation to the commencement date of employment, and one in relation to gaps in the staff member's employment history.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

All mandatory training was up-to-date, and additional training had been undertaken by staff relating to the specific needs of residents, for example in communication with people with an intellectual disability, an dementia care, and in the management of dysphagia.

Staff supervision conversations were held with each staff member twice each year, and a record was maintained of the discussions. The inspector reviewed the record of three of these discussions and found that actions were identified and followed up at subsequent meetings, for example in relation to training needs, or updating knowledge on policies.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. Both of these processes were detailed and reviewed all aspects of the operation of the designated centre.

There was a monthly schedule of audits in place and each had been completed in accordance with this schedule. The inspector reviewed the recent audits of care planning and of the management of finances. All of these processes identified required actions for improvement, and all the actions had been amalgamated into a Quality Improvement Plan (QIP) so that the person in charge had clear oversight of the progress and completion of all the actions. The inspector reviewed this QIP and saw that all identified actions had been completed within their expected timeframe. For example old information was to be removed from care plans, staff rostering was to be discussed at a team meeting and a faulty cover on a piece of equipment was to be replaced. All of these actions had been completed.

Regular staff meetings were held, and a record was kept of the discussions was maintained. The first item at each team meeting was a review of the actions required form the previous meeting. Discussion items included safeguarding, personal planning and restrictive practices, together with various other aspects of care and support. There was a requirement for staff to sign the minutes of the meeting, however there was no structured format to this, and no review to ensure that each staff member signed the document. This was rectified during the course of the inspection by the introduction of a named sign in sheet.

Any accidents and incidents were reported and recorded in accordance with the organisation's policy. The inspector reviewed the records for two recent incidents and found a clear record of the event, and the actions taken at the time of the event, together with any follow up actions required, such as a referral to a member of the multi-disciplinary team (MDT).

The inspector was assured on reviewing these systems that there was effective monitoring and oversight in the centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

The required notifications were submitted to HIQA within the required timeframes.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version. There were no current complaints, however the record of a recent complaint was reviewed by the inspector. The resident had been supported by staff to make their complaint, and it was addressed immediately and thoroughly. The issue had been discussed at the next staff team meeting and the steps to be taken to prevent a recurrence were documented.

There was also a documented compliment from a family member, who complimented the staff team on a recent person-centre-planning meeting that they had been involved in, and also commented on the new decor of the centre and the resident's room.

The complaints procedure was made available in an easy-read version, and was displayed as required by the regulations.

Judgment: Compliant

## Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met.

The residents was observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them. Both healthcare and social care were effectively monitored and managed.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency,

There were robust risk management systems in place, and risk management plans were in place to mitigate any identified risks.

The rights of the residents were well supported, and given high priority in the designated centre.

## Regulation 10: Communication

Communication with residents was well managed, particularly because several of the residents did not communicate verbally. Each resident had a detailed 'communication passport' and the inspector reviewed two of these in detail.

They included information about the things that might upset a resident and how they would express this, and detail in relation to the meaning of facial expressions or vocalisations. There was guidance for staff as to how to respond to residents, for example to allow a resident time to process information and respond in their own time.

Staff were knowledgeable about the support needs of residents, for example one of the staff members described the way in which one of the residents would hum if not happy so that staff would then offer a change in activity or location.

Judgment: Compliant

## Regulation 13: General welfare and development

Significant improvements had been made in the person-centred-plans for residents since the previous inspection. Three were now meaningful goals set for residents in relation to maximising their potential. For example where staff had become aware that a resident had an interest in animals, they had gradually introduced the resident to different opportunities to interact with animals, and they had now achieved the goal of weekly 'horse therapy' which they were clearly enjoying.

Another resident was working towards the goal of going to out of the country for a family break away, and had been on an overnight stay to a hotel as a first step towards achieving this goal.

Residents were involved in a range of activities, some within the home some in the local community. Examples included reflexology and telly bingo in the home, and sporting events and meals or snacks out in the local community.

The daily notes were reviewed by the inspector, and there was a record of all the activities undertaken on a daily basis, so that it was clear that residents were supported to have a meaningful day.

Judgment: Compliant

## Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and

environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks and these management plans included detailed guidance in relation to mitigate the risk.

Whilst not all the risk ratings were appropriate representations of the risks posed, this had been identified by the provider and risk management training had been organised and scheduled for the month following the inspection.

Where a new risk had been identified, a risk assessment had been completed and a management plan developed, and the risk had been completely mitigated, and that risk assessment closed off.

The inspector was assured that all identified risks were mitigated and that the safety of residents was maintained.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained.

All staff had received training in fire safety, and the organisation's fire officer had attended the house to deliver training in the use of equipment including fire sheets. Regular fire drills had been undertaken, and the person in charge maintained a record of staff involvement to ensure that each staff member was familiar with the process.

There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate. Staff members could describe the supports each resident required to ensure safe evacuation, including any equipment that might be required.

It was evident that staff could safely assist residents to evacuate in the event of an emergency.

Judgment: Compliant

## Regulation 6: Health care

Healthcare was well managed and there were detailed care plans in place in relation to any identified healthcare needs. The inspector reviewed healthcare plans for

three of the residents.

A care plan was in place for the management of epilepsy for one resident, and this plan included detailed guidance in the management of a seizure, together with information about potential triggers for a seizure and directions for staff in the monitoring and management of the condition. Another care plan related to the bowel care for a resident and again was very detailed and included guidance in the management of their condition, and the response to any changes in condition.

Another resident had a detailed care plan in place in relation to their mental health, which included a progressive plan to reduce long term medication. A significant reduction had already been achieved, and the presentation of the resident was kept under constant review.

Residents had access to various members of the MDT including the speech and language therapist who had made recommendations in relation to eating and drinking, the occupational therapist and the general practitioner (GP). The GP undertook an annual health review for each resident.

Age appropriate healthcare screening had been considered for each resident, some of which had been completed and some of which were under the review of the GP.

There had been significant improvements since the last inspection in relation to the end-of-life care plans. The plan for one of the residents was found it to be a respectful and caring document, and was supported by an organisational policy.

Staff were familiar with the healthcare needs of residents and could describe their role in implementing the care plans, and the inspector was assured that this aspect of care and support was well managed.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on an assessment of needs. Three of the residents had behaviour support plans and the inspector reviewed two of them.

The plans included detailed guidance in both the proactive management of behaviours of concern, and of the reactive strategies required to manage any escalation in behaviour. The proactive strategies included information such as offering choice and allowing time, and the reactive strategies described the possible presentation of residents and the exact response expected from staff.

Any incident of behaviours of concern was documented in detail and reviewed by the behaviour support specialist who also and reviewed the behaviour support plans

on a quarterly basis or as required.

Any restrictive practices which had been found to be necessary to ensure the safety of residents were based on a detailed assessment and the documentation included a detailed rationale for each, and were the least restrictive available to manage the identified risk. There were very few restrictions in the centre, and those in place were reviewed each quarter by a restrictive interventions committee.

Judgment: Compliant

## Regulation 9: Residents' rights

All staff and the person in charge had received training in human rights and in assisted decision making. They spoke about the importance of ensuring that meaningful choices were offered to residents, rather than relying on knowledge of previous preferences. The rights of residents and the 'FREDA' principles were discussed at each team meeting.

Residents were consulted with both individually and at a weekly residents' meeting. Although residents were reluctant to talk to the inspector, some of them engaged in these meetings with staff who were familiar to them. Staff were careful to include residents who did not communicate verbally, and the records of the meetings included a description of residents' non-verbal reaction to the items discussed.

Residents had access to an independent advocacy service, and one of the residents had availed of this service in the previous year in relation to an issue with staff changes. It was clear throughout the inspection that the rights of residents were given high priority and that their voices were heard.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Le Cheile OSV-0005457

## Inspection ID: MON-0038738

## Date of inspection: 21/06/2024

**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 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>A comprehensive review of staff files in line with Schedule 2 has been completed and all gaps identified have been actioned and rectified. | |

## 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 15(5) | The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2. | Substantially Compliant | Yellow | 12/07/2024 |