



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

Issued by the Chief Inspector

Name of designated centre:	Le Cheile
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	29 September 2021
Centre ID:	OSV-0005457
Fieldwork ID:	MON-0033453

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 - 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 29 September 2021	11:00hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted in order to monitor on-going compliance with the regulations. On arrival at the centre the inspector observed residents going about their daily routines in a relaxed manner. Some residents whose preference was a later start to the day were going about their morning with the support of staff, and some were enjoying a lie in. Some residents who chose to go out for activities, including day services, had already left the centre, so the inspector spent time with those who were in the house in the morning, and again later with people who returned in the afternoon.

Residents were observed to be enjoying different areas of the house, and were supported by staff who were familiar to them. Residents each had individual ways of communicating, and with the support of staff, residents told the inspector that they were happy in their home, and had a variety of options available to them in relation to activities, meals, personal care and their environment. 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 wellbeing and quality of life of residents.

The centre was spacious and comprised various communal areas and private rooms. It was centred around an internal windowed courtyard which included furniture and various sensory items. There was also had a spacious and functional outside garden area. Some residents had specific spots that they enjoyed spending time in, and they were observed to be relaxed and content. Staff were observed spending time and interacting warmly with residents, and were very supportive of residents' wishes and preferred activities. Both observations and related documentation showed that residents' preferences were met.

Residents' personal rooms were nicely furnished and decorated in accordance with their preferences, and they there were many personal items in their rooms. One of the residents had a soft toy which played a recording of their families voices when activated by soft pressure. Another had luminous shapes attached to the ceiling to provide comfort and meet sensory needs. Others had family photographs and items relating to their hobbies and preferred activities. Each resident had a tv in their room which had been introduced during the COVID-19 crisis to assist with social distancing, or self isolation if it had been required.

There were were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning for each resident. There were adequate staff in the centre to ensure that residents' support needs were met. There was always a staff nurse on duty in the house in accordance with the needs of residents, and sufficient numbers

of staff on duty during the day and night to ensure all residents were supported.

Throughout the day residents were observed engaging in various activities within the centre, and coming and going to outings and activities of their choice. In addition staff were observed providing a variety of meals, snacks and drinks. Residents had several different dietary requirements, and these were all catered for in ways that made meals and snacks both nutritious and appealing.

Staff communicated with residents in various different ways. Communication plans had been prepared for residents to help them to communicate their needs. Some of the communication techniques used included photographs to identify staff on duty and clear pictorial information. Residents meetings were held regularly, and the information from these meetings was available in a format accessible to residents.

Both social and healthcare needs were well managed, and any changing needs were addressed in a timely manner. All equipment required to assist residents was in place and well maintained.

In summary, the inspector found residents' safety and welfare was paramount. The systems and arrangements that the provider had put in place in this centre ensured that the residents were supported and encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home.

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

The provider had ensured that there was a clear management structure in place that was led by a person in charge, and which led to the effective delivery of care. The person in charge was appropriately experienced and qualified, and demonstrated an in-depth knowledge of the needs and abilities of residents.

The provider and person in charge had established and maintained process to ensure the oversight of the centre, and to ensure a high standard of care and support of residents. An annual review of quality and safety of care and support in the centre had been completed, and six monthly unannounced visits had been conducted. A suite of audits was undertaken regularly in the centre, and required actions identified by these processes had been implemented.

Regular team meetings were led by the person in charge, and a review of the minutes of these meetings indicated that multiple issues were discussed and required actions both identified and implemented.

All required notifications had been made to HIQA as required, and the person in charge was familiar with the requirements.

Staffing numbers and skills mix were appropriate to meet the needs of residents and there were sufficient staff on a daily basis, including nursing staff both during the day and at night. Staffing numbers had recently been increased in accordance with the changing needs of residents.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and had clear oversight of the centre. She demonstrated various occasions where she had advocated on behalf of residents, and brought about improvements in their quality of life.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and robust systems to monitor the

quality of care and support delivered to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications were made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and a system of addressing any complaints.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. The centre was being operated in a manner that promoted and respected the rights of residents.

Comprehensive assessments of residents' health and social care needs had been completed and regularly reviewed. Residents had access to members of the multi-disciplinary team in accordance with their needs. Referrals were made in a timely manner when required, the recommendations of healthcare professionals were included in the personal plans of residents, and their implementation monitored. The plans included sections on activities, communication, sensory needs as well as health care, and staff demonstrated that they were knowledgeable about the guidance in the personal plans, and could describe the required interventions.

There were also detailed behaviour support plans in place for some residents which were regularly reviewed and updated. Staff could describe the interventions required under various circumstances.

Where there were restrictive interventions in place, these were based on a thorough assessment, and appropriate recordings were maintained. Multi-disciplinary team meetings were held regularly, at which interventions were reviewed, and there was a system whereby all staff members signed the minutes of these meetings to ensure

that they were familiar with any decisions made.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety equipment and self closing fire doors. The centre was compartmentalised and a map of various zones was clearly available. A detailed personal evacuation plan was in place for each resident Staff could readily describe the actions they would take in the event of an emergency, and had all been involved in fire drills. These fire drills took place regularly, and included night time drills. The documentation of these fire drills, together with discussion with staff members, demonstrated that all residents could be effectively evacuated in a timely fashion in the event of an emergency.

The provider had ensured that there were systems in place to respond to safeguarding concerns. There were no current safeguarding issues. A incident of behaviour of concern several months ago had been reviewed and a safeguarding plan put in place. There had been no further incidents.

Infection control was given high priority in the centre. There wa a detailed and current infection control policy in place, together with a contingency plan to be implemented in the event of adverse circumstances. The inspector observed throughout the inspection that current public health guidelines were observed.

The premises were laid out to suit the needs of residents, each of whom had their own room, some with en-suite bathrooms. There was spacious accommodation both inside and outside, and personal effects throughout. Some items of maintenance were outstanding, but overall the provider had ensured a comfortable and pleasant home for residents.

Regulation 10: Communication

Residents were supported in communication so that their voices were heard, and that information was available to them.

Judgment: Compliant

Regulation 11: Visits

Visits were facilitated and welcomed in accordance with residents' preferences.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to meet the needs of residents. There were sufficient communal and personal spaces, and the centre was homely and welcoming.

There were some outstanding maintenance requirements including scuffed paintwork in some areas, damage to some of the doors of kitchen presses, and the external windows were visibly unclean.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was adequate food and nutrition in accordance with the needs and preferences of residents. Meals and snacks were individualised and presented in an appealing manner.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which included all the requirements or the regulations. There was a risk assessment and management plan in place for all identified risks, including risk relating to COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place. There was detailed documentation in relation to COVID-19 including a thorough contingency plan for use in the event of an outbreak of an infectious disease. Staff were observed to be adhering to current public health guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed with the involvement of the multi-disciplinary team.

Judgment: Compliant

Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were very few restrictive interventions in the centre, and those in place had been assessed appropriately, and appropriate systems were in place to respond to behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were upheld, and no rights restrictions were identified.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	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 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Le Cheile OSV-0005457

Inspection ID: MON-0033453

Date of inspection: 29/09/2021

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
Outline how you are going to come into compliance with Regulation 17: Premises: External windows have been cleaned by contract window cleaners, the tendering process for painting works has commenced and it is envisaged that this will be completed by 20.12.2021. Kitchen presses will be replaced by 20.12.2021	

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(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	20/12/2021