



# 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:	Announced
Date of inspection:	27 May 2025
Centre ID:	OSV-0005457
Fieldwork ID:	MON-0038727

## 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
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## 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
Tuesday 27 May 2025	10:30hrs to 17:30hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to inform the registration renewal decision.

There were five residents on the day of the inspection and the inspector met four of them. On arrival at the designated centre, the inspector met one of the residents who was in the front living room of the house. The resident held out their hand, and after a brief interaction indicated that they wished to end the interaction. Staff explained that the resident liked to spend time alone, and that staff regularly checked on them to see if they would like company, or to engage in an activity. Staff explained the ways in which the resident communicated these preferences, and the inspector observed the communication to be effective.

Another resident greeted the inspector by holding out their hands, and had a chat about whether the inspector was a relative. They were engaged in a table top bingo game which they clearly enjoyed.

The other two residents did not indicate that they wished to have any engagement with the inspector, so this was respected. Both were engaged with items of their preference in terms of sensory activities.

The inspector completed a 'walk around' of the designated centre, and found it to be appropriate to meet the needs of residents. All areas were clean and well maintained, and residents had their personal items throughout. There were various outside areas available to residents, including an internal courtyard, which one of the residents particularly enjoyed and used for looking after plants.

It was evident that staff were familiar with the needs and preferences of residents, and that they were responded to appropriately. For example, where a resident had torn off the buttons off a new item of clothing, staff noted that future clothing should not have buttons. Staff also spoke about the ways in which they offered residents new opportunities and experiences, such as a special sensory session at the local cinema, and train journeys to the city.

Residents and their families had been offered the opportunity to complete questionnaires sent out by the Office of the Chief Inspector in advance of the inspection. The responses were all positive, and some comments had been included. One family member said that their relative was very happy in their home and was well looked after, and that they always seemed to be content when the family visited.

Residents had been supported by staff to complete their questionnaires, and one resident had made comments which the staff wrote down for them. They said that they like spending time with staff and talking, and that they liked their room as it

was nice and cosy. They said they were happy that they could spend their money on what they wanted.

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, although some improvements were required in the facilitation of residents to have their own bank account and to have full control of their money, as further discussed under regulation 12 of this report.

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 in ensuring oversight, and quality improvement.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

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, and who facilitated the choices and preferences of residents.

All the required records and documentation were developed and maintained in the designated centre.

Any new admissions were well managed, and ensured that the rights of current residents were respected.

## Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of the support needs of each resident.

Judgment: Compliant

## Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any relief staff. If additional staff were required, they came from a regular relief panel, or agency staff who were known to the residents.

There was a registered nurse and three healthcare assistants on duty each day, and a registered nurse and one health care assistant at night. In addition the designated centre had a member of household staff three days each week.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including Garda vetting.

The inspector spoke to two staff members on duty, the person in charge and the person participating in management during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including the management of dysphagia, autism awareness and communication in intellectual disability. Staff could describe their learning from their training, and relate it to their role in supporting residents, and the inspector observed some of the learning being implemented, for example the ways in which staff supported residents who required a modified diet.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of three supervision conversations and found a clear agenda for discussion including a review of any actions identified in the previous meeting, and an indepth discussion on the care and support needs of each resident, and the training and development needs of the staff member.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information specified in paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

All required records required by the regulations under Schedule 2 in relation to staff were all in place, including garda vetting, references and employment history.

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, the required care and support of residents and the information in relation to healthcare.

All required records required by the regulations under Schedule 4 were in place including a Statement of Purpose and Function, a Residents' Guide, and copies of previous inspection reports, all of which were maintained in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

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

There were various monitoring and oversight systems in place. An annual review of the care and support of residents had been prepared as required by the regulations, which had incorporated the views of residents and their families. Areas for improvement were identified, and those actions reviewed by the inspector had been completed, for example, new wardrobes had been fitted, and an overhead hoist had been installed to meet the needs of one of the residents.



There was an annual schedule of audits in place, including audits of finances, care plans and medication management. Six-monthly unannounced visits had been conducted on behalf of the provider, and the actions from all these processes were amalgamated in a quality improvement plan so that there was clear oversight and monitoring of actions until complete. Identified actions were all complete or within their timeframe, and some of them related to the maintenance of good practice as well as quality improvement.

Regular team meetings were held and minutes were maintained from each meeting. Items for discussion included the care and support needs of each resident, audits and training. The records of these meetings indicated that they were useful and meaningful discussions.

Daily communication between the staff team was managed by a written and verbal handover at the change of each shift. The inspector reviewed the records of these handovers and found them included detailed information on each resident so as to inform the care and support on a daily basis.

The designated centre was well resourced, so that there were sufficient staff to meet the needs of each resident, there were two vehicles, both of which were wheelchair accessible, and all required equipment was supplied.

Overall there were effective oversight strategies that ensured that any areas for improvement were addressed, and it was evident that staff were appropriately supervised.

Judgment: Compliant

#### Regulation 24: Admissions and contract for the provision of services

Each resident had a written contract of care, which included information about the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident. Easy read versions of the contract had been made available, and each was signed by a representative of the resident.

A new resident had recently been admitted to the designated centre, and there was a detailed transition plan which had been implemented prior to the admission. A detailed assessment had been conducted prior to admission, including a compatibility assessment which took into account the rights of the current residents as well as the new resident.

The transition plan had included a series of visits, and there was a record of the visits, including the meetings with the current residents. The visits had increased in length, and overnight and a two night visits had been undertaken prior to the resident moving in.

It was evident that the rights of all residents were given the same priority, and that the transition was managed over a period of time to ensure a smooth admission.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

There had been no recent absences of the person in charge, but both the person in charge and the person participating in management were aware of the requirement to notify HIQA of any absences from the designated centre for a continuous period of 28 days or more.

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. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner. Residents were supported to have access to wholesome and nutritious meals and snacks, and to make their own choices.

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 risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

### Regulation 11: Visits

There was a clear policy on visits to the designated centre which had been regularly reviewed. This policy supported open visiting, but also included guidance in the case of an emergency or a safeguarding issue. A visitors' book was maintained, and all visitors were asked to sign in and out via this book.

There were various areas in the designated centre in which residents could receive visitors, including various living areas and outdoor areas during good weather.

It was clear that visits were supported and encouraged, and that families and friends of residents were welcomed and supported to visit.

Judgment: Compliant

## Regulation 12: Personal possessions

Practices in support offered to residents in relation to the management of their personal finances were not all in accordance with the regulations.

Two residents did not have their own bank account, and their income was paid directly into a central account of the organisation. The residents then received a weekly allowance. If they wished to spend any further amounts of their money, a request had to be made in writing, and the amount requested was then issued.

The person in charge and the person participating in management discussed the capacity of residents to make decisions with the inspector, however there was no capacity assessment in place to indicate that residents lacked capacity. One resident recently went on holiday with the support of staff, and because they did not have a bank card they had to take a significant sum of money in cash with them.

However, the local management of money in the designated centre that residents received was robust in that receipts were kept for each transaction, and the balance of money was counter-checked by the night staff every day. The inspector checked the balance of money for one resident and found it to be correct.

The person in charge checked the personal finances of each resident each month, and a more detailed audit of finances was undertaken for one resident each month in turn.

Overall, the inspector was not satisfied that management of money was always person centred or that it was supporting residents to retain control of their own finances.

Judgment: Not compliant

## Regulation 18: Food and nutrition

Residents were supported both to make choices about meals and snacks, and also to have access to appropriate healthcare in relation to dietary requirements. Each resident had been assessed by a speech and language therapist, and any recommendations were implemented. A recent re-referral had been made following a respiratory tract infection, and the speech and language recommendations had been updated. Residents also had access to a dietician where required, and their recommendations were regularly reviewed, and supported by the staff team.

Each person made individual choices about the timing of their meals and snacks and their preferred items. There was a detailed section in the care plan for each resident which included their preference in mealtime experiences, and included detail such as the preference for two cups of tea with each meal.

The inspector observed some residents at lunch time, and found that their choices and preferences were supported. One resident preferred to have their lunch alone, and was seen to be enjoying their food whilst humming and making 'mmm' sounds.

Another resident preferred the social aspect of meals and food preparation, and was observed to be enjoying watching staff preparing the lunch with interest.

Food was safely stored, with the temperature of fridges and freezers being regularly taken. Both healthy snacks and treats were readily available. It was evident that all recommendations of healthcare professionals were implemented, and that all efforts were made to ensure that mealtimes were enjoyable for residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

There was a current risk management policy in place 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 each of them was risk rated appropriately.

Individual risk assessments included the risks relating to skin integrity, dysphagia and accidental bruising. Each resident also had a falls risk assessment in place. Each of the identified risks had a clear management plan which included guidance for staff in sufficient detail as to mitigate the risk.

General and local risks were identified, and each of these also had detailed management plans, including fire safety, staff shortages, use of vehicles and severe

weather. Each of these risks had a risk management plan including control measures to mitigate the risk

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment throughout the houses and there were fire doors throughout. The designated centre was divided into three separate fire compartments. There was a current fire safety certificate and regular fire drills had been undertaken which indicated that residents could be evacuated in a timely manner in the event of an emergency. A record was maintained of each drill, and the person in charge monitored the records to ensure that each staff member was involved in this process.

All staff members had received fire safety training, and the inspector discussed fire safety with them, and they were confident about their role in ensuring the safety of residents and could describe the supports each individual resident would require in the event of an emergency.

The inspector was assured that all residents would be evacuated in the event of a fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were regularly reviewed and were based on a detailed assessment of need. There were assessments in place for each resident in relation to healthy weight, skin integrity, falls risk, communication and general wellbeing. Each resident also had an annual medical review conducted by their registered practitioners.

Care plans in place included plans relation to healthcare and specific conditions, such as recurring infection. There was also a detailed plan in relation to activities and daily references, and the supports each resident required.

There was an annual person-centred planning meeting held for each resident to which families and friends were invited, known as the 'circle of support'. Person centred plans included photographs to support residents' understanding.

There was an emphasis on ensuring that residents had a meaningful day, and that opportunities were made available to them, and each had been on a holiday or short break with the support of staff.

Judgment: Compliant

## Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. For example, staff had noticed that a resident's foot appeared to be swollen, and had immediately responded by applying first aid and taking the resident to the minor injury clinic for treatment. The injury was found to be consistent with an overturned foot, and the care plan was updated immediately in response.

There had been a rapid response to an emergency change in the presentation of another resident on the morning of the inspection, and staff had responded immediately and appropriately, and in accordance with the guidance in the resident's care plan, and had ensured that the resident received safe treatment in a timely manner.

Regular and detailed healthcare assessments were conducted, and residents had access to various members of the multi-disciplinary team, including their general practitioners, physiotherapist, speech and language therapist, as required. They also had access to an advanced nurse practitioner in chronic disease, who attends the designated centre to conduct assessments and tests, and provides guidance for staff. For example they had completed the care plan in relation to respiratory care for one resident. The phlebotomist also attends the centre, and these visits to the residents' home resolved the issue of some residents finding appointments too stressful to manage.

The inspector reviewed a healthcare plans in relation to dysphagia, respiratory care and mobility, and found that they included sufficient detail as to guide staff. In addition, each resident had a detailed end of life care plan.

Residents had been offered healthcare screening appropriate to their gender and age, and had agreed to some of the screening.

Overall the inspector was assured that the healthcare needs of each resident were monitored and addressed.

Judgment: Compliant

## Regulation 9: Residents' rights

Staff had all received training in human rights, and could speak about the importance of supporting the rights of residents. They spoke about the ways in which they ensured that the voices of the residents were heard, and the importance of safeguarding of residents.

Staff were very familiar with the various ways in which residents communicate; an example given was where a resident was having a massage, and the tone of their vocalisations changed. Staff knew immediately that this meant that the resident wished to stop the activity. They also spoke about offering residents new opportunities and activities, and supporting their choices. For example residents were taken on an outing to watch dancing, and one of them enjoyed the experience, and another did not. Their facial expression communicated this, so the activity was not continued for them.

Staff also spoke about supporting the choices for residents in their everyday life. For example, one resident needed their drinks to be thickened, in accordance with the recommendations of the speech and language therapist, and adhered to this practice for the most part. However they enjoyed an occasional beer, and chose not to thicken this drink. Staff ensured that all the relevant information was made available to the resident, and then supported their decision.

It was evident that the rights of residents were respected and upheld.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Le Cheile OSV-0005457

Inspection ID: MON-0038727

Date of inspection: 27/05/2025

## 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 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The service will complete a comprehensive review of the financial accounts of each resident in conjunction with reviewed and further supported capacity assessments. Residents that are assessed as having capacity will be supported to open personal accounts with access to debit cards. A Standard Operating Procedure will be devised to support this process. A skills building goal and education on money management will be made available for residents. Where residents are assessed as not having capacity to manage their finances a clear Standard Operating Procedure in relation to supporting residents to access their money will be devised. This will ensure that residents have access to their money at all times and will also ensure that their personal finances are in line with that of all Regulations including financial regulations.</p>	

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/09/2025