



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:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	20 August 2020
Centre ID:	OSV-0004752
Fieldwork ID:	MON-0029976

About the designated centre

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

Le Chéile provides a full-time residential service for adults with a primary diagnosis of intellectual disability. The centre is registered to accommodate 24 people. The centre comprises four individual bungalows, one of which is divided into two apartments. These are located on the grounds of a campus on the outskirts of Limerick city. Two other designated centres are located on this campus. All parts of the centre are staffed during the day. Neither apartment is staffed overnight. The staff team comprises nurses and care assistants. The statement of purpose for the centre outlines that the day service for residents is provided mainly from home. Some residents access the day service on the campus or a community based day service at times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 August 2020	10:00hrs to 16:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

The inspector met with seven of the twenty two residents residing in the centre during the course of the inspection. The resident group did not have the ability to fully converse with the inspector however the residents' relaxed presentation, relationship with staff and their facial expressions was evident that the residents were content in their home. The centre was clean and personalised throughout with photographs of residents and their families on the walls.

The inspector was present when staff were supporting residents during mealtime and snacks. This was facilitated with respect and dignity and it was obvious to the inspector that this was the regular practice. The residents acknowledged the inspector but mostly relied on the staff supporting them to inform the inspector of what activities they enjoyed. The inspector was informed that one resident who was visually impaired enjoyed music and massage therapy. Other residents enjoyed art therapy and reflexology. The inspector observed that the residents appeared comfortable as they sat and watched television or listened to music.

The inspector observed all of the residents being supported by staff members who knew them well and were aware of their individual needs and preferences. Interactions between staff and residents were relaxed and respectful. One resident verbally indicated that they were happy in the designated centre.

Capacity and capability

There was a clearly defined management structure in the designated centre. The person in charge held the necessary skills and qualifications to carry out the role. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection. However, the inspector found that effective governance and management systems were not in place to ensure that the services provided to residents living in the designated centre were safe. The buildings in the designated centre were dated while some had no fire containment measures in place. In addition, it was noted that in one of the houses that did not have adequate fire containment, the provider could not provide assurances that all residents living in this house could be safely evacuated in the event of a fire. Therefore an urgent action was issued on the day of the inspection. This will be further discussed under Regulation 28 Fire Precautions.

The inspector reviewed the actual and planned rota in place in the centre. The provider had ensured that staff numbers at the centre were in line with the statement of purpose but not sufficient for the residents to engage in all activities.

As noted on a previous inspection of the centre, staffing was not always provided in line with the number and skill mix identified by the provider as appropriate to the number and assessed needs of residents in the centre. While the staff numbers were adequate for the immediate care needs of the residents, the skill mix of staff meant that residents could not go out for an activity if they did not have a qualified person to administer emergency medication. The activity records indicated that activities were mostly in house and it was recorded on one occasion that a resident could not go on a community activity as they had epilepsy and if a nurse were to go on the activity it would mean that there was no nurse back in the centre for nursing care duties. The staff members with whom the inspector spoke with were very knowledgeable around the residents' assessed needs and their individual methods of communication. The staff were able to translate the residents vocalisations for the inspector and one staff member was able to give detailed overview of the care plan for wound care for one resident.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training. The registered provider had ensured that staff had received appropriate training in relation to infection control, safeguarding residents and the prevention, detection and response to abuse.

The inspector reviewed the statement of purpose and, while it was in line with Schedule 1, there were areas that required more information such as the arrangements made for residents to engage in social activities and for residents to access education and training. The staffing numbers, whole time equivalent and twilight hours needed further clarification and the organisational structure needed to reflect these changes.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

There was an effective complaints procedure in place which was overseen by a complaints officer however the complaints form did not state whether or not the complainant was satisfied. The person in charge committed to addressing this immediately.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role

Judgment: Compliant

Regulation 15: Staffing

The person in charge had an actual and planned rota which was in line with the statement of purpose however there was limited staff for residents to engage in activities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that effective management systems were in place in the designated centre to ensure that the service provided to residents was safe.

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and, while it was in line with Schedule 1, there were areas that required more information.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of all incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place however it did not state whether or not the complainant was satisfied.

Judgment: Substantially compliant

Quality and safety

The inspector reviewed the quality and safety of the care and supports provided to residents living in the designated centre and found that urgent action was required to ensure that the service provided to residents was safe.

The registered provider had not made adequate arrangements for evacuating, where necessary in the event of a fire, all persons living in the designated centre and bringing them to safe locations. While the provider had conducted regular fire drills, the recorded evacuation drills did not provide sufficient assurance that all residents could be safely and promptly evacuated from the designated centre in the event of a fire. The records of fire drills completed in one of the houses reported that four out of seven residents were not evacuated. It did not reference which residents were not evacuated or the rationale for why they had not been evacuated. Issues in evacuating residents were not documented in the personal emergency evacuation plan for any of the seven residents living in this house. Also this house did not have adequate fire doors, there were only fire doors on two bedrooms in the centre the inspector visited. They also had no ceiling containment measures, in the event of a fire. The provider had made amendments to two bedrooms which now had exits off them for the purpose of evacuation and fire doors. However the provider could not provide assurance on the day of inspection that all seven residents could be evacuated safely in the event of a fire. As such an urgent action was issued to the registered provider on the day of the inspection, pertaining to fire evacuation.

The premises of the designated centre required upgrade to ensure it met the assessed needs of the residents who lived there. While the premises was clean, significant upgrades were required to the bathroom area and kitchen, both of which were dated and in disrepair. The bathroom was a communal bathroom which posed difficulties for one resident who was non ambulant as the door had to remain open while they were in the toilet cubicle. In this regard the registered provider had not ensured that the resident's privacy and dignity was respected while using communal bathrooms. There were plans to upgrade the premises in terms of fire containment and to meet the assessed needs of the residents.

The provider ensured that each resident in the designated centre received appropriate health care in accordance with their assessed needs. The

residents attended art therapy and music therapy in the house each week and also enjoyed reflexology and massage. However these activities were in house and there was no evidence to indicate that residents were engaged in activities in their local community. The inspector reviewed activity records on the day inspection and found no external activities, this was confirmed in discussions with staff members, Also due to staff numbers and skill mix and limited access to a vehicle, the residents were limited in the community activities that they could partake in. The staff had to book the vehicle in advance on behalf of the residents for activities, there was no evidence of the vehicle being used for anything other than health care appointments.

The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary. For example, personal protective equipment and sanitising agent was accessible to staff to ensure both staff and residents were protected from COVID-19 infection. In addition staff and residents temperatures were as taken regularly throughout the day. Easy-to-read information was provided to the residents to support their understanding of COVID-19 and the restrictions in place. Staff were observed to engage in appropriate infection control measures during the inspection.

The registered provider had ensured that appropriate health care was provided for each resident, having regard to individual personal plans and supports required during the COVID-19 pandemic. Staff demonstrated a good knowledge of the resident's health care needs and how to support them, in particular wound care for one resident. The staff team had undergone extra training in wound care management and had put in place a comprehensive plan to support a resident who had very poor skin integrity. This health care management plan was noted to be very effective.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability, assessed needs and their wishes. However due to staff numbers and limited access to a vehicle, the residents were limited in the activities that they could partake in.

Judgment: Substantially compliant

Regulation 17: Premises
While the premises was clean, significant upgrade was required to the bathroom area and kitchen, both of which were dated and in disrepair.
Judgment: Not compliant
Regulation 27: Protection against infection
The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider had not made adequate arrangements for evacuating, where necessary in the event of a fire, all persons in the designated centre and bringing them to safe locations. While the provider had conducted regular fire drills, the recorded evacuation drills did not provide sufficient assurance that all residents could be safely and promptly evacuated from the designated centre in the event of a fire. The designated centre did not have adequate containment measures in the event of a fire.
Judgment: Not compliant
Regulation 6: Health care
Overall the health and well-being of the residents was promoted in the centre. Staff demonstrated a good knowledge of the resident's health care needs and how to support them in particular wound care for one resident.
Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had not ensured that a resident's privacy and dignity was respected while using communal bathrooms for their personal intimate care.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Le Cheile OSV-0004752

Inspection ID: MON-0029976

Date of inspection: 20/08/2020

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Two staff are being allocated from existing Day service staffing compliment. • One staff will provide four days a week support. The second staff will provide 1.5 days a week. This will commence from 28th September 2020. This will facilitate improved levels of community engagement and activities that will improved the quality of life for residents. • Interviews have taken place for CE staff one staff has been successful and will commence in November 2020. While CE staff are not staff of the BOCSILR they are an additional support to residents that is consistent and reliable and will supporting improved choice for residents. • Overall the above additional resources to the core staffing compliments will support residents to engage in activities and have a more meaningful life. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • There is a proposal to change the current management structure for this designated centre in order to reduce the number of residents and houses in the designated centre. The application to register the additional designated centres has commenced. • This will enable the Person in Charge to have improved governance and management of the designated centre. • Fire safety remains a high priority and a detailed plan setting out a timeline for fire safety compliance has been submitted to HIQA on 21st September 2020. • Upgrades to premises in the designated centre will take place as part of this plan. 	

<p>While this will largely relate to fire safety compliance it will facilitate the repainting of bungalows and some other infrastructural upgrades.</p> <ul style="list-style-type: none"> • The services are at an advanced stage of recruitment in respect of nursing staff to ensure rosters are filled. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The Statement of purpose will be updated by 31st September 2020 to address findings of the Inspector. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The person in charge will ensure that the complaints document is completed in full and that were a complainant is satisfied with the outcome of the complaint it is noted in the relevant section. 	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> • Two staff are being allocated from existing Day service staffing compliment. • One staff will provide four days a week support. The second staff will provide 1.5 days a week. This will commence from 28th September 2020. This will facilitate improved levels of community engagement and activities that will improved the quality of life for residents. • Interviews have taken place for CE staff one staff has been successful and will commence in November 2020. While CE staff are not staff of the BOCSILR they are an additional support to residents that is consistent and reliable and will supporting improved choice for residents. 	

- Overall the above additional resources to the core staffing compliment will support residents to engage in activities and have a more meaningful life.
- Following review of the allocation of transport a vehicle has been sourced for Ashgrove 32 to avail when accessing the community. This will commence 28th September 2020.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The capital project, as set out in the Fire Safety and Decongregation plan submitted HSE in November 2019 was approved on 21st September 2020. This work will commence 30th November 2020
- The capital upgrade programme is a significant logistical project involving the movement of residents in the majority of bungalows, in order to facilitate the building upgrade in the context of fire safety. Every effort will be made to upgrade the premises through the use of project management skills, to deliver on this project in a timely and efficient manner
- The detail of this plan is included in the letter submitted to HIQA on 21st September 2020.
- Upgrades to premises in the designated centre will take place as part of this plan. While this will largely relate to fire safety compliance it will facilitate the repainting of bungalows and some other infrastructural upgrades.
- There is a system in place for addressing maintenance issues as they arise. These are prioritized by the person in charge and are scheduled in consultation with facilities management.
- The number of residents living in this designated centre will reduce during the capital project and a number of residents will move to registered new homes in the Community.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The capital project, as set out in the Fire Safety and Decongregation plan submitted HSE in November 2019 was approved on 21st September 2020. This work will commence 30th November 2020
- The capital upgrade programme is a significant logistical project involving the movement of residents in the majority of bungalows, in order to facilitate the building upgrade in the context of fire safety. Every effort will be made to upgrade the premises through the use of project management skills, to deliver on this project in a timely and efficient manner
- The detail of this plan is included in the letter submitted to HIQA on 21st September

2020.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- We recognize that the bathroom facilities in the Ashgrove bungalows are not to an acceptable standard given the age and design of the building.
- Protocols for supporting the dignity and privacy of each individual when using the sanitary facilities will be reviewed in order to ensure that each person's privacy and dignity is upheld at all times.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	28/09/2020
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/11/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Not Compliant	Orange	31/03/2023

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	31/03/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/11/2020
Regulation 28(1)	The registered	Not Compliant		31/03/2023

	provider shall ensure that effective fire safety management systems are in place.		Orange	
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	31/03/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	31/03/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2020
Regulation 34(2)(f)	The registered provider shall ensure that the	Substantially Compliant	Yellow	30/09/2020

	nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	16/10/2020