



Office of the Chief Inspector

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

Name of designated centre:	Le Cheile
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	24 July 2019
Centre ID:	OSV-0005457
Fieldwork ID:	MON-0022624

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 nearest 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.

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

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
24 July 2019	10:30hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

There were five residents on the day of the inspection, and the inspector spent some time with them all, although some residents chose not to interact with the inspector. Residents did not verbalise their views about living in the centre, so the inspector observed their daily activities and interactions in the centre, read notes of residents meetings and consultations, reviewed questionnaires and spoke to family members.

Residents appeared to be comfortable and content in their home, all interactions between staff and residents were observed to be caring and appropriate, and staff reflected an in-depth knowledge of residents' preferred ways of communicating. Family members expressed a high level of satisfaction with the service their family members were receiving, and with the long term nature of the placements in the centre.

Capacity and capability

The inspector found the centre to be effectively managed, with a clearly defined management structure in place. There explicit lines of accountability and governance systems in place that ensured adequate and consistency of oversight of the centre.

The provider had made arrangements to ensure that key management and leadership roles were appropriately filled. There was a person in charge in position at the time of the inspection who was appropriately skilled, experienced and qualified. This person in charge demonstrated their ability to lead the staff team and to support good practice. They were knowledgeable about the care and support needs of residents, and engaged in monitoring the quality of the service.

The provider had put systems in place to ensure the staff team were appropriately skilled and supported. The number and skills mix of staff was appropriate to meet the needs of residents, including 24 hour nursing cover. There was a core team of staff, and where agency staff were required the person in charge had a system whereby only staff known to residents were on duty.

Staff were in receipt of regular training which was found to be up to date. All mandatory training was provided, and additional training in relation to supporting specific needs of residents was also provided for. Staff were were also observed to be providing care and support in accordance with the identified and assessed needs of residents.

Staff supervision was managed by the person in charge via a schedule of supervision conversations every 16 weeks, and a record was maintained of these conversations. A sample of staff files was reviewed by the inspector and each file contained all the information required by the regulations.

The provider had systems in place whereby areas for improvement were identified and addressed. Any accidents and incidents or complaints were addressed in a timely manner and reviewed monthly. There was a clearly defined annual schedule of auditing in place which covered all areas of care and support including a detailed audit of financial management, and any required actions were monitored. All those actions reviewed by the inspector had been completed.

Six monthly unannounced visits had been conducted on behalf of the provider, and an annual review of the care and support of residents had been prepared. The inspector reviewed a sample of actions required following these processes, and all actions had been completed, and all identified improvements had been put in place.

There were systems in place to ensure communication between staff and management and between changing shifts of staff. A detailed communication diary was maintained and there was a 15 minute handover at the start of shifts. Regular staff meetings took place, and any staff unavailable to attend were required to sign the minutes of the meeting to indicate that they had read them.

The provider had put systems in place to receive and respond to feedback about the service. There was a complaints procedure in place which was available in the centre, and any complaints were reviewed and recorded. Any steps taken to rectify any issues raised in a complaint were logged, and the satisfaction of the complainant was recorded. It was therefore clear that feedback was responded to in a timely manner, and that all steps were taken to resolve any identified issues.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents, was involved in oversight of the care and support in the centre and in quality improvement.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant
Regulation 16: Training and staff development
Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.
Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents included all the required information.
Judgment: Compliant
Regulation 22: Insurance
There was appropriate insurance in place.
Judgment: Compliant
Regulation 23: Governance and management
There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
There were contracts in place which laid out the services offered to residents, but did not accurately reflect the fees being charged.
Judgment: Substantially compliant

Regulation 3: Statement of purpose
The statement of purpose included all the required information and adequately described the service.
Judgment: Compliant
Regulation 31: Notification of incidents
All the necessary notifications had been made to HIQA within the required timeframes.
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
The provider was aware of the requirement to notify HIQA of periods of absence of the person in charge.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
Appropriate arrangements were available in the event of an absence of the person in charge.
Judgment: Compliant
Regulation 34: Complaints procedure
There was a clear complaints procedure in place. A complaints log was maintained, and complaints and complements were recorded and acted on appropriately.
Judgment: Compliant

Quality and safety

The provider had put arrangements in place to ensure that residents had support in leading a meaningful life and having access to healthcare, and were supported to communicate and to make choices.

Residents were supported to engage in meaningful activities in accordance with their needs and preferences, and to maintain contact with families and attend family events. Each resident had a personal schedule of activities in place, some attending a day service and others having various activities to engage in from their home. There were staff available to ensure that individual activities were accommodated for residents.

There was an effective personal planning system in place which included detailed assessment and regular review. Each resident had a personal plan in place based on a detailed assessment of needs and abilities, including both social and healthcare needs. Reviews of personal plans included a record of any changes made as a result of the review.

There was an emphasis on communication, and detailed guidance for staff as to how best to communicate with each resident. Each resident had a '*communication passport*' in place which detailed their preferred style of communication. Families of residents spoken with said staff knew the communication needs of their relatives very well.

Healthcare plans were in place where needed and implementation of them was recorded. Any healthcare needs had been addressed, including any changing circumstances. Residents had access to various members of the multi-disciplinary team, and their recommendations were recorded and implemented. All staff engaged by the inspector demonstrated clear knowledge of needs and interventions. It was therefore evident that healthcare needs were addressed and managed.

Where residents required support with behaviours of concern, a positive behaviour support team was available to them. There was both reactive and proactive guidance for staff which was based on a detailed assessment. Three monthly behaviour support meetings were held to review the effectiveness of these interventions. Therefore appropriate steps were taken to alleviate the causes of any behaviours of concern.

There was clear oversight of risk within the centre. There was a detailed risk register in place including all identified risks, risk ratings and description of each risk. Risk assessments and management plans were in place for all identified risks in the centre, both generic in the centre and individual to each resident. Risk management plans were updated following any changing circumstance. Where required control measures were not yet complete, these risk assessments were left open to ensure

monitoring.

Fire safety practices and equipment were in place for the most part. Fire safety equipment including fire doors, extinguishers, fire blankets and emergency lighting were in place and were regularly maintained and there were fire doors throughout including fire doors between compartments in the centre. All fire exits were wheelchair accessible. There was a personal evacuation plan in place for each resident, and regular fire drills had been undertaken. However, while as part of personal evacuation planning process consideration had been given to the evacuation of each individual resident at night, records pertaining to night time evacuation did not provide evidence that the entire group of residents present in the centre could be evacuated within an acceptable timeframe.

there was no evidence of a fire drill having been undertaken under night time circumstances to ensure that all residents could be evacuated or moved to an area of safety.

There were structures and processes in place in relation to the safeguarding of residents. All staff had had appropriate training and there was a policy in place to guide staff. There were no current issues relating to safeguarding of residents. On an accession where residents appeared to be less than compatible, additional monitoring and interventions were implemented to ensure that no safeguarding issues arose. Staff and the person in charge were aware of their roles in relation to safeguarding of residents.

There were safe practices in relation to the ordering and storage and management of medications. Staff had been trained in the safe administration of medications, and this training included an assessment of competency. Prescriptions included all the required information, and staff practice was in accordance with best practice. There were audits of medication management, and frequent review of residents' medications.

There was an emphasis in the centre and among the staff on upholding the rights of residents. Residents were supported in choice making, and were included in decisions about their lives. There was an independent advocate available to residents, and one resident had referred an issue to the advocate. The premises were appropriate to meet the needs of residents. Each resident had their own room and there were spacious communal areas and outside areas, all of which were wheelchair accessible. The house was well equipped to meet any changing needs of residents as they become older.

Overall the provider had systems in place to ensure that residents enjoyed a good quality of life, and that their choices and rights were upheld.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and

preferences, preferred methods of communication were clearly recorded and the guidance followed in practice.

Judgment: Compliant

Regulation 11: Visits

Visits were facilitated and welcomed.

Judgment: Compliant

Regulation 12: Personal possessions

A record was kept of residents' personal possessions and valuables.

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 design and layout to the premises was appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, to have choice of meals and

snacks and to have access to any supports required.
Judgment: Compliant
Regulation 26: Risk management procedures
There were robust processes were in place to identify, assess and mitigate risks.
Judgment: Compliant
Regulation 28: Fire precautions
There was fire safety equipment throughout the centre and some fire drills had been conducted, but there was insufficient evidence that residents could be evacuated at night in the event of an emergency.
Judgment: Substantially compliant
Regulation 29: Medicines and pharmaceutical services
Structures and procedures were in place to ensure the safe management of medications.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Each resident had a personal plan in place based on a detailed assessment of needs. Plans had been reviewed regularly and person centred plans were available to residents in an accessible format.
Judgment: Compliant
Regulation 6: Health care

Provision was made for appropriate healthcare
Judgment: Compliant
Regulation 7: Positive behavioural support
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
The rights of residents were upheld, and the privacy and dignity of residents was respected.
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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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-0022624

Date of inspection: 24/07/2019

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:

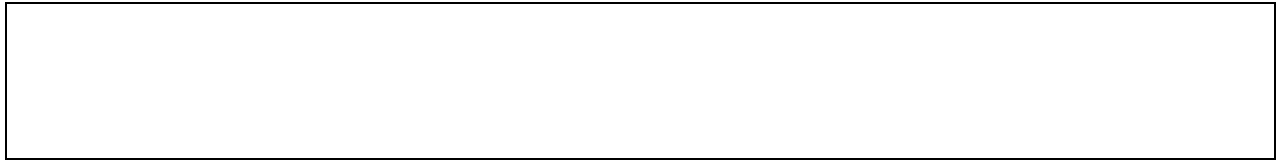
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The residential agreements have been reviewed and updated to accurately reflect fees being charged, each resident has received a letter from the Finance Department informing them of their updated residential charges for 2019.</p> <p>A letter has also been sent to the residents' representative to inform them of the updated residential charges and the Amended Residential Agreements have been communicated to all residents and their representatives.</p> <p>Timescale for Completion: Complete 02/09/19</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: There is a schedule in place for Day and Night time fire drills which are carried out Monthly</p> <p>The documentation has been revised to include a narrative of actions taken during the drill and also any recommendations highlighted following the drill. All recommendations are reviewed by the PIC to ensure that all actions are completed.</p> <p>Timescale for Completion: Complete 06/8/19</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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	02/09/2019
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.	Substantially Compliant	Yellow	06/08/2019