



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

Issued by the Chief Inspector

Name of designated centre:	Le Cheile
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	27 August 2021
Centre ID:	OSV-0005805
Fieldwork ID:	MON-0026052

About the designated centre

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

The designated centre Le Cheile is a four bedroomed dormer bungalow situated on the outskirts of a village in Co.Wexford close to the seaside. Le Cheile provides residential care services to one resident. Services are provided 24 hours a day, 7 days a week and 52 weeks of the year. The centre is staffed by social and health care workers at all times. The centre is managed by a person in charge. The team of workers support the resident to achieve goals set out in their personal plan. The centre provided specialised behaviour support under the guidance of a behaviour specialist. The house comprises of four bedrooms: two bedrooms which are double en-suite and two double bedrooms which have access to an adjacent bathroom. There is a large ground floor kitchen and dining area which opens out to a conservatory with two spacious sitting rooms adjacent. There are laundry facilities available. There is also a staff office and an education room for the resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

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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
Friday 27 August 2021	10:00hrs to 15:00hrs	Tanya Brady	Lead
Friday 27 August 2021	10:00hrs to 15:00hrs	Leslie Alcock	Support

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision regarding the centre's upcoming renewal of registration. The inspection took place during the COVID-19 pandemic and as such, appropriate infection prevention and control measures were taken by the inspectors to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and maintaining a two metre distance at all times.

This centre had been home to one young person until February 2021 and at the time of this inspection was vacant. Since February 2021 the centre has only been occupied for a couple of weeks on two occasions to provide an emergency placement for two residents. The management team told inspectors that there is currently no-one identified to move into this centre.

The centre is a large dormer bungalow situated on the outskirts of a village near the coast. The centre is positioned on a large site with garden to the front and rear of the property and a patio area to the side of the house. There was a recent change in the management of the centre with a new person in charge and new person participating in management having been appointed.

The inspectors found a number of areas that required improvement in order that good quality and safe services would be provided in this centre, in particular, governance and management and management of infection prevention and control and fire safety. These were discussed with the management team on the day of inspection and will be outlined in detail in the following sections of this report.

Capacity and capability

The provider's governance and management arrangements had ensured that the resident who had previously lived in this centre had been in receipt of care and support in-line with their assessed needs. However, improvement was required to the provider's governance and management arrangements to ensure compliance with both the regulations and the provider's own policies and procedures.

The provider has applied to increase the capacity of the centre to three from one and discussed the admission criteria and advised that staffing levels will be based on the residents and their needs. Currently there is no staffing team assigned to this centre. A new person in charge had been appointed to the role in May 2021 and they had responsibility for two other centres operated by the provider. The person in

charge told the inspectors that the current governance arrangements supported them to have the capacity to fulfil their role as person in charge for this centre.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete application for the renewal of registration of this centre was received within the required time frames. This application seeks to increase the number of residents from one to three.

Judgment: Compliant

Regulation 23: Governance and management

There had been a change in the management team of this centre recently, which clearly identified lines of accountability and authority.

However, the inspectors found that the oversight of the centre and in particular since February 2021 had been poor and improvement was required to the provider's governance and management arrangements to ensure compliance with both the regulations and the provider's own policies and procedures.

The provider had not ensured that unannounced six monthly visits occurred at the centre as required by regulation with one having last been completed in July 2020. The inspectors found that auditing and governance arrangements had not continued to ensure that the centre was safe and ensured compliance with both the provider's own policies and the regulations in areas such as fire safety arrangements or in the management of infection prevention and control. The new management team of person in charge and regional manager had completed audits in the month preceding the inspection to inform a baseline of actions required, however, reestablishment of systems were in their infancy as they had ceased on departure of the resident in February. In addition, the premises was put up for sale by the previous owner whilst being leased by the provider, which was found to impact on the operation of this centre, and HIQA were not informed of same.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the

service to be provided in the designated centre. There were a number of areas within the statement of purpose that required review to ensure it met the requirements of the regulations. These were highlighted on the day of the inspection and an updated statement of purpose is to be submitted by the provider.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared, implemented and made available the policies required by the regulations and outlined in Schedule 5. The inspectors found that these had been reviewed within the time frames as outlined in the regulations.

Judgment: Compliant

Quality and safety

The inspectors found that overall the monitoring of the quality and safety of care required improvement. The new management team in place had however, identified some areas for improvement and were striving to ensure that the return towards a full time service would provide a good quality of service to prospective residents.

The centre was found to be clean, warm, comfortable and homely including residents' bedrooms and the decoration of these will be amended to reflect the personal wishes and preferences of any resident who may move in. Improvements were identified to the external areas of the property and are highlighted below.

Regulation 17: Premises

Overall, the inspectors found that there was adequate private and communal space for residents and that the physical environment was clean. However, there were a number of areas in need of maintenance and repair such as areas that needed painting and holes from the moving of fixtures to be filled. The provider has recently purchased this property and as such had identified areas for maintenance with some areas on hold so they can be decorated in line with prospective resident wishes.

Externally the centre is surrounded by large gardens and an enclosed patio area. Work was required to ensure that the external areas were safe and appropriate for

any children that move into the centre. There was a water feature that if used required a safety cover, in addition to a disused dog kennel and dog run that was in poor repair. No play equipment or recreational equipment was as yet available in the garden.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had an up-to-date health and safety policy in place and had an emergency plan for the centre which was clear, detailed and had been recently reviewed.

The registered provider had risk management arrangements in place at the centre and the inspectors found that these had identified all possible environmental and centre specific risks with implemented control measures in place. Some of the risks had control measures in place that were not adhered to while the centre was vacant such as fire safety checks however these are reflected under other specific regulations within this report. As there was currently no resident living here there were no individualised risks for the inspectors to review

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had taken steps in relation to infection control in preparation for the possible outbreak of COVID-19. There was a COVID-19 preparedness and service planning response plan which was in line with the national guidance, with policies and protocols was in place. However, not all of the guidelines and procedures were up to date and centre specific for example the standard operating procedure for management of COVID-19 had not been updated since January 2021. The provider had completed the HIQA Self-assessment tool for preparedness planning and infection prevention and identified that the regional manager will lead the preparedness and response along with the person in charge in the event of an outbreak.

The centre appeared visibly clean and sufficient personal protective equipment was available at all times and there was adequate access to hand-washing facilities and/or hand sanitising gels. The person in charge had developed systems to ensure regular cleaning of the premises including an in-depth monthly audit to ensure furniture, fittings and upholstery were cleaned. However, there were gaps in the daily cleaning schedule and a number of the weekly cleaning records were not

available to the inspectors on the day of the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre on the day of inspection. Evidence of servicing of equipment in line with the requirements of the regulations was not available on the day of inspection however, it was provided to inspectors the following day.

Inspectors found that the weekly and daily checks and testing of fire fighting equipment were not taking place in line with the providers policy as arrangements were not in place for periods when the centre was vacant. During one period of occupancy as an emergency stay it was noted that fire extinguishers had been removed from their mountings to manage an assessed need however it was unclear whether these remained accessible to staff.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Le Cheile OSV-0005805

Inspection ID: MON-0026052

Date of inspection: 27/08/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Post inspection the Person in Charge has continued to ensure that weekly checks occur within the centre while there is no resident present to ensure appropriate oversight in the areas of:</p> <ul style="list-style-type: none">• Cleaning schedules• Infection control procedures.• Fire checks by PIC• Fire servicing by External Fire Servicing Company. <p>Commenced 30th August 2021 and ongoing weekly.</p> <p>The Person in Charge in conjunction with the Person Participating in Management has activated a monthly auditing system in place to ensure appropriate oversight while there are no current residents residing in the centre.</p> <p>Commenced 30th August 2021 and ongoing monthly.</p> <p>The Registered Provider will ensure an unannounced six monthly visit will occur before the 1st December 2021.</p> <p>The Person in Charge will:</p> <p>Upon admission of a new resident the Registered Provider in conjunction with the Person in Charge will ensure that the following systems are in place:</p> <ul style="list-style-type: none">• Daily audits completed by PIC.• Weekly audits completed by the PIC.• Monthly audits as set out by Regional Manager and completed by PIC. <p>Quarterly audits completed by Regional Manager in place verifying the auditing schedule that the PIC has completed throughout months previous.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Registered Provider reviewed and updated the Statement in Purpose to ensure it met the requirements of the regulations.</p> <p>The Registered Provider submitted the updated version of the Statement of Purpose to the regulator on 30th September 2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Post inspection the Registered Provider completed a review of required maintenance internally and externally within the Designated Centre.</p> <p>Any internal repairs works have been completed by the maintenance team. 2nd September 2021.</p> <p>The Registered Provider will continue to enhance the internal presentation of the centre post admission of the centre to ensure its in line with the prospective resident wishes and preferences.</p> <p>Any external works have been reviewed and completed by the maintenance team. 10th September 2021.</p> <p>The Registered Provider will purchase the required recreational equipment for the external areas once a resident has been identified to move into the centre.</p>	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection	

against infection:

Post inspection the Registered Provider in conjunction with the Person in Charge has reviewed the local operational procedure in relation to the management of COVID-19, this will continue to be reviewed monthly by the Person in Charge.

15th September 2021

The Person in Charge has ensured that a weekly cleaning schedule is in place to ensure appropriate and in-depth cleaning systems are in place.

Commenced 30th August 2021 and ongoing weekly.

Once a resident has been identified to move into the centre. The Person in Charge shall ensure daily, weekly and monthly cleaning schedules are implemented.

All cleaning records will be stored within in the centre going forward for inspection if required.

30th August 2021.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Post inspection the Person in Charge has continued to ensure that weekly checks occur within the centre.

30th August 2021 and ongoing weekly.

The Registered Provider reviewed and updated the Fire policy post inspection to consider the required checks completed when there are no residents residing in the premises.

30th August 2021

All servicing records will be stored within the centre going forward for inspection if required.

30th August 2021.

All firefighting equipment are now secured in the appropriate mountings

30th August 2021.

Once the resident has been identified to move in, the Registered Provider will ensure if the need arises for the equipment to be moved in the future a more suitable and secure option will be provided.

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)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	10/09/2021
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	30/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Substantially Compliant	Yellow	30/08/2021

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	01/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	15/09/2021

	infections published by the Authority.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/08/2021
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	30/08/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/08/2021
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	30/09/2021