



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:	18 May 2021
Centre ID:	OSV-0004752
Fieldwork ID:	MON-0032908

About the designated centre

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

Le Cheile consists of two large one-storey detached houses located on a campus setting on the outskirts of a city. Both of the houses can provide a home for seven residents each. Overall the centre can provide full-time residential care for a maximum of 14 residents over the age of 18 of both genders with intellectual disabilities. Each resident in the centre has their own bedroom and other facilities throughout the centre include dining rooms, living rooms, kitchens and bathrooms amongst others. Residents are supported by nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 - 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
Tuesday 18 May 2021	14:55hrs to 17:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This inspection took place immediately after another inspection of a different designated centre operated by the same provider on the same campus. As the inspector was minimising their movement on the campus, on account of COVID-19, none of the houses of this centre were visited by the inspector. This meant that residents living in this centre were not met with on the day of inspection although the inspector did review some documentation relating to the centre.

As part of this the inspector did review some feedback from family members of residents that was provided for the centre during the most recent provider unannounced visit conducted for the centre. In this it was indicated that one family member stated their relative was very happy and that the centre was like home to them. Another family member indicated that staff were very welcoming when visiting while creating a positive atmosphere within the home.

Family members and residents were also involved in the development and reviews of residents' individual personal plans through person-centred planning that was followed in this centre. This supported residents and families to highlight information of importance for residents that helped in the identification of goals for residents to achieve. The inspector reviewed one resident's personal plan and noted that goals identified for this resident including improving their independence and supporting them to be more engaged in the community.

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 on the quality and safety of the service being delivered.

Capacity and capability

A range of training had been provided to staff who worked in this designated centre. The provider had not made progress with a plan to address fire safety concerns.

This designated centre, which was based on a campus setting, had recently had its registration renewed until March 2024, following significant regulatory activity by HIQA. This renewal of registration was only granted with a restrictive condition which reflected a plan to enhance the overall governance of all designated centres on the campus and also to improve the fire safety systems across the overall campus. This involved two houses which were previously part of this centre, becoming part of other designated centres on the campus as part of a reconfiguration of centres. The plan which informed the restrictive condition outlined

specific dates when fire safety upgrades were to be carried out for the two houses which currently made up this centre.

In line with this plan, one house of this designated centre was due to have its fire safety works completed by 4 May 2021 with the residents of that house having transitioned elsewhere to enable such works to be carried out. Prior to this inspection, HIQA had been informed that the fire safety works for this building had yet to commence and this situation remained unchanged. It was indicated that these works had been delayed by the provider due to an internal transition of a resident from another designated centre on the same campus, being transitioned into the previously vacated house meaning that works did not commence.

While the inspector acknowledged the reasons behind this transition, it served to delay progress with the overall fire safety plan which could possibly result in similar delays being encountered by other designated centres on the campus. At the time of this inspection, the provider was in the process of completing a plan which would enable this house to be again vacated. The inspector was informed that once this happened fire safety upgrade works would begin.

It was seen though that the provider had been carrying out key regulatory requirements such as conducting their own unannounced visits to the centre to monitor the quality and safety of care and support provided to residents. Reports were maintained of such visits with the inspector provided with a copy of the most recent visit report carried out in April 2021. It was noted that these reports focused on the supports provided to residents in the centre. An annual review, another regulatory requirement, had also been carried out for the centre for 2020. This was noted to include consultation with residents and their families but this annual review did not provide a clear indication of residents' lives in this centre.

To help ensure that residents were supported while living in this centre, the provider had provided staff with a range of training in various areas such as food safety, manual handling, hand hygiene, fire safety and safeguarding. Rosters were kept for this designated centre also. When reviewing these rosters, the inspector noted that a high number of staff had worked in this centre during 2021 which had the potential to impact the consistency of staff support provided to residents. It was also noted that the staff rosters maintained for one house did not clearly indicate who actually worked in that house on a given day.

Regulation 15: Staffing

From rosters reviewed it was noted that a high number of staff had worked in this centre in 2021. Rosters maintained for one house required review to ensure that they accurately reflected who was working in the house.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A range of training was provided to staff in areas such as food safety, manual handling, hand hygiene, fire safety and safeguarding.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not made sufficient progress with an overall plan submitted to HIQA to improve fire safety. The 2020 annual review did not provide a clear indication of the care and support received by residents

Judgment: Not compliant

Quality and safety

Individual personal plans were in place which were subject to regular review and outlined the supports to be provided to residents. Improvement continued to be required regarding the overall fire safety systems in place.

From previous regulatory activity on this campus, HIQA were aware that the premises provided for this centre required upgrades to ensure that they had satisfactory fire safety systems in place particularly regarding fire containment measures. This situation remained unchanged during this inspection. Fire containment measures are important in preventing the spread of fire and smoke while also ensuring that residents have a protected means of evacuation if required. However, the provider was making efforts to mitigate the potential risks from fire pending completion of upgrade works.

These included ensuring that the fire safety systems in place, including fire alarms, emergency lighting and fire extinguishers, were subject to regular maintenance checks by external contractors to ensure that they were in proper working order. It was also noted that staff in the centre were carrying out daily fire safety checks. Fire drills were also being conducted and it was noted that following previous regulatory engagement, the processes followed when evacuating the centre had changed. Records reviewed indicated that all staff had undergone fire safety training although some training was outstanding for staff in the use of particular personal protective equipment (PPE) which was intended to help in the evacuation of residents if required. It was acknowledged that this training had been

delayed on account of COVID-19.

Personal emergency evacuation plans were in place for residents outlining the supports they needed in the event of an evacuation being required. Guidance was also available in how to support residents' assessed needs in their individual personal plans. The inspector had an opportunity to review the personal plan of one resident. It was seen that it outlined the supports to be provided to this resident, was regularly reviewed and was also subject to multidisciplinary input as required. A person-centred planning process was also followed which allowed this resident and their family to be involved in the review of their personal plan.

Regulation 28: Fire precautions

The fire safety systems in place were inadequate particularly regarding fire containment measures. Some staff had yet to receive training in PPE which was intended to help in the evacuation of residents.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

One resident's personal plan was reviewed during this inspection which was noted to have been regularly reviewed, subject to multidisciplinary review and allowed for the resident's participation via a person-centred planning process.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Le Cheile OSV-0004752

Inspection ID: MON-0032908

Date of inspection: 18/05/2021

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 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"> • The PPIM met with night manager on the 19th May regarding the cross-over of night staff & updating the roster if/when changes occur. • The PIC has access to planned rosters at all times. • PIC will review roster forwarded for night manager following each pay-period to review. • There is a core staff who work in the designated centre. Planned and unplanned leave is covered with staff who are familiar to the area in as far as possible in the context of HR contracts and COVID protocol. • The recruitment of nursing staff is ongoing with HR and every effort is made to meet the skill mix required. There is a new staff nurse commencing on the 05.07.2021 in this centre. • Risk assessment is in place to identify the risk arising from not meeting skill mix and ensure mitigations are in place to address the risk. This is now reflected in the Statement of purpose and function. • Separate roster identifying each individual working in each house will be created. 	
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"> • The capital project, as set out in the Fire Safety and Decongregation plan submitted HSE in November 2019 was approved on 21st September 2020. • To progress these upgrade works 7 gentlemen from one bungalow in the designated centre transitioned to another designated centre to allow for fire and premises upgrades to commence. This transfer took place on 27th November 2021 in line with HIQA plan. 	

- Specification and design for the project was completed by a fire safety engineer and an EU tender was processed and a contractor appointed.
- This work has unfortunately been delayed due to impact of Covid-19 pandemic and the emergency placement of a resident in one house within the designed centre that had been vacated to facilitate the upgrade works.
- The emergency admission is awaiting for another designated centre to be registered and once completed the resident will transition and works will commence.
- A review of the template for the Annual review will be completed to reflect the care and support received by PSS. This review will inform the annual review process for 2021.

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 has unfortunately been delayed due to Covid-19.
 - The emergency admission is awaiting for another designated centre to be registered and once completed will transition.
 - It is planned that the fire safety upgrade will commence immediately following this transfer. These works have been approved.
 - First responders training has being completed with relevant staff.
 - Training on the use of specialised PPE will commence in July with the fire safety engineer once staff have received their second vaccination.
 - All bungalows in the designated centre will be upgraded for fire safety compliance by May 2023 as set out in plan submitted to Hiqa on 21st September 2020.

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	05/07/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	05/07/2021
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	Not Compliant	Orange	31/05/2021

	to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2021
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	31/07/2021