

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Le Cheile
Centre ID:	OSV-0005457
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Louise Renwick
Support inspector(s):	Gary Kiernan
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	5

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 September 2016 10:05 To: 30 September 2016 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by the Health Services Executive (HSE) to open a new designated centre in Westmeath. At the time of inspection, the provider had identified five potential residents to move into this centre. This move to a community based designated centre would see the closure of the last campus-based centre in the HSE Westmeath region.

How we gathered our evidence:

Inspectors met the person in charge, two people participating in the management of the centre, a senior manager and four staff members. Inspectors also had the opportunity to spend time with the five proposed residents who visited the centre during the inspection along with two family members. Inspectors reviewed all template documents that would be in place such as care plans, person centred plans, behaviour support plans, fire safety documentation and policies and procedures. Inspectors also reviewed the statement of purpose and template contracts of care.

Description of the service:

The proposed designated centre was a large detached bungalow located in a small town in Westmeath. The building was fully wheelchair accessible and was finished to a high standard. The provider's written statement of purpose outlined that this centre would cater for male and female adult residents over the age of 18 years with intellectual disabilities and autism. The provider was applying to register for five residents.

Overall judgment:

Inspectors found that the provider had appropriate policies, procedures, documentation and review systems in place to ensure compliance. A number of staff had already been identified to work in this centre and mandatory training had been provided. The premises provided ample private space for residents and were finished to a very high standard. There would be access to a wide range of allied health care professionals and multidisciplinary team members for residents living in the centre.

As this was a new application to open a designated centre, inspectors reviewed evidence with a view to determining if the provider would be compliant once the centre became operational. A follow up inspection will be carried out in the coming months to verify that the centre was operating in line with the Regulations and providing a good quality service to residents. One area of improvement was required in relation to ensuring a site specific risk assessment was completed to identify any potential risks for residents transitioning and moving into the centre.

Findings are outlined in the body of the report and in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was a complaints policy in place along with template documentation for the recording, reviewing and follow up of complaints. Inspectors saw an easy read and photographic version of the complaints procedure in the centre for residents to use. Information on complaints was also included in the statement of purpose and residents' guide. Some proposed residents would require the support of a staff, family member or advocate to voice complaints should they arise. There was information on a local self advocacy group along with a named independent advocate available if required.

Inspectors found that there would be a process of seeking residents' input into the day to day decisions within the designated centre. Weekly resident forums would be held each Sunday, which had a pictorial agenda and minutes would be recorded. For example, to plan out weekly menus and activities. Communication assessments along with advice from a speech and language therapist would be sought once residents moved in to ensure a total communication approach was encouraged. This would assist residents with alternative communication to have their opinions and choices heard.

Each resident would have their own personal bedroom, some of which had en suite facilities, this would promote residents' privacy. Intimate care plans would be drawn up as part of the personal plan within 28 days of admission and personal information would be stored securely.

Inspectors determined that the provider had systems, policies and documentation in place to promote consultation, rights and dignity of residents. This will be verified at the follow up inspection.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The proposed residents identified to move into this centre would require ongoing support with their communication. Inspectors found that assessments had been done which outlined the abilities and supports that residents may need to communicate effectively. Inspectors were informed that a speech and language therapist would visit the house once opened to advise residents and staff on a total communication approach. Inspectors saw evidence of the use of photographs, symbols and basic sign language within the assessments and template documentation.

Through observations, inspectors found that staff were attuned to the manner in which individual residents communicated their needs and wants.

Inspectors were informed that the centre would have a landline telephone, internet access along with television and radio points and residents would be informed of local events and community news.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were informed that connections with families, friends and the wider community would be promoted in the designated centre. Inspectors were informed that residents would continue to be supported and assisted to visit family and friends when they had moved to the proposed centre.

Person centred planning templates would gather information on the most important connections in residents' lives and what supports would be needed to continue these relationships.

Inspectors saw evidence that proposed residents had visit the church and other amenities in the location to assist in their transition. Staff had found out about events and facilities of interest in the local community. For example, bingo.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The requirements for admissions to this designated centre were outlined in the statement of purpose along with the admissions policy. This centre was proposing to cater for adult residents with intellectual disabilities and autism.

The proposed centre was owned by a housing association and as such proposed residents would have a tenancy agreement. The inspector reviewed templates of written residential agreements that would be in place to determine the services, supports and facilities to be offered within the centre by the HSE. These would be signed on admission by residents or their representatives.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that proposed residents' needs had been assessed and the person in charge was aware of the supports required. Inspectors reviewed the templates documentation that would ensure the ongoing assessment of residents' personal, social and health care needs. Based on these assessments, personal plans and care plans would be drawn up within 28 days and template reviewed were inclusive of all aspects of a person's life. There would be a process of review undertaken routinely to ensure plans were addressing any needs identified.

Residents would be encouraged to be social and integration into the new community would be encouraged. A specific assessment tool to determine residents interests and participation in activities had been undertaken. This would lead the development of individual's daily plans and staffing hours would be flexible to facilitate weekly activities.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

This proposed centre was a recently refurbished detached bungalow in a small community in Westmeath. The centre was all on one level and had been renovated to promote accessibility. Each resident would have their own bedroom, with two bedrooms having additional en suite facilities. There was an adequate number of bathrooms and communal spaces in the centre which would allow for visitors to be met in private if residents' so wished. There was an accessible garden patio area to the back of the building with appropriate outdoor furniture and inspectors spoke with the person in charge about plans to create an accessible sensory garden. There was also a secure courtyard area for residents' use.

There was two living rooms, a dining room, kitchen along with two bright areas of the centre identified as seating areas. The outdoor spaces along with the communal areas available would provide for privacy should residents' wish to spend time alone. Inspectors observed potential residents being supported with ease around the building.

Inspectors determined that the requirements of Schedule 6 would be met with regards to adequate lighting, ventilation and heating.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors reviewed policies and procedures and found that the documentation as required by the Regulations were in place. For example, a risk management policy, health and safety statement, and an emergency plan. There were template documentation available for the assessment of risk and risk management. Inspectors identified one area in need of address in relation to a site specific risk assessment to ensure all potential risks in the new centre were identified and controls put in place if required. This needed to be addressed in advance of residents moving into the centre.

The inspector found that the provider had ensured a fire detection and alarm system along with an emergency lighting system had been put in place in the designated centre, and there was a contract in place for the routine checking and servicing by a relevant fire professional. Fire extinguishers and equipment were located around the centre. The centre was fitted with fire doors and fire exits were clearly identified. Staff had received training in fire safety and a date was set for further training within the

designated centre in October 2016 with a fire professional. The person in charge had ensured personal evacuation plans had been drawn up for each potential resident which would be amended if necessary following the first fire drill.

There were policies and procedures in place with regards to infection control and staff had training available to them in manual and patient handling which would be routinely refreshed.

There was procedures in place for the recording and review of accidents, incidents and adverse events. Along with this audits and unannounced visits would ensure these areas were reviewed as part of the ongoing monitoring of the safety and quality of care.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the provider had ensured measures were in place to protect residents and safeguard them from harm. There were policies and procedures in place to support the safeguarding of residents in the following areas:

- the prevention, detection and response to abuse
- supporting individuals who present with behaviours of concern
- the use of restrictive interventions
- the provision of intimate physical care.

On review of the policy for the prevention, detection and response to abuse the inspector found that it outlined a process in line with national guidelines. The person in charge was aware of their responsibility in dealing with any allegations or suspicions of abuse or concern.

There was mandatory training in place for staff identified to work in this centre in the protection and welfare of vulnerable adults and this was routinely refreshed. Staff who spoke with the inspector could outline different types of abuse, possible indicators and

how they would respond to an allegation or suspicion should one arise. There was a named designated officer identified. Training was also provided in the Management of behaviours of concern.

The person in charge outlined that a restraint free environment would be promoted in the centre. As mentioned, there were policies and training plans in place in relation to this. There were template documentation in relation to the monitoring of restrictive interventions if they were deemed necessary. This will be reviewed on the next inspection to determine if the use of restraint is in line with best practice. I.e the least restrictive measure for the shortest duration.

Inspectors found that residents would be supported with behaviours of concern through the use of proactive and reactive strategies as suggested and overseen by a psychologist along with behavioural therapists. Residents would have a behaviour support plan detailing supports required and how staff should respond.

Inspectors saw template intimate care plans within the personal plans that would be in place for residents along with clear information on communication and how residents express dissatisfaction, pain or upset.

The policy on the recruitment of staff outlined the need for Garda Vetting disclosures to be obtained for all staff. Inspectors reviewed a sample of staff files and found that this had been sought for staff.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the person in charge were aware of their requirements to notify HIQA of any event listed under regulation 31. There would be a system of recording and reviewing incidents, accidents and adverse events in the designated centre.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were informed that residents wishes in relation to interests, hobbies and activation had been assessed using a valid tool and this information would assist in determining the supports each resident would require. Residents in this centre would continue to have sessional access to day services along with exploring new opportunities to participate in the community.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that residents would have access to a range of allied health care professionals such as general practitioners (GP), occupational therapist, physiotherapists, tissue viability nurse and speech and language therapists to name a few. There would be a staff nurse on duty in the designated centre on a 24 hour basis.

Records would be maintained of appointments and referrals with health professionals and information and advice would be included within residents' personal plans. Template documentation was reviewed and inspectors found that an annual review along with ongoing nursing assessments would be completed for residents. Validated tools would be used to continue to monitor residents health needs in areas such as nutrition and risk of falls.

As this is a new centre, food and nutrition will be reviewed at the next inspection. Inspectors found that policies and procedures were in place regarding protected mealtimes, the monitoring of nutritional intake and the promotion of healthy eating. Inspectors also saw evidence of access to speech and language therapists, dieticians and tissue viability nurses. Inspectors were informed that residents would be supported to make choices around meals by using photographs and alternative communication.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the provider had put systems in place that would promote safe medicines management in the centre.

The provider had ensured adequate policies and procedures to guide staff in the management of medicines. Staff nurses would administer medicine in the centre and care staff would be trained in the administration of rescue medicine where deemed necessary.

Inspectors was informed that each resident would have a medication folder which included template prescription and administration records and the protocol for the use of p.r.n (as required) medicines.

Inspectors reviewed the facilities available for the secure storage of medicine and found that it would be suitable and secure once in use.

The person in charge would monitor and review any medication errors should they occur and take action to address same.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that there was a written statement of purpose in place which was a true reflection of the services and facilities on offer in the designated centre. The statement of purpose included all requirements of Schedule 1.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the provider had planned for effective management structures and systems to be in place to monitor the safety and quality of care for residents.

Inspectors found that there would be clear lines of reporting, with staff reporting to the person in charge. The management structure consisted of an assistant director of nursing, director of nursing, disability manager and the provider nominee. There was a system of meetings and communication in place between the different persons involved in the management of the centre and the provider.

The provider had appointed a staff nurse as person in charge of the designated centre who worked full time. Inspectors determined that the person in charge was suitably

skilled, qualified and experienced as required by Regulation 14. The person in charge demonstrated that she was aware of her regulatory responsibilities.

Inspectors met with the disability manager who was representing the provider nominee during the inspection and found that she had a good understanding of the responsibilities of the provider and was engaging in the process.

The provider had systems in place to review and monitor the care, support, safety and quality of the centre. For example, inspectors reviewed a template of the schedule of audits and unannounced inspections of the centre once it was operational. There would also be an annual review as required by regulation 23. The effectiveness of these systems will be reviewed at the next inspection.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The provider was aware of the requirement to notify HIQA of any long term absences of the person in charge as outlined in the Regulations. For short term leave or holidays the assistant director of nursing (ADON) was the person identified to act formally in the absence of the person in charge, along with the assistance of the nursing staff on duty.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the centre would be resourced effectively to ensure the provision of service to residents. There was a number of staff identified to work in the centre that would provide adequate staffing cover and three vehicles would be available to cater for the transport needs of resident

The premises met the requirements of Schedule 6 with regard to suitable heating, lighting and ventilation and appropriate furnishings and equipment had been ordered.

At the time of inspection the inspector found no apparent concerns relating to the provider's ability to effectively resource the designated centre.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A number of staff had been identified to work in the designated centre. Inspectors were shown a sample roster which outlined that there would be four staff on duty each day to cater for five residents. One staff nurse and four care assistants, with the fourth care assistant having flexible shift times to promote social activation and the weekly activities of residents. Inspectors were informed that there would be two staff on duty each night inclusive of a staff nurse, and these would be waking shifts. Staffing ratios would be reviewed as part of the next inspection when residents had moved into the centre.

Inspectors found there to be a system in place to ensure staff were offered and completed a range of mandatory training. For example, fire safety, manual handling and safeguarding of vulnerable adults. Refresher training would be provided to staff and the person in charge would ensure that all training needs were identified.

Inspectors were told that the person in charge would carry out performance reviews and supervision with staff members and there were templates available to document this. Staff team meetings would be held monthly and also documented.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found that the provider had organisational policies and procedures in place as required by Schedule 5 of the regulations. For example, medicines management, unexplained absence of residents and risk management. Some policies would require review and additional procedures once the centre was operational to ensure they were centre specific.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations would be in place, based on the templates reviewed. The inspector was informed that a directory of residents would be maintained and kept up-to-date.

The inspector reviewed a sample of staff records for the designated centre and found that they were maintained in line with Schedule 2 of the Regulations. For example, had proof of qualifications and Garda Vetting.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Le Cheile
Centre ID:	OSV-0005457
Date of Inspection:	30 September 2016
Date of response:	20 October 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A site specific risk assessment was required to ensure all potential risks were identified throughout the transition into the centre.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

A site specific risk assessment has been completed to ensure all potential risks in the new Designated Centre have been identified and controls are in place.

Proposed Timescale: 19/10/2016