



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

## Issued by the Chief Inspector

Name of designated centre:	The Chalet
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	21 November 2024
Centre ID:	OSV-0008194
Fieldwork ID:	MON-0045024

## About the designated centre

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

The Chalet is a short term residential service located on an institutionalised/campus style setting in County Westmeath. However, it is only ever used on a temporary, short-term basis when residents (from the Health Services Executive midlands region only) need to move out of their existing homes for emergency situations such as refurbishment works or for self-isolation purposes due to Covid-19. The maximum occupancy at any given time is 6 residents. In line with the conditions of registration for this centre and in line with the Statement of Purpose, residents can only reside in this centre for a maximum of four weeks. Regular and familiar staff accompany residents to this service so as to ensure consistency and continuity of care. Whilst residing in this service residents regular routine and activities are maintained unless in the case of self-isolation purposes. Continued family contact and relationship building are supported and residents are also facilitated to attend their regular GP and all other allied healthcare-related appointments as required. A directory of residents is maintained for residents when using this service. The house comprises of a detached six single bedroom bungalow and other facilities include a fully fitted kitchen, a TV/sitting room, a dining room, a communal bathroom and two communal rest rooms. There is a large garden/patio area to the front of the house with ample room for private parking.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

0

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 21 November 2024	11:00hrs to 12:20hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

This was an announced inspection following the registered providers application to renew the registration of the centre. This centre provides residential care to residents on a temporary basis. Overall, the inspector found that the premises were adequate to meet the needs of the residents for the stated purpose of the centre to provide temporary accommodation to residents on a short term basis. However minor improvements were required in risk assessments.

The inspection was completed over one day and was facilitated by the person in charge. There were no residents using the service at the time of this inspection.

The inspector reviewed the premises and pertinent information like fire safety, risk management systems, the governance and management of the centre and the arrangements outlined in the Statement of Purpose for the centre.

The premises while institutional in style, were found to be generally clean and tidy and had an area to the back of the property that residents could sit out in.

The person in charge explained to the inspector that when residents availed of this facility, familiar staff and managers were deployed to the centre to support them. An admission booklet was in place which included checks and arrangements that needed to be conducted prior to and when the residents were moving to this centre. For example; residents were able to have their own beds transferred if they wished for the duration of their stay. Mobility aids such as hoists would also be available should residents require them. Transport would be provided which enabled the residents to enjoy social outings and engage in their usual routines.

The following two sections of the report will present the findings of the inspection in more detail with regard to the capacity and capability of the provider and the quality and safety of service provided.

## Capacity and capability

There was a defined management structure in place that included a person in charge. The person in charge had arrangements in place to monitor and review the safety of care in this centre.

The inspector reviewed documents such as audits and reviews that had been completed in the centre. These reviews were ensuring that fire safety issues and

maintenance issues were being monitored and addressed where required.

The statement of purpose laid out the aims and objectives of the centre, which was to provide temporary accommodation for residents on a short term basis.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre in a timely manner.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a qualified nursing professional with a management qualification. They also had significant experience managing and working in the disability sector.

On the day of the inspection they were found to be aware of their legal remit under the regulations. The person in charge was also in charge of another designated centre under the remit of this provider. The inspector found that this was not impacting on the oversight of this centre at the time of this inspection.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider maintained a directory of residents for the centre.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider submitted up-to-date insurance details as part of their application to renew the registration of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

The management structure in the centre included a person in charge who reported to an assistant director of nursing. The person in charge and the provider had systems in place to audit, review and monitor the care being provided. There were also key personnel in the wider organisation to manage specific areas of care like health and safety. For example; a health and safety audit had recently been conducted in November 2024 which showed that there had been no adverse incidents in the centre over the last twelve months. The person in charge had also completed a hygiene audit which identified some areas for improvement. These areas had been addressed at the time of this inspection.

The registered provider had also ensured that six monthly audits and an annual review had been conducted for the centre.

Although the centre was vacant most of the time, the person in charge ensured that regular weekly checks were conducted in the centre, some of which included fire equipment being serviced and ensuring that the centre was clean and well maintained.

The registered provider also had systems in place to ensure that the centre was adequately resourced should residents stay in this centre on a temporary basis. For example; staff and managers who knew the residents would transfer to this centre to support the residents. This also ensured consistency of care.

Judgment: Compliant

## Regulation 3: Statement of purpose

The Statement of Purpose laid out the aims and objectives of the centre and included; the admission process when residents are being admitted to the centre, the staffing arrangements and assurances that staff will have the required training to meet the needs of the residents. For example, it outlined that residents can only reside in this centre for a maximum of four weeks. Regular and familiar staff accompany residents to this service so as to ensure consistency and continuity of care. Whilst residing in this service residents regular routines and activities are maintained unless in the case of self-isolation purposes. Continued family contact and relationship building are supported and residents are also facilitated to attend their regular GP and all other allied health care related appointments as required.

The Statement of Purpose had been updated and reviewed in line with the times

laid out in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their remit to notify the chief inspector when adverse incidents occurred in the centre.

Judgment: Compliant

## Quality and safety

There were no residents residing in this centre at the time of this inspection. The centre was used on a temporary basis to provide short term residential care to residents who may require it. As such the inspector reviewed pertinent regulations regarding the safety of care and the premises. A minor improvement was required in risk management.

The premises were clean tidy and kept in a reasonable state of repair. There were six bedrooms and adequate bathroom facilities for residents.

There were systems in place to manage risk. However, some risk assessments required review going forward to ensure that they outlined the measures to mitigate risks should residents use this centre on a short term basis.

The registered provider had systems in place to ensure that fire safety measures were reviewed. For example; all equipment was being serviced annually or every quarter.

### Regulation 17: Premises

The premises were adequate, clean and consisted of six bedrooms which had adequate storage facilities to store residents personal belongings. There was adequate toilet and bathing facilities. The kitchen and sitting room were open plan and there was a separate dining room and utility room.

The registered provider had systems in place to ensure that the centre was being maintained. For example; a health and safety audit had been conducted which showed that all fire equipment was being serviced. The boiler in the centre had also



being recently serviced along with the beds.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had systems in place to manage risk. Given that the centre was only used on a temporary basis, the person in charge also had arrangements to ensure that the equipment in the centre was maintained in good working order.

However, improvements were required in three risk assessments. The first one related to the risk assessment for the management of legionella disease. This did not provide sufficient detail about the required temperature of the water when drains were being flushed. Given that the centre was rarely occupied, the inspector was also not assured from the documents that the current system of flushing drains was sufficient to mitigate this risk. The person in charge agreed to follow this up with maintenance personnel.

The second risk assessment related to ensuring that electrical equipment was periodically tested on an annual basis. This required review going forward. The person in charge informed the inspector that the registered provider was in the process of addressing this.

The third risk assessment related to the admission process in the centre. The person in charge had numerous checklists to be completed when the residents moved into the centre. The person in charge also outlined that prior to residents moving in, the centre was cleaned and equipment was checked to ensure it was working. However, this was not included on a risk assessment to assure that all these control measures were documented and implemented.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The registered provider had implemented the actions from the last inspection which included some minor repairs to tiles in the bathroom and paintwork to be updated. The person in charge had recently conducted a hygiene audit in the centre, some minor actions were required which had been completed. For example, the windows needed to be cleaned and this was completed at the time of this inspection.

One minor improvement was required to ensure that a towel dispenser was in place in one toilet and the person in charge agreed to put one in place.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had systems in place for fire safety. Fire equipment had recently been serviced. The centre was last occupied in August 2024 and the inspector viewed a fire drill that had been conducted with the residents at that time. This record indicated that all residents could evacuate the centre in a timely manner.

The registered provider had also had fire doors recently serviced and the inspector was provided with a report the day after the inspection to verify that the no further actions were required following this service.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant

# Compliance Plan for The Chalet OSV-0008194

Inspection ID: MON-0045024

Date of inspection: 21/11/2024

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The designated centre has been included in the Legionella control contract and will be tested every six months. The first testing will be completed by 31st December 2024. The PIC has reviewed the risk assessment and included all additional control measures on 02nd December 2024.</p> <p>The designated centre will have Portable Appliance Testing conducted yearly. The first testing of the electrical equipment will be conducted by 31st March 2025. The PIC has completed a risk assessment in respect of this and the portable appliance testing is included in additional control measures identified. The risk assessment was completed on 02nd December 2024.</p> <p>The PIC has completed a risk assessment to include all control measures identified and in place in respect of admissions to the centre. The risk assessment was completed on 02nd December 2024.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2025