



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

Name of designated centre:	Teach Saoire
Name of provider:	G.A.L.R.O. Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	27 November 2018
Centre ID:	OSV-0005726
Fieldwork ID:	MON-0024126

About the designated centre

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

The service provided was described in the provider's statement of purpose, dated September 2018. The centre provided a respite service to 36 adults with an intellectual disability, autism or individuals who display behaviours of concern relating to their diagnosis. The centre was registered to provide a service to no more than six residents at any one time. At the time of this inspection, three residents were availing of respite based on their assessed needs and support requirements. The centre consisted of a large detached house which was located in a rural setting but in close proximity to a large town. Each of the residents availing of respite had an individual bedroom with en suite facilities. There was a good sized enclosed garden to the rear of the centre for use by residents. This included a seating area, built in trampoline, tennis court and nest swing. The centre had been registered as a new designated centre at the end of May 2018 and the first residents to avail of respite in the centre were admitted on the 30 July 2018.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

To prepare for this inspection the inspector or 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
27 November 2018	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspector met with each of the three residents who were availing of respite at the time of inspection. The inspector observed warm interactions between the residents and staff caring for them. One of the residents told the inspector that they enjoyed coming for visits to the centre and of the many activities that they partook in while visiting. Two of the residents were unable to tell the inspector their views of the service but were observed to be in good spirits.

There was evidence that residents and their family representatives were consulted with and communicated with regarding the respite stay and care provided. The inspector did not have an opportunity to meet with the relatives of any of the residents availing of respite at the time of inspection but it was reported that they were happy with the care and support their loved ones received whilst availing of respite. The inspector reviewed a log of compliments recorded from relatives which indicated that they were very happy with the service and the care that their loved one was receiving.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the resident's needs.

The centre was managed by a suitably qualified, skilled and experienced person who had a good knowledge of the care and support requirements for residents availing of respite in the centre. The person in charge was in a full time position and was not responsible for any other service. She was supported by a deputy manager. The person in charge held a degree in applied social studies and a masters of arts in child and youth care. She had more than three years management experience. She was found to have a sound knowledge of the requirements of the regulations and standards. Staff members spoken with told the inspector that the person in charge supported them in their role and supported a culture of openness where the views of all involved in the service were sought and taken into consideration. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the head of care who in turn reported to the director of care. There was evidence

that the head of care visited the centre at regular intervals.

The centre had only been operational for less than four months but the provider had completed an unannounced inspection to assess the quality and safety of care in line with the requirements of the regulations. It was proposed that the director of care would complete an annual review of the quality and safety of the service in due course. There was evidence that the person in charge and or her deputy had undertaken a number of audits in the centre on a regular basis. Examples of audits completed included, medication practices, residents rights, staff professional development, staff training, resident's finances, incident reporting, fire safety and infection control. There was evidence that actions were taken to address issues identified in these audits.

There were effective recruitment and selection arrangements in place for staff. The inspector reviewed a selection of staff files and found that the documents as required by schedule 2 of the regulations were in place. There was a recruitment and selection policy. The newly formed staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy, dated July 2017. A training programme was in place which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. There were no volunteers working in the centre at the time of inspection.

There were suitable staff supervision arrangements in place. each member of the newly formed staff team had completed at least one formal supervision since the centre opened. The inspector reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and that it was of a good quality. This was considered to support staff to perform their duties to the best of their abilities.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The full complement of staff were in place and considered to have the required skills and competencies to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. Staff received appropriate supervision to support them to perform their duties to the best of their abilities.

Judgment: Compliant

Regulation 19: Directory of residents

There was an accurate directory of residents maintained in the centre which contained all of the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose, dated September 2018 that accurately and clearly described the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

There were systems in place for the recording and management of all incidents. All required incidents were notified to the chief inspector as per the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents availing of respite in the centre received care and support which was of a good quality, person centred and promoted their rights.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans had been put in place for residents within 28 days of their admission. Overall these reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, communication, personal and social needs and choices. However, it was found that the detail provided in intimate care plans was not sufficient to guide staff in meeting the residents assessed needs. It was proposed that the personal plans in place would be reviewed at regular intervals with the involvement of the resident and family representatives.

The residents were each supported to engage in meaningful activities in the centre and within the community during their respite stay. The residents had access to the providers purpose built sensory room and a local leisure centre to which the provider had subscribed. Both of which were located a short drive away. Other activities that residents engaged in while availing of respite in the centre included, arts and crafts, classes in drama, art and drumming, bowling, cinema, nature walks and trips out to restaurants and shops. There was a garden to the rear of the centre for use by residents which included a seating area, trampoline area, basket swing and tennis court. An activity schedule and participation log was maintained to record activities that residents had engaged in.

The centre was found to be suitable to meet the resident's individual and collective needs in a comfortable and homely way. Each resident availing of respite had an individual bedroom with en suite facility. This promoted the resident's independence, dignity and respect.

The residents were provided with a nutritious, appetizing and varied diet during their stay. The timing of meals and snacks throughout the day were planned to fit around the needs of the residents. A menu was agreed with residents upon their arrival. A healthy eating programme was promoted.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk

management policy, dated May 2018, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences. There was a monthly incident report audit completed by the deputy manager.

There were measures in place to protect residents from being harmed or suffering from abuse.

Residents were provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual residents. The inspector found that the assessed needs of residents were being appropriately responded to. There was evidence that the provider's behaviour specialist provided regular support to the centre.

There were systems in place to ensure the safe management and administration of medications. However, on the day of inspection the inspector identified that the medications for one of the residents were not appropriately labeled with a pharmacy label. Otherwise, the processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. A medication management policy, was in place. There was a secure cupboard for the storage of all medicines. All staff had received appropriate training in the safe administration of medications. There were some systems in place to review and monitor safe medication management practices which included a weekly audit. A log was maintained of all medications received on arrival and sent home again with residents,

Regulation 10: Communication

Residents' individual communication needs were met.

Judgment: Compliant

Regulation 17: Premises

The centre was homely, accessible and promoted the privacy, dignity and safety of residents availing of respite.

Judgment: Compliant

Regulation 18: Food and nutrition
Residents were provided with a nutritious, appetizing and varied diet.
Judgment: Compliant
Regulation 26: Risk management procedures
The health and safety of residents, visitors and staff were promoted and protected.
Judgment: Compliant
Regulation 28: Fire precautions
Suitable precautions were in place against the risk of fire.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
There were systems in place to ensure the safe management and administration of medications. However, on the day of inspection the inspector identified that the medications for one of the residents were not appropriately labeled with a pharmacy label.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. However, it was found that the detail provided in intimate care plans was not sufficient to guide staff in meeting the residents assessed needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents availing of respite were provided with appropriate emotional and behavioural support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Teach Saoire OSV-0005726

Inspection ID: MON-0024126

Date of inspection: 27/11/2018

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Prior to admission we will review each resident's medication prescription and ensure that the medication is appropriately labelled with the pharmacy label and that there are clear guidelines for staff to follow to safely administer the medication.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>We have reviewed intimate care plans and set out more clearly guidance for staff to meet the individual residents assessed intimate care need.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	28/11/2018
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which	Substantially Compliant	Yellow	21/12/2018

	reflects the resident's needs, as assessed in accordance with paragraph (1).			
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