



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Saoire
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	08 July 2020
Centre ID:	OSV-0005726
Fieldwork ID:	MON-0024127

## About the designated centre

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

Teach Saoire provides a respite service to adults with an intellectual disability, autism or individuals who display behaviours of concern relating to their diagnosis. The centre can support up to seven residents at any one time. The centre is a large detached two-storey house with 10 bedrooms and a number of communal living rooms which are bright and comfortable. It is located in a rural setting but in close proximity to a large town. Each of the residents availing of respite has an individual bedroom with en-suite facilities. There is a good sized enclosed garden to the rear of the centre for use by residents. This includes a seating area, built in trampoline, tennis court and nest swing. There are two vehicles available for residents to use. The centre does not provide a service to residents who require wheelchair access or full time nursing support.

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 8 July 2020	10:30hrs to 16:00hrs	Noelene Dowling	Lead

## What residents told us and what inspectors observed

The inspector met with all three of the residents who were staying in the centre on the day of the inspection. Each resident used non-verbal communication and as such, their views were relayed through staff advocating on their behalf. However, the residents allowed the inspector to spend time with them during the day. The inspector observed that the residents were enabled and assisted to communicate their needs, wishes and choices which supported active decision making in their lives including their care. The inspector observed interactions between staff and residents, and saw that staff knew residents very well, and were familiar with their individual preferences and communication and assisted them in all aspects of their care. They were offered choices as to their activities and were able to let staff know clearly what they wanted. They were having fun at their activities and while systems for infection prevention and control were being implemented, the living experience was being maintained as normal as possible for the residents. Staff were seen to be responsive to their wishes and preferences and the residents all appeared to be comfortable, were very familiar with the environment and were relaxed in their interactions with staff and each other.

## Capacity and capability

This risk inspection was undertaken due to the specific nature of service and the increased risks and challenges for a respite service in the context of the COVID-19 pandemic. It was also informed by ongoing communication with the provider during this period, to provide assurance that the service was being managed in the safest possible way for the residents who were being admitted.

The inspector found that given the complexities of managing a respite service and the vulnerabilities of the residents, the centre was well managed with good systems and governance structures in place. Priority was given to specific residents at the request of the Health service Executive (HSE). The numbers of residents using the service at any one time was reduced to three. The total number being supported at the time of this inspection had increased from eight to fifteen. The provider had implemented systems to support the safe admission and discharge for the residents, while also offering an enjoyable and necessary holiday break. These are outlined in detail in the quality and safety section of this report. The residents families were found to be consulted regarding these arrangements.

There was a suitable management structure in place with a suitably qualified and experienced person in charge who was familiar with the residents and their care and support needs. There were arrangements made for any absences of the person in charge. There were good reporting and quality assurance systems in place which

supported the residents' quality of life and safety. These included the provider's audits and monitoring systems which had continued, if in altered formats, during the pandemic.

The services annual report for 2019 was available. There were frequent audits undertaken on a range of relevant issues including medicines, incidents and accidents, finances and increased infection prevention and control monitoring systems implemented. Any actions arising from these were seen to be addressed. These systems informed changes to practices, such as staffing levels, or increased clinical support for the residents as necessary. Accidents or incidents, which were minimal, were promptly reviewed with remedial actions taken to address them. There was evidence that the views and preferences of residents and their representatives, in this instance, were solicited and listened to.

The service was well-resourced with good staffing levels, to account for the complexity of the residents needs. There was 1 to 1 or 2 to 1 staff available to support the residents, with one waking and one sleepover staff at night. The records reviewed indicated that the provider ensured that staff had the training and skills to support the residents including all mandatory training. Any training due for updating was found to be scheduled, in a suitable venue so as to ensure this could take place in the current restrictions. Staff confirmed they had access to online training in relation to the most up-to-date guidance for COVID-19 and the compliance manager and person in charge monitored this. Additional training in the support of residents with autism had also taken place. Staff spoken with demonstrated very good knowledge of the individual residents and how to support them. There were effective systems for communication, with regular team supervision scheduled, to ensure that staff were familiar with the changing guidelines in regard to COVID-19 and the needs of the residents. No additional or new staff had been employed during the pandemic. However, the provider had a contingency plan in place should staff numbers be reduced due to illness. Recruitment procedures were not reviewed on this occasion but the provider has previously demonstrated good adherence to the requirements for the safe recruitment of staff.

The statement of purpose clearly outlined the care and support to be provided in the centre. Admission decisions and care was delivered according to this statement. The inspector also found that the provider took a responsible approach to such decisions based on the compatibility of the residents and the skill mix of staff to provide care and support based on the residents' assessed needs.

From a review of the accident and incident records, the inspector noted that all of the required notifications had been submitted to the Chief Inspector, as required, with appropriate actions taken in response to any incidents.

The residents and their representatives had access to a detailed complaints procedures. No complaints were recorded but there were complimentary messages from families noted.

The provider had satisfactorily addressed the three minor actions required following

the previous inspection in 2019.

#### Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge, employed on a full-time basis, who was familiar with the residents and their care and support needs.

Judgment: Compliant

#### Regulation 15: Staffing

The numbers and skill-mix of staff was suitable to meet the needs of the residents. The residents were assessed as not requiring full-time nursing care. There was 1:1 or 2:1 staff available to support the residents, with one waking and one sleepover staff at night. This was found to be a flexible arrangement based on the assessed needs of the residents for support.

Judgment: Compliant

#### Regulation 16: Training and staff development

The training records indicated a commitment to mandatory and other professional training necessary to ensure the residents' needs were being met. Any training due for updating was scheduled. Staff confirmed they had access to online training in relation to the most up-to-date guidance for COVID-19 and the compliance manager and person in charge monitored this. Team supervision and support had continued for staff during the pandemic. No additional or new staff had been employed. However, the provider had a contingency plan in place should staff numbers be reduced due to illness.

Judgment: Compliant

#### Regulation 23: Governance and management

The inspector found that the centre was well managed with good systems and

operational structures in place for oversight. There were good reporting and quality assurance systems, including audits in place which supported the residents' quality of life and safety. Monitoring systems had continued, if in altered formats, during the pandemic. The provider had implemented systems to support the safe admission and discharge for the residents while also offering an enjoyable and necessary holiday break.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The inspector was assured that the systems for admission of residents took account of the need to protect all residents, and was based on current HSE guidelines for services and on transparent criteria.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose outlined the care and support to be provided in the centre. Admission decisions and care was delivered according to this statement. The inspector also found that the provider took a responsible approach to such decisions based on the compatibility of the residents and the skill mix of staff to provide care and support based on the residents' assessed needs.

Judgment: Compliant

### Regulation 31: Notification of incidents

From a review of the accident and incident records, the inspector was assured that all of the required notifications had been submitted to the Chief Inspector, as required, with appropriate actions taken in response to any incidents.

Judgment: Compliant

### Regulation 34: Complaints procedure

The residents and their representatives had access to a detailed complaints



procedure. No complaints were recorded but there were complimentary messages from families noted and there was evidence of good communication with families.

Judgment: Compliant

## Quality and safety

The main function of the respite was to provide an enjoyable holiday and change of environment and activity for the residents. To this end, residents had a break from their normal routines and enjoyed their preferred activities. These were planned according to their preferences, for example, they went for long walks, out for lunch, had take-away meals, went swimming or horse-riding. Although due to the pandemic, these activities had been curtailed significantly, the residents were supported with safe external activities. They had the use of an external garden centre/allotment, a large well equipped garden in the centre, and did the activities they enjoyed with staff such as, games, art work, helping with meals, watching favourite TV programmes and went out to safe location for walks. The high staff ratio and effective planning ensured these took place for the individual residents. They also had the opportunity to have a lie-in, and as observed by the inspector their routines were arranged to suit their preferences on the day.

There are specific challenges presented for the support of residents in respite services. The residents' primary carers maintained the main responsibility for their overall care, medical needs and on-going assessments. The provider was required, following the previous inspection, to revise the systems for accessing pertinent up-to-date information in order to ensure the residents' care needs can be met while in respite. To this end, an assessment of need was undertaken pre-admission, for each residents, and updated information was sought from the primary carers for all subsequent admissions. Changes had been made to these systems which ensured that any changes to the residents' needs were known and could be supported. Systems such as the discharge process and regular operational meetings with the HSE allowed for any issues to be passed to the primary care giver and to the HSE, for follow up in the community. There were personal plans completed for the residents which detailed their preferences and need for supports in all aspects of their daily lives.

Their healthcare needs were known by staff and arrangements were in place for access to community service such as GPs (general practitioners) should this be required. Staff were monitoring the residents' healthcare needs closely during the respite.

Residents were supported to communicate in their preferred manner with detailed plans available. They had access to tablets and other technology if they were comfortable with this, and staff used social stories, pictorial images and sensory equipment to help them communicate and understand their routines and activities.

Staff were familiar with sign language.

There were suitable and safe systems for the management and administration of the service, including admission and discharge systems. Residents' nutritional needs were known by staff, and with staff support the residents helped with meal preparation and their choices were known and facilitated. This was observed during inspection.

Systems for consultation with the residents including meetings were held and staff used pictorial images to facilitate these. However, in this instance the individual key working systems played a vital role with residents in seeking their preferences regarding their activities and routines in the house with good communication, to ensure they were involved and consulted and content. The residents had been supported to understand the current safety guidelines and the activities were tailored to situations the residents would be comfortable with, despite the restrictions.

Overall the systems in place to protect the residents from abuse were satisfactory and incidents of behaviours that challenged did not impact on other residents negatively. Safeguarding plans, where necessary, had been revised to provide more specific details for each individual resident and situation. However, one incident required review by the provider to ensure the appropriate level of protection was provided. To this end, the provider had taken advice and implemented a more effective safeguarding plan should such an incident occur again. The relevant agencies had been informed and the inspector was assured that this revised system would provide the necessary level of protection.

Each resident had a detailed intimate care plan which protected their privacy and dignity, including detailing the gender of staff to provide such care, based on the residents' known preferences. Detailed records of the residents' monies and personal possessions on admission were maintained so as to ensure their safety.

There were systems in place and regular access to advice and guidance to support residents with behaviour of concern. Staff had training in the management of behaviours that challenged and the residents also had access to internal psychology and psychiatric consultation when needed. From a review of the incident reports, the inspector was assured that staff took appropriate actions and the incidents were appropriately reviewed by the person in charge and the providers' operational team. The use of restrictive practices was minimal, implemented on an individual basis, and with consideration of the impact of the restrictions. These were also regularly reviewed and residents and parents were consulted in regard to them.

Risk management systems were effective, centre specific and balanced, which helped to protect the residents. There were health and safety and environmental audits undertaken and actions identified as a result. Where risks were identified they were addressed with appropriate control measures implemented. Individual risk assessments for residents were also implemented. The high staffing levels and deployment of staff within the centre helped to manage risks to residents, however; while ensuring they had access to their preferred routines and activities.

There was a policy on the prevention and control of infection. This had been revised to take account of the increased risk presented by the COVID-19 pandemic and the particular challenges for a respite service.

A number of strategies were deployed; these included:

- a reduction in the number of residents admitted each week to three
- defined admission and discharge dates with respite being available in blocks of seven day
- detailed pre-admission questionnaires and health checks, ongoing health and temperature checks daily for staff and residents. Any concerns which were identified resulted in the deferring of the admission, which occurred the day before the inspection
- revised admission and discharge time to allow for intensive cleaning of the centre and bedrooms were rotated each week
- increased sanitising processes during the day and use of and availability of suitable PPE when necessary
- staff teams were deployed in a manner so as to reduce unnecessary crossover
- the provider advised that should a resident become unwell with symptoms of Covid-19, a satisfactory plan was in place to deal with this.

These systems were being monitored. The provider had sought guidance from the relevant agencies to support the service in managing this as safely as possible. The centre is a very large house and all residents have their own en-suite bedrooms and there are sufficient living areas to ensure reasonable social distancing was possible without undue limitations on the residents, and that the residents have a good level of staff attention, contact with their peers and interaction for their break. Despite the inherent risk, these procedures provided assurance that the residents who have been prioritised by the HSE and the provider as needing this respite were being afforded the safest opportunity to avail of and enjoy it.

## Regulation 10: Communication

Residents were supported to communicate in their preferred manner with detailed plans available and staff were observed to be familiar with their communication styles and preferences.

Judgment: Compliant

## Regulation 25: Temporary absence, transition and discharge of residents

The discharge process home and regular operational meetings with the HSE allowed for any issues to be passed to the primary care giver and to the HSE as needed, for follow up in the community for the residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

Risk management systems overall were effective, centre specific and balanced which helped to protect the residents. They were also revised as needed and each resident had a detailed risk management plan to maintain their safety.

Judgment: Compliant

## Regulation 27: Protection against infection

There was a policy on the prevention and control of infection. This had been revised to take account of the increased risk presented by the COVID19 pandemic and the particular challenges for a respite service.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were suitable and safe systems for the management of resident's medicines on admission and discharge with any discrepancies noted and acted on to ensure the residents had access to their medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector was assured that an assessment of need was undertaken pre-

admission and updated information was sought from the primary carers for all subsequent admissions. Changes had been made to these systems which ensured that the residents care needs could be supported while in respite. There were personal plans completed for the residents which detailed their preferences and need for supports in aspects of their daily lives.

Judgment: Compliant

### Regulation 6: Health care

The residents' healthcare needs were known by staff and arrangements were in place for access to community service such as GPs (general practitioners) should this be required. Staff were monitoring the residents' healthcare needs closely during the respite.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were systems in place and regular access to advice and guidance to support residents with behaviour of concern including self-harm and aggression. Staff had training in the management of behaviours that challenged and the residents also had access to internal psychology and psychiatric consultation when needed.

Judgment: Compliant

### Regulation 8: Protection

Overall the systems and policies in place to protect the residents from abuse were satisfactory and incidents of behaviours that challenged did not impact on other resident negatively. Safeguarding plans, where necessary, had been revised to provide more specific details for each individual resident and situation.

Judgment: Compliant

### Regulation 9: Residents' rights

Key working systems played a vital role with residents in seeking their preferences

regarding their activities and routines in the house with good communication, to ensure they were involved, consulted with and had choices.

There was evidence that their primary carers were also consulted as a support for the residents in making decisions. Residents had been supported to understand the current safety guidelines and their activities were tailored to situations they would be comfortable with, despite the restrictions. The residents' right to privacy and dignity and a safe environment were also respected.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant