



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

Issued by the Chief Inspector

Name of designated centre:	Teach Sasta
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	02 November 2021
Centre ID:	OSV-0001833
Fieldwork ID:	MON-0029129

About the designated centre

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

Teach Sasta Services is a seven day service, which is run by St. Hilda's services. The centre provides residential accommodation and support for six male and female adults over the age of 18 years, with mild to moderate intellectual disability and autism. The centre is closed one weekend per month by pre-arrangement. There are staff available to support the residents at all times and nursing support is available as needed within the organisation. The residents can avail of a number of day support / training services from within the organisation. The centre comprises of a large two storey house which is located in a large town in Co Westmeath. All residents have their own bedroom, some with en suites , there are also shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. The centre is in close proximity to the all local facilities, amenities and transport

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 2 November 2021	09:25hrs to 17:25hrs	Karena Butler	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

Overall, from what the inspector observed on the day of this inspection, residents received a good quality of care and support in the centre. However, there were improvements required in relation to individual assessment and personal plan, staffing, training and development, premises, and protection against infection. These will be discussed further in the report.

The inspector had the opportunity to meet with all six of the residents living in the centre. They appeared happy to talk to the inspector and explained what it was like living in their home. The inspector was informed about lots of activities the residents liked to do, parties they had attended which included a recent big birthday for one of the people living in the centre.

The morning of the inspection four of the six residents were waiting to be dropped to their day service by their support staff. The other two residents participated in an in-house day service programme in order to better suit their needs. One resident had recently opted for this in-house day service programme and had declined to attend their previous day service. This decision was respected by the staff team and the resident told me they preferred the new arrangement. The other resident that participates in the in-house day service arrangement was taking the opportunity to have a lie on that morning. Once this resident was up and had their breakfast they had a hand and head massage while listening to relaxing music provided by their allocated staff member. They appeared to enjoy this as they were smiling. Later in the day some options on offer had included practicing a hand hygiene programme and playing a game over zoom. Different days had different offers on option which included chair yoga, choir and mindfulness classes.

When the other residents returned home from their day service the inspector once again had the opportunity to speak to some of them. One resident told the inspector that they had gone to McDonalds for lunch, completed some art work, lodged savings into their account and had gone swimming. They said they had a great day.

Each resident had their own bedroom that was individually decorated to their personal tastes. Rooms were presented with personal pictures, certificates of achievements, medals, and sport memorabilia such as favourite football club pictures. Residents had adequate space for their personal belongings and clothes and each had their own television in their room. On the walls in each resident's bedroom was a personalised plan for the year ahead, and the inspector saw that residents would mark off when they had completed different goals they had set out for themselves.

The centre's back garden had garden furniture and a shed both of which residents

had painted themselves. There was an area of the garden dedicated to growing plants, herbs and vegetables. Some residents had undertaken this gardening project to grow herbs and vegetables for use in the house and they said they enjoyed it.

Residents appeared relaxed and at ease in their home. They comfortably used their environment and communicated their needs to staff. Residents appeared contented in each others company and engaged in friendly conversation with each other. Residents told the inspector that they chose what activities they wished to do, what food was bought for the house and how their rooms were decorated. They said that staff were nice and that they feel listened to.

There were three staff on duty in the centre on the day of inspection and they were knowledgeable on the residents' preferences and supports required. Staff were observed to communicate with residents in a kind and respectful manner. The inspector observed staff encouraging residents to be independent and guiding and supporting them where necessary.

There were weekly residents' meetings and different topics were discussed such as weekly planning, COVID-19 and the charter of rights and responsibilities as rights was a large feature of this centre. The person in charge commissioned an artist to complete art work of the charter of rights and responsibilities and it was displayed in the house.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, there were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The inspector found that the centre was adequately resourced to meet the assessed needs of residents. However, as stated previously improvements were required in relation to staffing and training and development which will be discussed in this section of the report. Improvements required in relation to individual assessment and personal plan, premises, protection against infection will be discussed in section two of this report.

There was a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis within the centre. The person in charge was knowledgeable of the centre and appeared to know the residents well. Staff spoken with said that they felt supported in their role and were able to raise issues or concerns, where necessary, to the person in charge.

The provider had carried out an annual review of the quality and safety of the centre and there were arrangements for unannounced visits to be carried out on the

provider's behalf on a six-monthly basis. From a review of the annual review and the six-monthly visits any actions identified had been followed up on.

There were other local audits and reviews conducted within the centre in areas, such as infection prevention and control and health and safety. From a sample of audits viewed, necessary corrective actions identified had been addressed by the provider.

From a review of the rosters the inspector could see that there was a planned and actual roster in place that accurately reflected the staffing arrangements in the centre and it was maintained by the person in charge. There were sufficient staff on duty to meet the assessed needs of the residents.

The inspector reviewed a sample of staff files and found that the provider had ensured that most of the required documents and information under Schedule 2 of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations) were present for employees. However, some records were not available in staff files, for example a full employment history was missing for one staff member as it had some gaps, and a recent employer reference was not available for one staff.

From a sample of staff supervision records viewed staff were receiving formal supervision in line with the organisational policy. Monthly staff meetings were occurring in the centre and from a sample viewed agenda items discussed included residents updates/supports, safeguarding, risk management, and health and safety.

The person in charge ensured that staff had access to necessary training and development opportunities so that they had the required skills to meet the assessed needs of the residents. For example, staff training included, fire safety training, medication management, first aid, professional ethical therapeutic management of aggression (PETMA) and infection prevention and control. However, some trainings that related to infection prevention and control were due refresher training.

Regulation 14: Persons in charge

The person in charge of the centre was qualified, experienced, worked on a full time basis and was knowledgeable of the centre.

Judgment: Compliant

Regulation 15: Staffing

Improvements were required with regard to the Schedule 2 documents required for

staff files. For example, staff member's last employer reference was required on file along with no gaps in employment history.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The majority of staff required refresher training for a number of trainings that related to infection prevention and control. For example: donning and doffing personal protective equipment, hand hygiene and breaking the chain of infection training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The centre was adequately resourced to meet the assessed needs of residents.

Judgment: Compliant

Quality and safety

Overall, residents were facilitated to enjoy good quality, person centred support in this centre. However, there were some improvements required in relation to individual assessment and personal plan, premises and protection against infection.

Residents had an annual assessment of need completed or sooner if required in line with their changing needs and circumstances. However, some aspects of the assessment did not refer to all assessed needs. These included personal care, behavioural support needs and assessment of activities of daily living. Care plans were completed based on the assessment of need reviews and they directed staff on how to support residents with regard to different areas. However, improvements were required to one resident's care plan to adequately guide staff in the event they needed to administer emergency medication and also for staff to be more familiar with the plan itself in order to ensure the resident would receive appropriate timely support if required.

Residents were supported by staff to attend their healthcare appointments and

referrals. These included annual health checks, general practitioner (G.P), dentist, chiropody, and haematology as required.

Behaviours of concern were not a feature of this service at the time of the inspection. Restrictive practices were also no longer a feature of this centre. Any restrictive practices that had previously been in place have since been reviewed and removed. Residents' emotional wellbeing was supported by staff and clinical guidance was in place as required.

There were arrangements in place to protect residents from the risk of abuse. There was safeguarding policy in place and staff were appropriately trained. There were financial support plans in place as to supports residents required and they included any fees charged to residents within the centre. There was evidence in place of pictorials used for when residents make large financial purchases and evidence of the residents consent sought. Each resident had an intimate care plan in place to guide staff to what supports they required. There were no active safeguarding risks at the time of inspection.

Residents' rights were promoted within the centre and they had access to external advocates as required. An external advocate attended the centre annually and they discussed rights and advocacy with the residents.

From a walkabout of the centre the inspector found it to be homely. However, there were some areas that required attention, for example, some areas required painting and minor touch ups to the plastering. The provider had these issues identified on their own maintenance list but at the time of inspection these were yet to be rectified.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments in place so as to support their overall safety and wellbeing. There were low levels of incidents occurring in the centre. For example, since the beginning of the year only two incidents had occurred. Where incidents had occurred they had been reviewed with the staff team, allied health professionals and the person in charge to ensure that appropriate controls were in place to mitigate the risks. The centre's vehicle was taxed, insured and had an up-to-date national car test (NCT).

The inspector reviewed arrangements in relation to infection control management in the centre. There was evidence of ongoing reviews of the risks associated with COVID-19 with a centre specific contingency plan in place that included guidance in relation to the isolation of residents if required. Staff had been provided with training in infection prevention and control, hand washing techniques and donning and doffing personal protective equipment (PPE). PPE was available in the centre and staff were observed using it in line with national guidelines. For example, masks were worn by staff at all times due to social distancing not being possible to maintain in the centre. There was adequate hand-washing facilities and hand sanitising gels available throughout the centre. The centre had colour coded chopping boards, colour coded cloths for cleaning the centre and colour coded mops

and buckets. However, improvements were required to the storage of mops and buckets to ensure appropriate drying of the mop head and to prevent stagnant water pooling. Some areas of the house had slight mould that required attention.

There were suitable fire safety management systems in place. These included emergency lighting and signage, servicing of fire detection and firefighting equipment, and staff were trained in fire safety. The person in charge had arranged for regular fire drills in the centre with a number of scenarios and times of the day/night being used. Fire safety guidance was also displayed in pictorial format to guide residents and they were able to talk the inspector through what to do in the event of a fire and where the fire assembly point was located.

Regulation 17: Premises

Some improvements were required to the painting of the bathroom ceiling, repainting one resident's ceiling, plastering some patches on the kitchen ceiling and en-suite ceiling, removal of an electrical wire coming from kitchen ceiling that was no longer in use, the vent in sitting room required cleaning and there was staining on some patches of the bathroom floor.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments in place so as to support their overall safety and wellbeing. There was a low level of incidents occurring in the centre. The centre's vehicle was taxed, insured and had up-to-date national car test (NCT).

Judgment: Compliant

Regulation 27: Protection against infection

Mops and buckets used for the centre's cleaning were inappropriately stored that would not promote adequate drying and stop water from pooling and becoming stagnant. Some slight mould around the window of the downstairs bedroom and one bedroom sink around the plughole. The bathroom taps needed replacing as they were damaged and therefore would be difficult to adequately clean them.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place. These included emergency lighting and signage, servicing of fire detection and firefighting equipment, and staff were trained in fire safety. Regular fire drills using different scenarios were practiced in the centre and residents were familiar with the fire evacuation procedure.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessment of need required to be more specific and cover more areas that they may require support with. For example, behaviour, personal care and assessment of activities of daily living were not included in the assessment. One resident's care plan required review to ensure it adequately directed staff with regard to emergency medication and that staff are aware of when the resident should receive their medication and if required a repeat dose.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported by staff to attend their healthcare appointments and referrals. These included annual health checks, general practitioner (G.P), dentist, chiropody, and haematology as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviours of concern were no longer a feature of this service at the time of the inspection. Nonetheless, the residents' emotional wellbeing was supported by staff and clinical guidance as required. Restrictive practices were also not currently a feature of this centre. Any restrictive practices that had previously been in place

have since been reviewed and removed.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. There was safeguarding policy in place and staff were appropriately trained. There were no active safeguarding risks at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted within the centre by way of residents' meetings, staff supporting residents to exercise choice and they had access to external advocates as required. An external advocate attends the centre annually and discussed rights and advocacy with the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Sasta OSV-0001833

Inspection ID: MON-0029129

Date of inspection: 02/11/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The gaps in one staff members CV as identified on the day of inspection has been closed off and all information has been sent to the HR Dept where it has been updated 12/11/21. The reference that was missing has been obtained by the employee and is now on the HR File. 11/11/21.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff in the centre will have completed refresher training in the following, donning and doffing Personal Protective Equipment, Hand Hygiene, and breaking the chain of infection on the 3/12/21.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Bathroom ceiling will be painted, 10/12/21, Kitchen and en-suite ceilings will be completed 10/12/21. The vent in the sitting room has been cleaned 10/11/21 and the staining on the bathroom floor will be address by an external cleaning company</p>	

12/12/21.	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Mops and buckets are now properly stored in line with regulation 27, 4/11/21. The mould around the window in the downstairs bedroom has been treated 4/11/21. The main bathroom taps will be replaced by the maintenance Dept 10/12/21. The mould around the plughole in one bedroom sink will be removed by the external cleaner 12/12/21.</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>The assessment of needs has been reviewed and updated to ensure that areas such as behaviour, Personal Care, and activities of daily life are included completed 20/11/21. All staff will have a refresher on rescue medication carried out by the epilepsy trainer to highlight the proper use of this medication and times of administration this will be completed on the 8/12/21 and the individual's epilepsy Care Plan will be updated accordingly.</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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	12/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	03/12/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and	Substantially Compliant	Yellow	10/12/2021

	internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	12/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	10/12/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	20/11/2021
Regulation 05(6)(c)	The person in charge shall	Substantially Compliant	Yellow	08/12/2021

	ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
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