



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

Issued by the Chief Inspector

Name of designated centre:	Teach Lamagh
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Short Notice Announced
Date of inspection:	27 January 2021
Centre ID:	OSV-0001840
Fieldwork ID:	MON-0030772

About the designated centre

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

Teach Lamagh is currently operating as a full-time residential service for adults with an intellectual disability. The maximum number of adult users accommodated at any time is three. The centre is located in Co Longford and is within walking distance to amenities such as shops, café, and bar. Residents receive support from a team of staff nurses, social care workers, and support workers on a twenty-four-hour basis. Teach Lamagh is a large bungalow located in a quiet housing estate. There are five large individual bedrooms. The main bathroom has an accessible shower facility (shower trolley), there are two other bathrooms, one with shower facilities and one without. There is a large kitchen and dining area, sitting room, and snug/relaxation room. There is a large outdoor area at the rear of the residence with a large seating area.

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 27 January 2021	10:30hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This centre was last inspected in July 2019 and at that time the service being provided was on a respite basis for adults from the local area. As a consequence of the impact of the COVID-19 pandemic the type of service being provided was changed and the centre is now, providing temporary full time residential care to three adults. Some of the residents had recently been admitted following emergency admissions. The person in charge and staff team had despite this created detailed care and support plans for each resident.

The inspector had the opportunity to meet with two of the three residents who were living in the centre. One of the residents appeared unsettled by the inspector's presence so the interaction with the residents was brief. Both residents were nonverbal; the inspector observed that there were communication plans in place and that there were visual scheduling boards that residents could access in the kitchen and some of the residents' bedrooms. The inspector observed that there were sufficient staffing numbers to meet the needs of the residents and that the staff members were familiar and responsive to the needs of the residents.

The inspector noted that there had been compliments made by residents' family members regarding the service their loved ones were receiving. Residents had also been supported to complete questionnaires and these demonstrated that residents were happy in their current homes. There was also clear evidence of the provider and staff team supporting the residents to maintain their relationships with their family members through assistive technology and physical visits when possible.

A review of residents' information demonstrated that where possible, residents were being supported to engage in activities of their choosing. The implementation of restrictions due to the COVID-19 pandemic had impacted upon this. However, the provider had developed individualised programmes in line with the residents' wishes. These included attending day service, engaging in activities to promote residents independence and being active in their local community. Residents had been supported to develop personal goals and there were suitable supports in place to ensure that residents could achieve them.

The increase in restrictions had resulted in residents spending longer periods together, and this had resulted in some residents impacting upon one another in a negative manner. The provider was seeking to reduce this impact, and the inspector viewed transition plans that had been recently developed. A new home had been identified for two of the residents and the person in charge had begun to develop transition plans to support the residents moves. The person in charge also informed the inspector that the third resident would be transferring to another service but that this had yet to be finalised. The provider planned to support all residents to transition out of Teach Lamagh in the coming months.

The inspector observed that the staff team had done their utmost to promote a

home-like environment for residents. However, their efforts were overshadowed by required maintenance works as areas of the centre required painting and repair. Some of these works were outstanding from the previous inspection in 2019. There were, therefore, improvements required to ensure that the centre was suitably decorated and maintained. The provider had also failed to respond to their own auditing tools that identified the need to address these works.

Overall, residents were receiving a service that was being developed and adapted to meet their needs. There were, however, improvements required in order to ensure that the centre was suitably decorated and that the providers auditing systems were leading to the completion of identified actions.

The next two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The provider had ensured that there was a clearly defined management structure in place. These systems were ensuring that residents were receiving care and support that was meeting their needs. The provider had, however, failed to improve the operational management of the centre in regards to ensuring that the centre was kept in a good state of repair.

The previous inspection report identified that there were works required to ensure that the centre's premises were suitably decorated and kept in a good state of repair. The provider's most recent health and safety audits and quality and safety reviews also identified the fact that there were improvements required. The person in charge had raised the issue of the outstanding works with senior management on a number of occasions, the inspector was informed that there was a plan in place to address the work. However, the required improvements had yet to be addressed in full.

The inspector found that there was a schedule of audits in place and that these were detailed and ensuring that the care being provided to residents was effectively monitored and developed to meet their needs. The provider had also ensured that written reports and reviews on the safety and quality of care and support provided in the centre had been completed as per the regulations.

The centre's staff team was made up of a person in charge, staff nurses, social care workers, and support workers. The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre. The provider had ensured that the numbers, qualifications, and skill mix of the staff team was appropriate to the needs of the residents. There were planned and actual rosters in place, and these demonstrated residents were receiving continuity of care.

The staff team supporting residents had access to appropriate training. There were systems in place to ensure that the training needs of staff were being monitored and that refresher dates were being set. The provider had also identified a large area to provide training where social distancing could be achieved to ensure staff training needs were addressed.

The inspector reviewed a sample of staff member's supervision files and found that the staff team was appropriately supervised. There was also a planned supervision schedule in place for 2021.

The inspector reviewed the centres complaints log. Residents were encouraged to raise issues or complaints during resident meetings. There was also easy read information available to residents regarding the complaints procedure.

Regulation 14: Persons in charge

The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place that ensured that the staff team supporting the residents had access to appropriate training, including refresher training as part of a continuous professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

There were some improvements required to the provider management systems.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had ensured that there was an effective complaints procedure.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and was seeking to support them. A review of the centres information did however, demonstrate that there were required improvements to ensure that the centre was kept in a good state of repair and was suitably decorated. There were a number of areas in the house that needed painting and repairs, including hallways, the kitchen, and the dining room. The inspector noted that some areas for repair identified in the last inspection had been addressed however, there were still parts of the house that required attention.

The provider and staff team were seeking to promote and respect the rights of the residents living together. As noted in the first part of the report, some of the residents had had unplanned emergency admissions. The person in charge had noted recent compatibility issues between two of these residents living together. These issues had been intensified due to level five COVID restrictions pre and post the Christmas period. The person in charge and staff team acted as advocates for these residents and had raised the issues with the provider's multidisciplinary team and senior management team.

The inspector reviewed two transition plans that had recently been developed. The transition plans had been developed by the centres person in charge and outlined the supports required in order to ensure that the residents' planned moves were successful. This included new staff members completing shadow shifts in order to develop relationships with the residents before their move. The transition plans also clearly captured the compatibility issues between two of the residents. The provider's senior management team were part of the planning process, and assurances were given by senior management that these residents would not be living directly together in their long term placements.

In the meantime, the provider had implemented individualised programs for the residents that were impacting negatively upon one another. One of the residents was being supported to attend their day service programme while the other resident

was receiving an individualised day service based from their home. This plan had been introduced in recent weeks and was supporting more positive outcomes for both residents.

The provider had ensured that comprehensive assessments of the residents' health and social care needs had been completed. Residents' assessments were detailed and clearly outlined the supports required to maximize their personal development. Personal plans and assessments were under regular review and there was evidence of input from allied healthcare professionals and members of the provider's multidisciplinary team when required. Residents' health care plans were comprehensive and under regular review to capture the changing needs of residents.

There were structures in place to ensure that residents received adequate positive behavioural support when necessary. Adverse incidents were under review by the centre's management team and members of the provider's multidisciplinary team. The review systems were ensuring that every effort was being made to identify and alleviate the cause of residents challenging behaviours. Behaviour support plans that were reviewed, outlined how to respond and support residents' behaviours. The support plans were under regular review, and this was leading to positive outcomes for residents.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. There was an active risk register in place that captured the environmental and social care risks present in the centre. Residents' individual risk assessments were detailed and were linked to residents' support plans.

There were systems in place to respond to safeguarding concerns. The inspector reviewed a sample of intimate care plans as well as an active safeguarding plan. The provider had responded appropriately to safeguarding concerns and had reported them as per the regulations.

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

Overall, residents were receiving a service that was appropriate and there were plans in place to support the residents to transition to long term placements.

Regulation 10: Communication

Residents were being assisted and supported to communicate in accordance with

their needs and wishes.

Judgment: Compliant

Regulation 17: Premises

There were improvements required in order to ensure that the centres premises was maintained in a good state of repair.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The provider was ensuring that the rights of residents were being promoted and 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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

Compliance Plan for Teach Lamagh OSV-0001840

Inspection ID: MON-0030772

Date of inspection: 27/01/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A painting and decorating plan has been implemented and all outstanding painting works are scheduled for April 2021	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A painting and decorating plan has been implemented and all outstanding painting works are scheduled for April 2021	

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 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 internally.	Substantially Compliant	Yellow	30/04/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2021