



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

Issued by the Chief Inspector

Name of designated centre:	Teach Dochas
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	13 May 2021
Centre ID:	OSV-0007866
Fieldwork ID:	MON-0032031

About the designated centre

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

Teach Dochas is a four bedroom semi-detached two storey house situated on the outskirts of a large town in County Westmeath. The house is located in a housing estate and is within walking distance to some community amenities. A car is provided in the centre also should residents wish to avail of amenities that are not in walking distance. The centre can provide care to male and female adults. Each resident has their own bedroom and the property consists of a well equipped kitchen/dining room and a sitting room. There is a landscaped garden to the back of the property. One staff member is on duty during the day and at night the staff member is employed on a sleep over basis. A senior manager who is a nurse provides an out of hours on call service for staff. The person in charge is fulltime in the organisation and is also responsible for another designated centre under this provider. Residents usually attend a day service Monday to Friday (although this has been impacted recently by COVID-19).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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
Thursday 13 May 2021	08:45hrs to 14:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This centred opened in January 2021 and at the time of the inspection only one resident had moved into the centre. The other two residents had not moved in, in line with their own personal preferences but there were plans for this to happen in the coming months.

The inspector got to meet the resident living there to talk about the quality of care provided. Overall this resident reported that they enjoyed a good quality of life, felt safe and and were being supported to have some meaningful activities despite the restrictions in place around COVID-19.

The resident showed the inspector their room which was personalised, included a large double bed with plenty of storage. The resident had their own key to their bedroom which they liked to keep locked. This informed the inspector that the residents right to privacy was respected in the centre.

It was also clear that this resident was consulted and knew about what was happening in the centre. They also knew both of the residents moving in to the centre, were friends with both of them and was really looking forward to the other residents moving in.

Due to the restrictions around COVID-19, the resident said that the day service they attended was now closed. However, instead a number of online sessions had been organised throughout the week by the provider and the day service. This included a number of daily activities including yoga, flower arranging classes and cookery classes. A video had also been choreographed and made for the 'Jeruselema' dance with staff and residents from the wider organisation. The final version of this video production was being released on the day of the inspection and the resident was looking forward to seeing their performance in the video.

The resident also spoke about other activities they liked to do which included drives, takeaway coffees and how they were using their flower arranging skills to enhance the back garden of their home. The garden was a place where the resident enjoyed reading the Sunday newspaper also.

They also expressed that while the COVID-19 restrictions had limited their ability to access community facilities and visit family members which they found frustrating, they had developed alternative positive approaches to keep occupied. For example; the staff and resident had developed a 'positivity board' which included random acts of kindness such as phoning a friend to try and keep a positive attitude. The resident had also learned new skills and was now able to buy their clothes online. A family wedding was coming up over the next few weeks and the resident was planning to start looking for their outfit online.

Once the restrictions were lifted the resident spoke about reverting back to some of

the activities they enjoyed before hand, this included shopping, concerts, visits home, and getting to meet up with their friends for coffee.

Staff were observed and overheard being very respectful to the resident and the resident knew the staff very well and reported that they liked them. They said they would have no problems talking to staff if they had concerns.

The resident went through their personal plan with the inspector. It was evident that the resident was informed and knew about their own needs and the supports in place around. For example; the resident spoke about a recent visit to the doctor and the advised treatment following this. This informed the inspector that the resident was included in decisions around their care and support.

They also spoke about some of the goals they had made over the last number of months and how they had achieved them. For example; this resident loved walking and completed two charity walks recently.

Meetings were also held every week with the resident where they discussed meals for the week and other important things that were happening. A number of those records were viewed and the inspector could see the resident was kept informed about issues relating to the centre. For example; the resident was told what staff were on duty for the week and the resident then made up a picture timetable of the staff on duty to keep them informed.

There was information available to the resident throughout the centre also to inform them about some practices. For example; easy read documents were available as a reminder about fire drills and some health and safety issues. The resident explained these to the inspector.

One of the philosophies of the organisation is to promote and maintain independence and personal relationships for residents. The resident gave a number of examples of how they were supported with this. For example; the resident managed their own finances, but sometimes needed support to budget their money. Staff supported the resident to record on a computer the money they spent each week to help with their budgeting skills. This not only was supporting the resident to manage their own money, but it was enabling them to improve their computer skills.

Overall the inspector found that the resident appeared very happy living in this centre. The person in charge and staff team were ensuring that this resident received a safe and quality service. The staff and resident also knew the two new residents that were due to move into the centre in the coming months. The premises were finished to a high standard. However, the inspector noted that the fire containment measures in the centre were not sufficient or in line with current standards and codes of practice.

The following two sections of the report outline the governance and management structures in the centre and how these impact on the quality and safety of residents lives.

Capacity and capability

Overall this centre was well resourced and care was provided by a consistent staff team. The governance and management systems in place were ensuring that services were monitored and audited as required by the regulations. Notwithstanding, significant improvements were required in fire containment measures in the upstairs part of the home and some improvements were required in residents' records.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were responsible for another centre under this provider which was within walking distance of this designated centre. This arrangement appeared to be working well at the time of this inspection.

The person in charge was a social care professional, who provided good leadership and support to their team and knew the residents well. The person in charge reported to the residential service manager who was also a person participating in the management of this centre. They both met to discuss the services provided in the centre which provided assurances that good governance arrangements were in place. The person in charge was also aware of their regulatory remit under the regulations. For example; they were aware what type of incidents were required to be notified the Health Information and Quality Authority (HIQA).

There were sufficient staff on duty to meet the needs of the resident at the time of the inspection. The provider had also rostered an additional staff member on everyday Monday to Friday while the day services was closed. These day service staff were also available to cover some planned and unplanned leave in the centre. This meant that the resident was ensured consistency of care. A nurse was also available in the wider organisation to support residents with their health care needs if required. In addition; the person in charge outlined that when the other two residents moved in that staffing levels would be continually reviewed to ensure that the needs of the residents were being met.

Staff met with said they felt supported in their role and were able to raise concerns if needed to the person in charge on a daily basis. An out of hours on call service was also provided by senior managers. Regular staff meetings had also been held to review the care and support being provided in the centre and there was a schedule drawn up for staff to commence receiving supervision in the coming weeks.

Personnel files were not reviewed as part of this inspection. The training records viewed indicated that all staff including those who were employed from the day service had completed training in, fire safety, safeguarding adults, basic life support, and the safe administration of medication. Staff had also commenced some of the modules on a human rights approach to care as published recently on the HIQA website. This informed the inspector that staff were keeping up to date with

promoting a human rights approach to the care they were providing.

The centre was being monitored and audited as required by the regulations. An unannounced quality and safety review had been conducted in April 2021. Some actions from this were followed up by the inspector to see if they had been completed and they had been. For example; the SOP required revision and this had been done. Audits had also been conducted in medication management and there were plans to conduct other audits in the centre going forward in infection control and health and safety.

As part of the providers own quality improvement initiatives, in November 2020 they had carried out a survey with residents in all of the designated centres under the provider. This survey was to measure the impact of COVID-19 and the public health restrictions on the lives of people living in the centres. While some understandably found some measures difficult, others reported some positive experiences. For example; some commented that they were getting to learn new skills which included being able to access on line resources. 99% reported that they were happy with the alternative activities provided. Some said that they preferred alternative options to the usual formal day services they previously attended. The provider had taken these findings seriously and at the time of this inspection were trying to review the provision of day services for those who wanted it. This informed the inspector that residents' opinions were driving improvements in the delivery of services.

For the most part the records stored in the centre were up to date, regularly reviewed and detailed the care and support being provided to residents. However, there were a number of assessment of need documents that contained contradictory information which needed to be reviewed. In addition while the inspector found that supports were in place to support residents health care needs, the plans did not always clearly outline these supports. For example; where a resident had a diagnosis of high cholesterol, there was no clear support plan in place around this.

Regulation 14: Persons in charge

The person in charge was a social care professional who provided good leadership and support to their team and knew the residents well.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents at the time of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The training records viewed indicated that all staff currently working in the centre had completed training in, fire safety, safeguarding adults basic life support, the safe administration of medication and manual handling.

Judgment: Compliant

Regulation 21: Records

There were a number of assessment of need documents that contained contradictory information which needed to be reviewed.

Some health care plans did not always comprehensively outline the supports in place for a resident. For example; where a resident had a diagnosis of high cholesterol, there was no clear support plan in place around this.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which included systems to monitor and review the quality and safety of care for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose contained all of the requirements of the regulations. Some minor improvements were required, however these updates had been submitted to HIQA prior to this report being written.

Judgment: Compliant

Quality and safety

Overall the resident was supported to have a meaningful life in the centre. The care provided was being monitored and reviewed to ensure their needs were being met. The resident themselves spoke positively about the quality of care provided and was supported to have meaningful relationships and lead an independent life. Several examples of where residents' rights were respected and upheld in the centre were observed.

However, as already mentioned significant improvements were required to ensure that the fire containment measures were adequate. The inspector observed that the doors upstairs in the home were not fire doors. This was not in line with the Code of Practice for Fire Safety in New and Existing Community Dwelling Houses published in 2017 and the Fire safety handbook; a guide for providers and staff of designated centres published by HIQA in January 2021. The provider intended to review this following this inspection.

The centre was clean, decorated to a high standard and there was a small landscaped garden to the back of the property where residents could sit out.

As stated the resident went through their personal plan and they were supported to develop goals or choose activities they might like to do. Their health care needs were assessed and supports were in place to meet their needs. Residents accessed allied health care professional supports through community services meaning that they these services were not routinely provided by the provider. So residents had their own GP and then referrals were made for appointments with a physiotherapist, occupational therapist and a speech and language therapist as and when required. Where treatment was advised by an allied health professional it was implemented and reviewed. As already stated some improvements were required to the health care support plans.

There were systems in place to manage and respond to risk. There had been no incidents to report in the centre since Jan 2021. A risk register was also maintained and this had been reviewed recently. The car available in the centre was also insured and there was a record to indicate that it was in a road worthy condition.

Infection control measures were in place which included systems to prevent/manage an outbreak of COVID-19. Personal protective equipment (PPE) was available in the centre. Staff had also been provided with training in infection prevention control and donning and doffing of PPE. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There were adequate hand-washing facilities and hand sanitising gels available throughout the house and there were enhanced cleaning schedules in place. The resident was very aware of the precautions in place around COVID-19 also. Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The resident said they felt safe in the centre and would talk to staff if they felt unsafe.

The inspector found a number of examples where residents' rights were protected in the centre. For example; residents were kept informed about all issues pertaining to COVID-19.

Regulation 17: Premises

The centre was clean, decorated to a high standard and there was a small landscaped garden to the back of the property where residents could sit out.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and respond to risk in the centre to ensure that residents and staff were safe.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control measures were in place which included systems to prevent/manage an outbreak of Covid-19.

Judgment: Compliant

Regulation 28: Fire precautions

The fire containment measures upstairs in the centre needed to be reviewed to ensure that they were in line with the Code of Practice for Fire Safety in New and Existing Community Dwelling Houses published in 2017 and the Fire safety handbook; a guide for providers and staff of designated centres published by HIQA in January 2021.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans, including easy read versions which outlined their individual support needs and their personal preferences. Reviews were conducted to evaluate the care being provided.

Judgment: Compliant

Regulation 6: Health care

The resident was supported to achieving best possible health and had access to their own GP and could make a referral for support from community allied health professional where required.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The resident said they felt safe and would speak to staff if they did not feel safe.

Judgment: Compliant

Regulation 9: Residents' rights

Examples of where residents' rights were protected and reviewed were found on this inspection. For example; the provider was responding to the views of residents in relation to their preferences about day service provision.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Dochas OSV-0007866

Inspection ID: MON-0032031

Date of inspection: 13/05/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Intimate care Plans have been revised to fully reflect supports required for all residents going forward. 14/6/21</p> <p>A support Plan has been put in place for the diagnosis of high cholesterol for one resident and a review of all plans has taken place in order to ensure plans reflect and outline clearly all supports required going forward.14/6/21</p> <p>The provider is carrying out a full review of Care Plan Templates to ensure relevance and effectiveness in relation to individuals and supports. This will be completed 31/7/21.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Facilities Manager has confirmed order for doors and automatic fire door closers. The works are due to be completed 30/5/21.</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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	15/06/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	11/08/2021