



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

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| Name of designated centre: | Teach Saoirse |
| Name of provider: | Enable Ireland Disability Services Limited |
| Address of centre: | Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 23 January 2019 |
| Centre ID: | OSV-0003641 |
| Fieldwork ID: | MON-0022664 |

About the designated centre

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

Teach Saoirse is a purpose built house located in a large walled and gated site. The centre provides a dedicated respite service midweek and at weekends for children, both male and female, from the ages of 0 to 18 years, who have been diagnosed as being on the autistic spectrum or have a physical, sensory or intellectual disability. The centre is comprised of three en-suite bedrooms, two shared and one single room, which can accommodate up to five children. Other facilities in the centre include a kitchen, a utility room, a dining room, a living room, a kitchen, a multisensory room and staff facilities. Staffing in the centre is made up of family support workers and nurses.

The following information outlines some additional data on this centre.

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

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------|----------------------|---------------|------|
| 23 January 2019 | 10:50hrs to 19:10hrs | Conor Dennehy | Lead |

Views of people who use the service

Three residents were availing of the respite services provided in this designated centre on the day of this inspection. Two of these residents were met by the inspector, both of whom had limited verbal communication and did not significantly engage with the inspector. As such these residents did not directly indicate their views of the service provided.

However, both residents were able to be observed in the centre and in their interactions with staff members present. It was seen that these residents appeared relaxed in the centre and were observed to be comfortable in the presence of staff. Positive interactions between staff and residents were seen during the course of the inspection.

Capacity and capability

Based on the overall findings of this inspection, the inspector was satisfied that residents were appropriately supported while they availed of respite services in this centre. This was supported by the structures and systems that the provider had put in place to monitor the safety and quality of the service provided. It was seen though that some improvement was required in relation to the provision of training to ensure that staff had up-to-date knowledge and skills to perform their roles.

This designated centre provided a respite service, supporting over 30 families in a specific geographical area. The centre had last been inspected by HIQA in March 2017 which found a good level of compliance but did highlight some areas for improvement such as medicines management and fire safety. However the current inspection found that the provider had made efforts to respond to such findings thereby improving the safety and quality of support provided to residents.

A suitable person in charge was in place who was actively involved in the running of the centre. The person in charge was able to discuss in depth with the inspector any matters queried during this inspection. When on duty the person in charge was based in the centre. When not present in the centre, a shift leader was identified while an on-call system was also in use. Such findings indicated that a clear organisational structure was in place within the designated centre while a well-established governance structure was in place for the wider registered provider.

The provider was aware of, and had been carrying out, annual reviews and six monthly unannounced visits for this designated centre as required by the regulations. Such requirements are important in order review the quality and safety

of care and support that is provided to residents. Various audits were also being carried out in areas such as infection control and residents' personal plans. Evidence was seen on inspection that any areas for improvement identified by such management systems were acted upon.

As part of the systems in place to oversee the service provided, it was noted that arrangements were in place for staff to receive formal supervision. In addition, as the person in charge was based in the centre, this provided opportunities for informal supervision and the observation of staff practices. Records of staff supervision were maintained in staff files which also contained required information such as written references, photo identification and evidence of Garda vetting. This provided assurances that robust staff recruitment procedures were in use.

Staff members spoken to during the inspection were able to describe the needs of the residents and the supports required to provide for these. The inspector also observed staff members engaging with residents in a positive, respectful manner while providing appropriate support if required. To further support residents, training was provided to staff a range of areas. It was noted though that some staff members were overdue refresher training in areas such as first aid, manual handling, epilepsy awareness and fire safety.

After reviewing information relating to a sample of residents who availed of respite in this centre, speaking to staff members and observing staff rosters, the inspector was satisfied that appropriate staffing arrangements were provided to meet residents' needs. For example, it was seen that the levels and skill mix of staff changed depending on the numbers and specific needs of residents availing of respite in the centre on a particular day. It was also seen that there was a strong consistency of staff in the centre which is important to maintain professional relationships and promote a continuity of care.

Overall such findings provided assurances that residents were provided with a good quality service while present in the centre.

Regulation 14: Persons in charge

A suitable person in charge was in place who demonstrated a good knowledge of residents' needs and the running of the centre. The person in charge was based in the centre and was responsible for one designated centre only.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support respite residents when

present in this centre. Planned and actual rosters were maintained in the centre which indicated a continuity of staff. A sample of staff files were reviewed which contained all of the required information such as evidence of Garda vetting and two written references.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision. Staff were provided with training in a range of areas but it was noted that some staff were overdue refresher training in areas such as fire safety, first aid, epilepsy awareness and manual handling.

Judgment: Substantially compliant

Regulation 23: Governance and management

A clear governance structure was in place. Unannounced visits by the provider were being carried out at six monthly intervals. The most recent annual review of the centre was carried out in March 2018 which included consultation with residents and family. Auditing processes were also in used to review areas such as infection control, health and safety and residents' personal plans.

Judgment: Compliant

Regulation 34: Complaints procedure

Arrangements were in place in the centre to respond to complaints. A complaints record was maintained in the centre while information on how to make complaints was on display in the centre.

Judgment: Compliant

Quality and safety

The inspector was satisfied that residents were appropriately supported and treated

in a respectful manner while availing of respite services in this centre. Some improvement was required in areas such as the provision of safeguarding training, the personal planning process and medicines management.

Throughout the inspection residents were observed to be comfortable in the presence of staff members who were seen to interact respectfully with the residents. Staff members spoken with reported that there were no barriers to raising any concerns and discussed the indicators that they would be looking for to identify any safeguarding matters. No immediate safeguarding concerns were identified during the course of this inspection which indicated that efforts were being made by the provider to ensure that each resident using the centre was protected from all forms of abuse.

Some safeguarding training had been provided to all staff. It was noted though, from reviewing records and talking with staff members, that staff had received updated training to reflect changes in national guidance that was particularly relevant given the nature of the service provided in this centre. Such training is important to ensure that all staff are informed of current practices and are fully aware of their duties in reporting any safeguarding concerns should they become aware of these.

The previous inspection of this centre in March 2017 had also highlighted that not all staff had undergone training in de-escalation and intervention to support residents in maintaining positive behaviour. Will the majority of staff had undergone such training at the time of this inspection, it was seen that two staff members had yet to receive this training. It was noted though that guidance for staff on how to support residents with their behaviour was provided for in residents' personal plans.

Individual personal plans are important setting out the needs of residents and the supports required to provide for these. The inspector reviewed of sample of residents' personal plans and found that they had been informed by relevant assessments and had been developed with input from residents and their representatives. It was seen that these plans contained clear information on to support residents in a range of areas. Staff members present during this inspection demonstrated a good understanding of residents' needs and described the steps they would take to support them. Such findings provided assurances that overall arrangements were in place to meet the needs of residents using this respite service.

It was noted though that some improvement was required in the personal planning processes in the centre. For example, it was seen that some residents' assessments had not been carried out annually as required and some findings of assessments carried out were not reflected in personal plans. In addition staff members spoken to outlined some different details relating to how residents' communicated then was described in their personal plans. However, staff members were observed communicating well with residents present during this inspection.

Efforts were being made in the designated centre to promote the health and safety of residents. These included systems for the review of any adverse incidents in the

centre along with regular health and safety checks. Staff and the person in charge demonstrated a good understanding of any risks present in the centre as outlined in the centre's overall risk register and residents' personal plans. It was noted though some of the documentation around identified risks required review to ensure to ensure that all risks relating to residents were accurately described.

Fire safety systems were in place in the designated centre which included a fire alarm and emergency lighting. It was seen that such systems were in working order on the day of inspection and had also recently received maintenance checks by external contractors. Such maintenance checks are required to ensure that such fire safety systems are in full working order. However, records reviewed indicated that the fire alarm had not received a quarterly maintenance check between December 2017 and July 2018.

The previous inspection of this centre had found that the evacuation times of fire drills required review. It was seen on this inspection that fire drills were being carried out at frequent intervals and it was noted that the times recorded for completing evacuations had decreased significantly from March 2017. It was observed that the procedures for evacuating the centre were on display throughout the centre while all staff had received training in the area of fire safety.

It was also seen that since the previous inspection medicines management practices had been reviewed within the centre. As part of this it was seen that a new process had been introduced to provide for increased accountability for medicines received by the centre although one instance was observed where the new process was not adhered to. The standard of medicines documents was generally observed to be well maintained while all staff had received relevant training. It was noted though that some protocols for PRN (as required) medicines required review to ensure that they provided clear guidance for staff as when such medicines were to be given and the maximum dose that could be administered.

Regulation 10: Communication

Staff members were observed communicating well with residents present during this inspection but outlined some different methods of communication used by residents than those described in the residents' personal plans.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Appropriate facilities were in place for residents to engage in recreation while residents were also supported to engage in activities of their choice. Educational

activities were actively encouraged.

Judgment: Compliant

Regulation 17: Premises

While the designated centre was generally presented in a clean and well maintained manner during the inspection, the inspector saw one wall which required repainting and one light fitting that required cleaning. In addition it was also observed that the ventilation in one of the en-suite bathrooms required review.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risks present in the centre were outlined in the centre's overall risk register and residents' personal plans. Risk assessments in relation to identified risks were in place and were noted to have been reviewed within the previous 12 months. It was noted though that some of the documentation around identified risks required review to ensure that they accurately described the risks in question. A system for the reviews of any adverse incidents in the centre was in use while regular health and safety checks were also being carried out.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems were in place in the designated centre which included a fire alarm, fire extinguishers and emergency lighting. Arrangements were in place for such systems to receive maintenance checks but records reviewed indicated that the fire alarm had not received a quarterly maintenance check between December 2017 and July 2018. Fire drills were being carried out at frequent intervals while all staff had received training in the area of fire safety.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A new process had been introduced to provide for increased accountability for medicines received by the centre. While this was seen to be followed for the most part, one instance was observed by the inspector where this process had not been followed. Appropriate medicines documentation was maintained in the centre but it was noted though that some protocols for PRN (as required) medicines required review to ensure that they provided clear guidance for staff as to when such medicines were to be given and the maximum dose that could be administered.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which set out their needs and how to provide for these. Such plans were informed by relevant assessments but it was observed that some assessments were not being carried out annually. Some findings of assessments carried out were not reflected in personal plans. Based on the overall findings of this inspection, the inspector was satisfied that arrangements were in place to meet the needs of residents availing of respite in this centre.

Judgment: Substantially compliant

Regulation 6: Health care

Arrangements were in place to provide for the healthcare needs of residents availing of respite in this centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Guidance was available to staff in how to support residents maintain positive behaviour in residents' personal plans. While the majority of staff had undergone training in de-escalation and intervention, it was noted that two staff had yet to receive this training. Arrangements for the assessment and review of restrictive practices were in place but it was noted that one such practice had not been assessed in line with best practice.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were observed to be comfortable in the presence of staff members. Staff members spoken to reported that there were no barriers to raising any concerns and discussed the indicators that they would be looking for to identify any safeguarding matters. No immediate safeguarding concerns were identified during the course of this inspection but staff had not received updated training to reflect changes in national guidance in this area.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were observed to be treated in a respectful manner throughout the inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Substantially compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Not compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Teach Saoirse OSV-0003641

Inspection ID: MON-0022664

Date of inspection: 23/01/2019

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Fire training has now been completed for all staff</p> <p>A full review of the centres training matrix will take place and priority training will take place to rectify any identified gaps</p> | |
| Regulation 10: Communication | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>An awareness session will take place at staff meetings to ensure all staff are up to date with the individual care plans for each child</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All light fittings have been cleaned and will be added to the centre's cleaning schedules for completion every 6 months</p> | |

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| <p>Painting will take place in March 2019 over a two day period when the centre will be closed to respite breaks</p> <p>The problem with bathroom ventilation has now been rectified as this was related to the main drains outside the building which the local County Council have repaired</p> | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk assessment for one child in relation to the use of a bedroom monitor has now been reviewed and updated</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>An excel spreadsheet is now in place to alert the PIC if a quarterly fire check has not been completed by the contractor</p> | |
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>An audit of PRN charts will take place to ensure further clarity is given to staff on the charts.</p> | |
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |

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| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Annual assessments are sent to parents/guardians to complete. A reminder letter will now be sent to parents/guardians to remind them to complete these assessments within the required timeframe</p> | |
| <p>Regulation 7: Positive behavioural support</p> | <p>Substantially Compliant</p> |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: MAPA training will be completed by all staff Risk assessment for monitor use has been reviewed and updated for the relevant child</p> | |
| <p>Regulation 8: Protection</p> | <p>Not Compliant</p> |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection: Updated Child Protection training will take place for all staff</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 10(2) | The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan. | Substantially Compliant | Yellow | 12/03/2019 |
| 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 | 31/05/2019 |
| Regulation 17(1)(c) | The registered provider shall ensure the premises of the designated centre are clean and suitably decorated. | Substantially Compliant | Yellow | 31/03/2019 |

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| Regulation 17(7) | The registered provider shall make provision for the matters set out in Schedule 6. | Substantially Compliant | Yellow | 01/02/2019 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 24/01/2019 |
| Regulation 28(2)(b)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Substantially Compliant | Yellow | 31/03/2019 |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other | Substantially Compliant | Yellow | 31/03/2019 |

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| | resident. | | | |
| 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 | 31/03/2019 |
| Regulation 05(4)(a) | The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1). | Substantially Compliant | Yellow | 31/03/2019 |
| Regulation 07(2) | The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques. | Substantially Compliant | Yellow | 31/05/2019 |
| Regulation 07(4) | The registered provider shall ensure that, where restrictive | Substantially Compliant | Yellow | 24/01/2019 |

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| | procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice. | | | |
| Regulation 08(8) | The person in charge shall ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children. | Not Compliant | Orange | 31/03/2019 |