Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Teach Greine
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	16 December 2019
Centre ID:	OSV-0001828
Fieldwork ID:	MON-0022677

About the designated centre

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

Teach Greine provides full-time respite care and support to adults and children with an intellectual disability. The centre can provide support to residents throughout the day, with some residents attending separate day services. The house, which has five bedrooms, a large living area, kitchen and dining room is located within walking distance of a medium sized town in Co. Westmeath. The bedrooms available to residents are equipped to support those with additional mobility support needs, and there is specialist equipment available in the two large bathrooms. Residents are supported by a team of nurses, social care workers and care assistants, and the centre is managed by a person in charge who is a registered nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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
Monday 16 December 2019	10:50hrs to 17:50hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met with, and observed five residents who were availing of respite at the time of inspection. Residents' views were also elicited from residents' questionnaires, of which three were received.

The inspector observed each resident as they arrived to the centre, and throughout the course of the inspection. The residents did not speak with the inspector, and expressed their views through body language and with support from staff. The inspector observed staff providing assistance to residents in a respectful and personal manner, with clear communication throughout and information given in a way that residents could understand. Staff actively sought the opinion of residents, offered and facilitated choice and regularly checked if they needed or wanted anything.

Throughout the inspection it was observed that interactions between staff and residents were friendly and caring. Staff sat with residents during meals and offered encouragement and support in line with residents' needs. Residents were observed laughing and smiling when in the company of staff.

A review of the questionnaires received found that residents were satisfied with the premises and facilities. Residents mentioned that they liked the bedrooms, and the large garden and outdoor facilities. Some people described how they enjoyed using the sensory room and equipment available in the centre.

Residents also shared that they were happy with the activities they take part in while availing of respite, and gave examples such as afternoon tea parties, reflexology, reiki, music therapy and taking part in charity initiatives. Residents expressed that they were satisfied with the level of contribution to the running of the centre, and indicated that their choices were listened to and acted upon. With regard to staff support, residents were complementary of the care they received, and mentioned person centred plans and good communication as factors that enhanced their care and support.

Capacity and capability

Overall, the provider demonstrated the capacity to deliver a safe and good quality service in line with the statement of purpose. There were effective oversight measures in place to facilitate ongoing quality enhancement and continued compliance with the regulations. While there was an urgent action issued to the provider during the inspection, in relation to fire safety, following the inspection, this was addressed promptly. The inspector acknowledges that the provider had

scheduled fire safety reviews in place to identify emerging issues.

There were some records that required review, including the application to renew the registration of the centre and the statement of purpose; as in both cases some documentation contained inaccurate information. The provider had prepared a statement of purpose, that contained most of the information required as per Schedule 1 of the regulations. Improvement was required to ensure that the whole time equivalent staffing details were correct, and that information regarding the organisational structure reflected what was submitted with the application to renew registration.

There was a clear governance structure in place, with defined roles and responsibilities. The centre was managed by a person in charge who reported to the chief executive officer. There were a range of reviews and audits undertaken to facilitate oversight of the quality and safety of care delivered to residents, including local health and safety audits and planned document reviews. The provider had ensured that six-monthly unannounced visits to the centre were carried out. These visits informed a report on the quality and safety of the service and an action plan for quality improvement was developed based on the findings. The inspector found that the provider had completed all actions from the most recent action plan. It was also found that the actions from the previous inspection had been fully implemented.

The centre was staffed by a team of nurses, social care workers and care assistants. There were sufficient staff, with appropriate skills and qualifications to meet the assessed needs of residents. There was a planned and actual roster maintained, and clear and effective arrangements in place to provide continuity of care for residents, for example there were identified relief staff available to work when permanent staff were absent.

There were arrangements in place to identify and meet staff training and development needs. The provider had identified training that they deemed mandatory, such as safeguarding children and adults, fire safety and manual handling. A review of records found that most staff had received training in these areas, although one staff member had not completed refresher training in safeguarding or fire safety in the time frame set out by the provider. Improvement was required to ensure that all staff, including transient staff, were appropriately trained. There was a schedule of training courses available for staff to attend, and the person in charge maintained oversight of attendance. Additional training was available to support staff to meet residents' specific care needs, such as epilepsy and medication administration, and it was found that all staff had availed of this training.

A review of incident records found that the person in charge had given written notice to the Chief Inspector of all relevant incidents within the appropriate time-frames.

The provider had effected a contract of insurance against risks in the centre including risk of injury to residents, and loss or damage to property.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre. Some of the information required in the application was inaccurate, including the floor plans.

Judgment: Substantially compliant

Regulation 15: Staffing

The provider had ensured that there were sufficient staff available to meet the assessed needs of residents, with appropriate experience and qualifications. There were effective arrangements in place to ensure that residents received continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were maintained and available, and a review of these records found that most staff had received training in areas that the provider had determined as mandatory, including safeguarding and fire safety. However, the records did not evidence that all staff who worked in the centre had received the appropriate training, and indicated that two staff members were overdue refresher training in safeguarding, and one staff member required training in fire safety.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had obtained appropriate insurance for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre was adequately resourced to provide safe and good quality respite care to residents. There were established oversight mechanisms in place that were effective in identifying and addressing any concerns. The provider had carried out six-monthly unannounced visit, and prepared an annual review of the quality and safety of the service.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that contained most of the information required as per Schedule 1, however some of the information was inaccurate, including staffing whole time equivalent hours.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had notified the Chief Inspector of all adverse incidents set out in the regulations within the required time frame.

Judgment: Compliant

Quality and safety

The service was found to be providing good quality care to residents, which for the most part ensured their safety, although urgent action was required to address a fire safety risk following the inspection. There were arrangements in place to evaluate the safety and quality of care, and action plans were implemented to enhance the service received by residents. The inspector found that residents were provided with individualised care, which was directed by their own assessed needs and expressed preferences.

Residents' communication, positive behaviour support and health care needs were found to be met to a high standard. Some improvement was required in relation to the provision of safeguarding training, and fire safety management.

The provider had implemented a range of fire safety measures including fire and smoke detection systems and fire fighting equipment. Staff had received training in

fire safety, and a review of records demonstrated that staff undertook checks and audits of fire safety on a planned basis. However, the inspector found that some fire containment measures in place were not operating effectively, and this had not been identified through these audits. It was found that two sets of double doors with self closing devices did not close fully when activated, furthermore one door was blocked from closing by a large bean bag. The provider was required to submit an urgent action plan in response to this risk, and the response which was received from the provider adequately addressed the issue. There were systems in place to ensure that all fire safety equipment, including emergency lighting, was serviced as required by a fire consultancy company.

Residents took part in fire drills, and a review of these records found that residents could be evacuated from the centre in a timely manner in the event of a fire or emergency. There were personal evacuation plans in place for each person who used the service.

Residents' health care needs had been assessed prior to admission, and on at least an annual basis. There were support plans in place for any identified health care need. Residents received an annual medical review by their own GP (general practitioner), and this review further informed a review of health care plans. Residents were supported to access a range of allied health care professionals, and there were arrangements in place to meet identified and emerging health care needs. The inspector found that the centre was resourced to support residents in continued health care management plans during their respite stay, and that interventions recommended by specialists were implemented.

There were suitable arrangements in place with regard to the ordering, receipt of and storage of medicines. The person in charge and staff team carried out regular medication audits, and reviewed any incidents or errors in relation to medicines. Residents were supported to manage their own medicines in line with their abilities and preferences, following an assessment of capacity and risk assessment. There were clear records maintained, including guidance in relation to the administration of PRN (medicines taken as the need arises) medication, although it was found that some of these required improvement to ensure they effectively guided practice. For example, for one resident who was prescribed two medicines with the same active ingredient, the maximum dose was different on each guidance document, and there were no indications as to which medicine was to be used in the first instance. A number of these documents were reviewed and updated on the day of inspection following consultation with the prescribing doctor.

Some residents required support to manage their emotional well-being and behaviour, and the provider had ensured that there were positive behaviour support plans in place where necessary. Staff had each received training in the management of behaviour that is challenging. There were some restrictive practices used, such as bed rails or bed bumpers, which had been assessed as being required for safety reasons. Restrictions had been identified by the person in charge, and subject to assessment and regular review. There was evidence that these reviews had led to the reduction or elimination of some restrictive practices in the past. There was clear guidance in place for the use of each restrictive practice,

including when and how to implement it, and for what duration. The arrangements in place ensured that the least restrictive option was utilised as a last resort.

There were arrangements in place to safeguard residents, including a policy and procedures on the prevention, detection and response to allegations of abuse. Staff had received training in safeguarding adults and children, although two staff members had not received refresher training in adult safeguarding within the period outlined in the providers training schedule. There were no safeguarding concerns at the time of inspection, and a review of incidents and daily records found that any potential concerns had been screened and investigated appropriately.

Residents' communication support needs had been assessed, and where necessary, there were comprehensive communication plans in place to guide staff in this area. The person in charge had ensured that communication plans were updated based on specialist recommendations from allied health professionals. Where residents used assistive equipment to communicate, this was facilitated, and staff supported the implementation of skills teaching initiatives. Residents had access to television and radio while using respite. There were devices available for residents to access the Internet, including a large wall mounted device that was accessible to a person using a wheelchair.

Regulation 10: Communication

Staff were knowledgeable of residents' communication support needs, and ensured that residents were accommodated to communicate in accordance with their abilities and preferences. There was a range of media available, including television, radio and access to the internet.

Judgment: Compliant

Regulation 28: Fire precautions

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

There were established fire safety management systems in place, including fire detection devices and alarms, fire fighting equipment and emergency lighting, which were each serviced on a planned basis.

Residents participated in emergency evacuation drills, and information from these

drill was found to inform residents evacuation plans.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable practices in relation to the ordering, receipt and storage of medicines. Records were well maintained with sufficient detail to ensure that residents' medicines were administered as prescribed, although some guidance in relation to PRN (medicines taken as the need arises) medication required review to ensure that the guidance was clear. This was addressed on the day of inspection.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access a general practitioner of their choice, and other allied health care professionals in line with their assessed needs. There were arrangements in place to ensure that residents who presented with health care concerns during their respite stay received appropriate care and support. There were clear health care plans in place for all residents where necessary.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' well being and behaviour support needs were subject to assessment, and there were support plans in place where appropriate. Care plans incorporated any recommendations from specialists. There were some restrictive practices in use in the centre (such as bed rails), each of which had been implemented with clear rationale. Review arrangements ensured that the least restrictive procedure was used.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents, including clear reporting

procedures and a named designated officer. It was found that concerns or allegations were investigated appropriately, and there were no safeguarding concerns at the time of inspection.

Training in safeguarding was available to staff, although two staff members had not received refresher training within the time frame set out by the provider.

Judgment: Substantially 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	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Teach Greine OSV-0001828

Inspection ID: MON-0022677

Date of inspection: 16/12/2019

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**
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The Provider has outlined same on request to dcd@hiqa.ie on 13th January 2020.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The two staff members that required refresher training in safeguarding completed this training on the 16th of December 2019. The staff member that required the fire training completed this training on the 16th of December 2019.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:	

The Statement of purpose has been update to include that changes that have been highlighted.

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Provider submitted urgent action plan which included immediate redress of issues identified with fire containment, and review and certification of fire containment measures by an appropriately trained person. The provider submitted the above plan on the 19th December 2019.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The two staff members that required refresher training in safeguarding completed this training on the 16th of December 2019.	

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	13/01/2020
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	16/12/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management	Substantially Compliant	Yellow	19/12/2019

	systems are in place.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	19/12/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	23/12/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	23/12/2019
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	16/12/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	19/12/2019

	of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	13/02/2020
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	16/12/2019