



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

Name of designated centre:	Teach Sasta
Name of provider:	St Hilda's Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	08 and 09 April 2019
Centre ID:	OSV-0001833
Fieldwork ID:	MON-0021619

About the designated centre

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

Teach Sasta Services is a residential service, which is run by St. Hilda's services. The centre provides accommodation and support for 6 male and female adults over the age of 18 years, with an intellectual disability. The centre comprises of one two storey house which is located in a large town in Co Westmeath. The centre is comprised of residents' bedrooms and en-suites, shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. Staff are on duty both day and night to support residents availing of this service, and are present at all times when residents are present in the centre.

The following information outlines some additional data on this centre.

Current registration end date:	17/04/2020
Number of residents on the date of inspection:	6

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
08 April 2019	14:30hrs to 19:00hrs	Catherine Glynn	Lead
09 April 2019	10:00hrs to 12:00hrs	Catherine Glynn	Lead

Views of people who use the service

The inspector met five residents during the inspection. Residents, who spoke with the inspector, said that they liked living at the centre and were supported by staff to participate in activities in their local community and achieve their goals. Throughout the inspection, the inspector observed that residents appeared relaxed and comfortable at the centre and with all support provided by staff. Residents spoken with expressed their happiness and satisfaction with the service provided in the centre.

Capacity and capability

Overall, the inspector found that the centre had continued to improve the governance and leadership arrangements in the centre. As a result residents were supported to actively participate and direct choices which improved their own quality of life.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge, and staff who monitored and managed the daily care and support needs of the residents. The person in charge was actively involved in the day-to-day governance of the centre and was knowledgeable on residents' assessed needs. The inspector found that all actions required from the previous inspection had been completed, and robust plans were in place to ensure the service was monitored effectively.

Staffing arrangements at the centre ensured that residents' needs continued to be met in line with their assessed needs. This meant that residents were able to regularly enjoy activities of their choice, both at the centre and in the local community, and work towards achieving their personal goals, such as increased independent living skills.

The person in charge ensured that residents were supported by a qualified and knowledgeable staff team. Staff knowledge was kept up-to-date through regular access to training opportunities on both residents' assessed needs and developments in health and social care practices. In addition, staff attended regular team meetings and were supported with their individual professional development through one-to-one formal supervision arrangements.

The provider ensured that the quality of residents' care and support was subject

to ongoing review through a range of regular management audits on all aspects of the centre's operations. The provider ensured that day-to-day internal checks were carried out by staff as well as unannounced visits by a person nominated by the provider. Where audits and visits identified areas for improvement, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre. The provider also conducted an annual review into the quality of the care and support provided to residents, which included consultation with both residents and their representatives about their experiences at the centre. As a result, residents were supported to actively participate and direct choices which improved their own quality of life.

The provider's risk management practices were effective, subject to regular review and procedures in place to respond to adverse incidents. Staff were aware of and understood the risks identified in the centre, their associated control measures and any actions to be taken in the event of an emergency. Furthermore, the provider had arrangements in place for both the recording and analysis of accident and incidents, with the findings being regularly discussed and incorporated into staff practices. This meant that staff were able to learn from and adapt their approaches to care and support when assessing and meeting the residents' needs.

Regulation 14: Persons in charge

The person in charge was full-time, suitably qualified and experienced. The person in charge was actively involved in the management of the centre and ensured the care and support provided met residents' assessed needs as well as regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate staffing arrangements were in place to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular training opportunities, which ensured they were equipped with the appropriate skills and knowledge to support residents' needs and that care and support practices in the centre; were in line with current health and social care developments.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured that all required information was contained in the directory of residents, as required by regulations.

Judgment: Compliant

Regulation 23: Governance and management

Good governance, management and oversight arrangements ensured that all practices at the centre were subject to regular monitoring to ensure their effectiveness and that they were of a good quality. Management arrangements ensured that appropriate resources were available at the centre to support residents with their assessed needs, keep them safe from harm and support them to achieve their personal goals.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place in the centre. These agreements included the required information and had been agreed with residents' representatives..

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that the centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations. During the inspection, the provider made amendments as required to the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

There was a clearly documented register of all accidents and incidents that had occurred in the centre. Any events that required notification, including quarterly returns, had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider showed that they had a procedure in place in the event that the person in charge was absent from their role in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Overall, there was a suitable procedure for the management of complaints. The provider had ensured that residents were aware of the complaints process. While there had been a low level of complaints in the centre, records showed that complaints were taken seriously by the provider and had been investigated and finalised.

Judgment: Compliant

Quality and safety

Residents received a good quality of care in line with their assessed needs at the centre. Practices at the centre ensured that residents were safe from harm, but also supported residents, depending on their abilities, to undertake positive risk-taking in their daily lives. Throughout the inspection the person in charge and the staff working in the centre consistently demonstrated their commitment to improving the residents' quality of life and experiences in the centre.

Residents participated in a range of activities both at the centre and in the local community that reflected their personal choices and assessed needs. Residents were supported to attend day services in the local area during the week, which they enjoyed. Where residents required a more bespoke day programme, this was provided by the centre's staff team and directed by their interests and personal goals. Arrangements were also in place to support residents to increase and maintain their independent living skills through positive risk-taking.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated when their needs changed, which ensured consistency in the delivery of this support. Staff were knowledgeable on all aspects of supports required by residents. Furthermore, residents' personal plans were subject to an annual review into their effectiveness, with review meetings being attended by the resident, their representatives and associated multi disciplinary professionals. Residents understood and participated in choosing the support they would receive at the centre through key aspects of their personal plan, such as setting personal goals, which were made available to them in an accessible version.

Where residents exhibited behaviour that challenges, the provider had arrangements in place which ensured that they were supported by a multi-disciplinary approach. Comprehensive behaviour support plans to guide staff interventions and to support the reduction of these behaviours had been developed by qualified behavioural specialists and were being reviewed regularly to ensure they were being implemented and that the interventions were effective. Where restrictive practices were in use, there was a clear rationale and evidence that the use of the restriction was subject to both approval and frequent review by the provider's management team, to ensure that this remained the least restrictive practice.

Residents were protected from harm at the centre, with arrangements in place to effectively manage an emergency such as an outbreak of fire. Appropriate and well-maintained fire equipment was installed in the centre and regular fire drills were carried out to assess the effectiveness of the centre's fire safety arrangements. Regular drills also ensured that both residents and staff understood the actions to be taken in the event of an evacuation, which was further reinforced by regular fire

safety training for staff.

Residents were supported to be involved in making decisions about the running of the centre. Residents participated in regular house meetings where they decided the weekly menu for the centre and planned their social activities. The provider also ensured that information for residents on their rights including how to make a complaint and how to access advocacy services was available in an accessible format.

The centre's premises were well-maintained and had been decorated to a good standard. The decor was bright and homely in nature, and reflected residents' personal interests and tastes.

Regulation 10: Communication

Communication assessments were completed for all residents and appropriate plans were in place to support residents where required.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had addressed actions identified on the previous inspection and had ensured that safe practices were in place to support residents with their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre is comprised of two houses, which were clean, comfortably furnished and generally well decorated.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user-friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-to-read format

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were being actively identified, monitored, subject to regular review and reflected staff practices and knowledge.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had an up-to-date policy and procedure in place, that guided staff on the protection against infection for residents and staff in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills involving residents and staff and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre and staff who administered medication had received training in safe administration of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings were attended by the resident or their representatives, support staff, and multidisciplinary supports if relevant. Residents' personal goals, social, health and developmental were agreed at these meetings and were further reviewed at six-monthly intervals. Records of residents' personal goal planning were kept; these included specific time frames, named supports and progress updates in achieving the goals.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. Behaviour support plans had been developed (when required) with input from behaviour support specialists and psychologists. These plans were being implemented effectively and the occurrences of incidents had reduced considerably. All staff had attended training in relation to the management of behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had made improvements to behaviour management plans, safeguarding planning and staff training. This meant that the provider had appropriate arrangements in place to safeguard residents. The management team were very clear about what constituted abuse and demonstrated proactive measures that had been taken in response to a suspicion of abuse.

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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant