



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

Issued by the Chief Inspector

Name of designated centre:	Teach Sasta
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	08 January 2020
Centre ID:	OSV-0001833
Fieldwork ID:	MON-0022434

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 seven day service, which is run by St. Hilda's services. The centre provides residential accommodation and support for six male and female adults over the age of 18 years, with mild to moderate intellectual disability and autism. The centre is closed one weekend per month by pre-arrangement. There are staff available to support the residents at all times and nursing support is available as needed within the organisation. The residents can avail of a number of day support / training services from within the organisation. The centre comprises of a large two storey house which is located in a large town in Co Westmeath. All residents have their own bedroom with ensuite, there are also shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. The centre is in close proximity to the all local facilities, amenities and transport

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 January 2020	09:00hrs to 17:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspector met with all of the residents in their home as they returned in the evening and they communicated with the inspector. They were obviously happy to return home in the evening and very comfortable in their home environment. They said that they were very happy living in their home, enjoyed their activities and had busy days in their various jobs and day services. They said the manager and staff (key workers) were very helpful to them and organised a lot of things for them. They explained how they would talk to staff about any problems they had, because they knew it was good to talk and sort things out. They said it was a happy house, they got on well together and they felt very safe living there. A number of the residents showed the inspector around the house. They were proud of, and had ownership of their home and the work they had done in their garden.

The provider had sought the views of relatives and they also expressed satisfaction with the care provided to their relatives in the centre generally, but particularly at times of illness or change. The residents were supported by staff to complete questionnaires as part of the inspection process. These were also very positive about the staff and their lives in the centre.

Capacity and capability

This inspection was undertaken following the providers application to renew the registration of the centre. Registration was originally granted in 2017. The centre was last inspected in April 2019 and all the regulations assessed at that time were found to be compliant.

This inspection found continued good practice with good management systems in place, which supported the welfare and quality of life of the residents living in the centre. There was a suitably qualified and experienced person in charge of the centre who demonstrated very good knowledge of the responsibilities of the post and a commitment to the residents. There were good reporting and support systems evident via the residential services manager with suitable management arrangements in place for any absences of the person in charge.

Systems for quality assurance and development were in place, which included unannounced quality and safety reviews, visits and various audits. These systems identified various areas for improvement and actions identified were completed by the person in charge.

Additionally, the annual review of the quality and safety of care for 2019 had been completed. There was evidence of a commitment to development and change with

issues identified at other inspections in the organisation being incrementally implemented across all of the centres. The provider was also aware of changing needs for the residents and was responsive to this. This commitment is demonstrated by the positive findings of this inspection and the positive impact on the residents' lives.

The staffing levels and skill-mix were appropriate to the residents' assessed needs and level of independence, with two staff available during the day and sleep over staff at night. Full-time nursing care was not required, but there was evidence of comprehensive support provided by the nurse manager in the organisation. These arrangements, and a small consistent core group of staff, ensured that the residents had the supports they needed for their individual care and activities.

The records reviewed indicated that mandatory training was up-to-date and staff had additional training in the administration of emergency medicines. Recruitment practices were safe, with all of the required documents procured and checks complete. There were good quality staff supervision systems implemented and frequent, resident focused, team meetings to ensure consistent care for the residents.

There were no complaints recorded at the time of the inspection but satisfactory systems were in place should this occur.

The documents required for the renewal of the centres' registration, including evidence of insurance were provided in a timely manner. The statement of purpose required some amendments, to fully comply with the regulations and accurately describe the service and facilities which are provided. This was rectified following the inspection and the service was operated in accordance with this statement. The residents had appropriate signed tenancy agreements in place.

The service was sufficiently resourced to provide the service with adequate staff, suitable premises, equipment, and transport.

From a review of the accident and incident records, the inspector was satisfied that the person in charge was forwarding the required notifications to the Chief Inspector and responding appropriately to any untoward events which occurred.

Registration Regulation 5: Application for registration or renewal of registration

The documents required for the renewal of the centres' registration, were submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge of the centre who demonstrated very good knowledge of the responsibilities of the post , and was full time.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels, skill-mix and deployment were appropriate to the residents' assessed needs and level of independence, with good recruitment procedures evident.

Judgment: Compliant

Regulation 16: Training and staff development

The records reviewed indicated that mandatory training was up-to-date and staff had additional training in the administration of emergency medicines. There were also good staff supervision and systems for communication evident.

Judgment: Compliant

Regulation 22: Insurance

Evidence of current insurance was submitted as part of the application for the renewal of the registration.

Judgment: Compliant

Regulation 23: Governance and management

There were effective and responsive management systems in place, with good reporting and systems for oversight and direction of practices.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required some amendments, to fully comply with the regulations and accurately describe the service and facilities which are provided. This was rectified following the inspection and the service was operated in accordance with this statement.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge and the provider were submitting the required notifications to the Chief Inspector

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The arrangements for the absences of the person in charge were suitable and had been forwarded to the Chief Inspector .

Judgment: Compliant

Regulation 34: Complaints procedure

There was a suitable process in place for the management of any complaints which may occur.

Judgment: Compliant

Quality and safety

There was evidence of a commitment by the provider to the provision of a person-centred service with the residents' own preferences, and aspirations and needs being actively elicited and responded to. It was apparent that the provider was responsive to changing needs and to the provision of different levels of support for each individual resident in the centre.

The residents had good access to a range of meaningful daytime and social experiences. There was variety of day-services available, tailored to their individual needs. These were reviewed as needs or preferences changed, for example, at times of ill health. The residents told the inspector about this.

The residents participated in ordinary social and recreational activities of their own choosing, including sports, music, and were fully involved in the local community. They planned and saved for holidays. The provider operates a "leisure buddy system" which supports breaks away and holidays. They had their own individual hobbies such as swimming, art, football, DVDs and had friends over to watch matches. One resident worked part time in a local enterprise.

The staff were seen to encourage the residents to be as independent as possible with the development of life, and self-care skills according to their own capacities and wishes. They were supported with cooking, using transport and looking after their own home.

There were good systems for consultation with the residents' regarding their wishes, with both house meetings and individual key worker meetings to ensure the residents' voices were heard. The residents told the inspector how their key workers helped them with decisions and information. Additionally, an external advocate had met with the residents on a number of occasions, so as to ensure they were aware of their rights and how to use such supports if they needed them.

The resident benefited from comprehensive and frequent multidisciplinary assessments, including speech and language, physiotherapy, dieticians, neurology and medical reviews, with effective support plans implemented.

The annual review meetings were comprehensive, with the participation of the residents and or their representatives. Their personal plans and goals were monitored by the person in charge to ensure they were being achieved.

The residents' healthcare needs, some of which were complex, were found to be very well attended to with frequent clinical review and evidence of follow up referrals. Staff were very knowledgeable in regard to the residents' health and how to support them.

The residents had very good communication plans implemented and were supported by staff with a large variety of pictorial images and objects of reference in regard to their rights, personal safety and day-to-day living. They also had tablets and mobile phones to help them communicate.

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse, with safeguarding plans implemented where this

was necessary. They were also supported with the skills and knowledge to keep themselves safe in situations. Incidents of behaviours that challenged were not a feature of this service. However, the residents mental and emotional well being was supported by staff who responded promptly to any changes in mood or behaviours. These were reviewed by a number of relevant clinicians including psychologists, with advice and guidance available to staff. This approach, and the understanding demonstrated by the staff was seen to have a very beneficial impact for the residents' lives, and helped to support the residents with periods of, for example, anxiety. the residents mental and emotional well being was supported by staff who responded promptly to any changes in mood or behaviours. These were reviewed by a number of relevant clinicians including psychologists, with advice and guidance available to staff.

The residents were assessed and consulted regarding the management of their monies, with support available as needed. Systems for oversight of the residents' finances locally were robust. In addition, the provider was arranging external auditing of this to further protect the residents.

Nonetheless, the inspector found that some decisions and agreements, regarding the spending of larger amounts of residents' monies, for purposes which were of benefit to the residents, required more effective recording to ensure transparency. However, from a review of other documentation and speaking with the person in charge, the inspector was assured that this was a documentary failing only, and there was consultation and agreement in regard to these decisions.

Some of the residents required significant support with personal and intimate care. The plans available however, did not sufficiently take account of the residents' personal choices and integrity in how this was undertaken. The inspector observed however, that the residents were cared for in a respectful manner despite this.

Medicines management systems were safe and from the records seen, it was apparent that these were reviewed regularly. Medicines audits took place twice yearly and any errors, which were minimal, were addressed satisfactorily.

The systems for the management of risk were balanced and proportionate, allowing for residents to take appropriate risks with the support of staff. Each resident had pertinent risk management plans implemented for their identified individual risks, whether falls or seizure activity, or participating in leisure activities without staff. They were supported to use mobile phones, and had phone numbers on speed dial if they needed assistance, or if the lone staff working in the house had an accident, for example. A number of residents had their own keys to the house. These arrangements were based on careful assessments and planning, relevant to the residents' abilities.

There were good fire safety management systems with evidence of servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis as required. Additional in-house checks were carried out by staff and practice drills were also held with the residents at various times, using the various different exits. The residents told the inspector about these. The provider was in the process of

installing self closing devices and an additional fire door to further enhance these systems.

There was a suitable emergency plan devised and a signed and current health and safety statement available.

The premises are homely, comfortable, warm and spacious. Each resident has their own, personalised bedroom and there are sufficient and suitable bathrooms and homely communal space available. The provider had made suitable adaptations to the premises, including installing an easy access bath. The residents were accommodated on both floors with those who required more support on the ground floor.

Regulation 10: Communication

The residents had very good communication plans implemented and were supported by staff with a large variety of pictorial images and objects of reference in regard to their rights ,personal safety and day-to-day living. They also had tablets and mobile phones to help them communicate.

Judgment: Compliant

Regulation 11: Visits

The residents were encouraged to develop and maintain friendships and have family and friends visit them in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The residents had full access to and control over their many personal and important possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The residents had good access to a range of meaningful daytime and work or training experiences. These were tailored to their individual needs and reviewed frequently for their continued suitability.

Judgment: Compliant

Regulation 17: Premises

The premises are homely, comfortable, warm and spacious. Each resident has their own, personalised bedroom and there are sufficient and suitable bathrooms and homely communal space available.

Judgment: Compliant

Regulation 18: Food and nutrition

The resident's dietary needs were carefully managed with advice and guidance available. They were consulted regarding their food choices and helped with cooking and shopping.

Judgment: Compliant

Regulation 26: Risk management procedures

The systems for the management of risk were balanced and proportionate, with clinical and environmental risks assessed, which allowed for residents to take appropriate risks with the support of staff.

Judgment: Compliant

Regulation 28: Fire precautions

There were good fire safety management systems with evidence of servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis as

required. Additional in-house checks were carried out by staff and practice drills were also held with the residents at various times, using the various different exits. The residents told the inspector about these. The provider was in the process of installing self closing devices and an additional fire door to further enhance these systems.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines management systems were safe and from the records seen, it was apparent that these were regularly reviewed. Medicines audits took place twice yearly and any errors, which were minimal, were addressed satisfactorily.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents were supported by comprehensive and frequent multidisciplinary assessments, including speech and language, physiotherapy, dietitians, neurology and medical reviews, with effective support plans implemented.

The annual review meetings were comprehensive, with the participation of the residents and or their representatives. Their personal plans and goals were monitored by the person in charge to ensure they were being achieved. They had good access to a range of social and recreational experiences.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs, some of which were complex, were found to be very well attended to, with frequent clinical review and evidence of follow up referrals. Staff were very knowledgeable in regard to the residents' health and how to support them.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents mental and emotional well being was supported by staff who responded promptly to any changes in mood or behaviours. These were reviewed by a number of relevant clinicians including psychologists, with advice and guidance available to staff. Any restrictions implemented were appropriate to the specific need for safety and appropriately reviewed.

Judgment: Compliant

Regulation 8: Protection

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse, with safeguarding plans implemented where this was necessary. There were some deficits in the recording of decisions for management of the residents' finances. Intimate care plans did require some review to ensure that they took account of the residents' specific wishes and integrity in regard to how such care was carried out.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The residents confirmed, and the inspector saw that they had choices in their daily lives and the plans they made, they were supported with discussion and advice pertinent to their needs, in making decisions, and had access to external advocates for support should they need this.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Sasta OSV-0001833

Inspection ID: MON-0022434

Date of inspection: 08/01/2020

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 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Unannounced Supervisory visits and Lone Worker visits are carried out on a regular basis by the Nurse for the Services. These unannounced visits will include a review of the residents Intimate Care Plans in order to ensure the resident's dignity and bodily integrity is supported and consent included.</p> <p>This will be completed by the 28/2/20.</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 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	28/02/2020