



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

Issued by the Chief Inspector

Name of designated centre:	Teach Saoire
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	09 December 2019
Centre ID:	OSV-0001834
Fieldwork ID:	MON-0022435

About the designated centre

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

Teach Saoire respite centre provides overnight care and support to adults with an intellectual disability. The service can accommodate up to four people at a time, as well as one additional person during the day. Short term respite placements are provided on a scheduled basis, and can be of varying durations. The centre is a two-storey house, with five bedrooms on split levels, a kitchen, dining room and large living area. The premises has a garden to the front and rear, and is located on the outskirts of a large town in Co. Westmeath. Residents who attend the service are supported by a staff team of social care workers and health care assistants. The staff team are 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:	4
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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 9 December 2019	09:15hrs to 14:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector did not meet with the residents who were using respite at the time of inspection, as they were at day services. Residents views were ascertained by resident questionnaires, of which four were received.

Residents all reported that they were happy with the bedrooms in the house, particularly the size. One resident said that the wardrobe in one room was not large enough for their belongings. As regards the premises, most residents were satisfied with the facilities. One person mentioned that the garden could be improved, and this was on the providers quality improvement plan for the centre. Another resident said that the dining space could be a bit cramped sometimes.

Residents were each satisfied with the level of choice they had when using respite, and expressed that they felt their rights were respected and upheld. One person said they would prefer if they had more flexibility with regard to the time they retire to bed.

Each resident gave detailed feedback on the range of activities they engage in when using respite. People said they enjoyed going out for dinner, going to parties, going for walks and going shopping. Residents also stated they could avail of activities in the house, such as baking and listening to music. The inspector observed that residents were able to plan their stay in respite on admission, and communicate their preferences and choices of activities, through daily catch ups and residents meetings.

Residents shared that they were happy with the level of support received by staff. One person wrote that they would like more time to spend one to one with staff. All residents stated they felt safe when using the service, and were confident they could make a complaint if they chose to.

Capacity and capability

Overall, the provider demonstrated that they had the capacity to deliver a safe and person centred service to residents. There were effective oversight systems in place that monitored the quality of the care and support delivered. There was some improvement required in areas such as policies and staffing, although these did not present as significant risks to residents safety or the quality of the service.

The provider had developed a policy and procedure for each of the areas required under Schedule 5 of the regulations. For the most part, these had been reviewed regularly, however the policy on the prevention, detection and response to abuse,

and the health and safety policy, had not been reviewed in over three years, which is the minimum time-frame for review outlined in the regulations.

The provider had prepared a statement of purpose, which contained most of the information required by Schedule 1 of the regulations. However, further information was required with regard to the specific care and support needs that the designated centre is intended to meet. Additional review was required to ensure that the description of the organisational structure contained accurate information, and was reflective of the arrangements in place. The statement of purpose was reviewed and updated at regular intervals, and was available to residents and their representatives.

There was a person in charge employed in the centre, who had responsibility for the management of two designated centres. The inspector was satisfied that the person in charge demonstrated capacity to effectively carry out their role, and had sufficient time and resources to ensure the effective governance and administration of the designated centre. The person in charge was suitably qualified, and had the necessary experience in management prior to commencing the role.

There were adequate staffing levels to ensure that residents' needs were met on a consistent and planned basis, and in accordance with the statement of purpose. Residents were supported by a team of social care workers and health care staff, and there were contingency arrangements in place to cover staff absences and provide continuity of care for residents. The person in charge maintained an actual roster that showed the staff on duty, although a planned roster was not available. A review of staff files found that the information required under Schedule 2 of the regulations was available for staff employed in the centre, such as employment history, references and proof of identity.

The governance and management systems in place had ensured that a safe service was delivered to residents, and there were effective quality assurance systems in place. The provider had ensured that a nominated person carried out unannounced visits to the centre, which informed an action plan to enhance the quality of the service. The inspector found that areas for improvement identified through these visits had been addressed in a timely manner, including for example, paving in the garden and updating risk assessments. Improvement was required to ensure that unannounced visits were carried out on a six-monthly basis, as required by the regulations, as it was found that there was twelve months between the last two visits. An annual review of the quality and safety of the service had been prepared in consultation with residents and their representatives.

There were clear lines of authority and accountability in the centre, with defined roles and responsibilities. The person in charge carried out a range of internal audits and reviews, including medication audits and quarterly reports on personal plans. Where issues were identified, these were referred to the relevant department and addressed promptly. It was evident from a review of team meeting and management meeting minutes, that issues were appropriately escalated where necessary.

There was a system in place to record incidents and accidents that occurred in the centre, and these records were well maintained. The person in charge had ensured that the chief inspector was informed of all adverse incidents that are required to be notified, within the necessary time frame.

Regulation 14: Persons in charge

There was a person in charge who was employed in a full time capacity, and had the skills and qualifications necessary for the role.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staffing available to meet the assessed needs of residents. Staff files contained the necessary information, as set out in Schedule 2 of the regulations. Improvement was required to ensure that both a planned and actual roster were maintained.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management arrangements were effectively monitoring the quality and safety of the service delivered. There was a range of audits in place to identify areas for enhancement, and there were no outstanding actions at the time of inspection. Improvement was required to ensure that unannounced visits were carried out on a six-monthly basis.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose that was reviewed at regular intervals, which contained most of the information required by Schedule 1 of the regulations, although further detail was required regarding the specific care and support needs that the centre intends to meet.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all incidents was maintained, and notification was provided to the Chief Inspector within the necessary time frames.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required by Schedule 5 of the regulations had been prepared in writing and implemented. The inspector found that two policies had not been reviewed or updated within a three year period.

Judgment: Substantially compliant

Quality and safety

It was found that the centre was providing a safe and good quality service to residents, which was tailored to their individual needs and preferences. There were effective mechanisms in place to facilitate residents to make choices about and participate in decisions about the delivery of care and support. Residents assessed needs were met in a proactive and planned manner.

The centre provided short term respite to adults who availed of community health care supports. There were arrangements in place for residents to access local health care services in the event of becoming unwell. The person in charge had ensured that a health care assessment was provided by each persons own general practitioner as part of the admissions process and on an annual basis. This assessment, as well as ongoing communication with the resident and their families, informed the development of any necessary health care plans.

There were communication support plans in place for any resident with an identified need in this area, and there were arrangements in place that facilitated residents sharing their views and communicating their preferences, such as admissions meetings (where residents chose how to spend their time during their respite stay), meal planning and residents meetings. Residents had access to appropriate media while staying in the centre, such as television, radio and internet.

The person in charge had ensured that residents were supported to buy, prepare and cook their own meals in accordance with their preferences. Residents could shop for groceries in the local supermarket and participate in meal planning and preparation. There was ample fresh and nutritious food available in the centre, and there was evidence that residents dietary requirements were catered for. For example, there was a separate storage area for gluten free food and separate cooking equipment available. Where a resident required support with eating or drinking there were support plans in place, and information available regarding modified diets.

The design and layout of the premises was appropriate to meet the assessed needs of residents. There was sufficient personal and communal space available, including a living room and separate large dining area. There were four bedrooms available for residents use, each with adequate storage space and a hand wash basin. The house was clean and tidy, and in a good state of repair, and at the time of inspection had been decorated for Christmas. There was a utility room with laundry facilities for residents to use during their stay.

The provider had ensured that equipment used in the centre was regularly serviced and in good working order, and there was a clear procedure for maintenance and equipment service requests. The centre was accessible to residents, and the provider reviewed the accessibility on a planned basis and made necessary adaptations. For example, the back garden and exit route from the back door had been recently paved to assist in safe evacuation of all residents.

There were appropriate fire safety management systems in place, including fire safety equipment, staff training and comprehensive evacuation plans. The centre had smoke and fire detection devices, including alarms, that were serviced on a planned and regular basis. There was emergency lighting and signage installed, and containment measures in place which was reviewed and serviced by an appropriate professional. Residents took part in planned evacuations and fire drills, and there was a comprehensive evacuation plan in place for each resident, that identified any supports required to evacuate safely.

Regulation 10: Communication

There were arrangements in place to support each resident to communicate in accordance with their needs and abilities. Residents had access to a range of media during their stay in respite.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was suitable to meet residents needs. There was suitable equipment and facilities available, and the premises was clean and in a good state of repair.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents took part in the purchasing and preparation of food, and had access to a wide selection of nutritious food during their stay. Residents dietary preferences and requirements were catered for.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety systems in place, that were reviewed and serviced on a planned basis. The person in charge ensured that all residents could safely evacuate in the event of an emergency. Staff had training in fire safety and evacuation.

Judgment: Compliant

Regulation 6: Health care

There were appropriate arrangements in place to ensure that residents' health care needs were met, including regular review of health care needs and plans. There were plans in place to ensure that emerging health care needs could be met by local general practitioner services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Teach Saoire OSV-0001834

Inspection ID: MON-0022435

Date of inspection: 09/12/2019

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
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We have an additional Support Worker who commenced work on the 16th December 2019. I have attached the Planned and Actual Roster for December 2019, all Staff Rosters show the Planned and Actual hours that staff showing staff on duty during the day and night</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: I have attached the Unannounced visit to the center by the Registered Provider on the 9th of May 2019, which was unavailable on the of the HIQA inspection.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

I have attached the Statement of Purpose which I emailed to registration@hiqa.ie on the 10th January 2020.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Both policies and procedures will be updated by 10th June 2020.

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	09/12/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any	Substantially Compliant	Yellow	10/12/2019

	concerns regarding the standard of care and support.			
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Substantially Compliant	Yellow	10/12/2019
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	10/01/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them	Substantially Compliant	Yellow	10/06/2020

	in accordance with best practice.			
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