Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Teach Shingán
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	05 February 2019
Centre ID:	OSV-0002125
Fieldwork ID:	MON-0023329

About the designated centre

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

Teach Shingán aims to provide respite for five service users with intellectual disabilities varying from low support needs to high support needs to aid service users to achieve their full potential. Teach Shingán is a bungalow located on the outskirts of a busy town in Co.Wexford. The respite team, comprising of the respite team leader, nursing and care staff, are committed to the provision of a quality driven respite service under the ethos of the County Wexford Community Workshop. The respite team leader and staff endeavour to build up a relationship with people who attend respite and their families in order to provide the best possible service to suit the needs of all.

The following information outlines some additional data on this centre.

Current registration end date:	10/08/2019
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
05 February 2019	10:00hrs to 18:00hrs	Sinead Whitely	Lead
05 February 2019	10:00hrs to 18:00hrs	Tanya Brady	Support

Views of people who use the service

Inspectors met with three residents staying in the centre on the day of inspection. As part of the inspection, some of the residents' daily routines were observed by inspectors when they returned from day services. Also pre-inspection questionnaires that had been completed by two residents were reviewed.

The residents who chose to speak with inspectors spoke positively of the times they stayed in the centre and expressed overall satisfaction with their respite arrangements. Residents reported that they enjoyed continuing to access regular activities such as day services, and also 'holiday activities with friends' such as going for a curry or listening to ABBA songs together. One resident reported that they enjoyed being able to go for walks and another enjoyed having their nails done.

Very positive views regarding residents respite breaks in the centre were expressed in the pre-inspection questionnaires completed by residents. Residents referred to the people they met in respite as friends and they liked to support each other with daily chores and activities such as emptying the dishwasher in the centre. Residents were observed to gather in the kitchen to make tea and to chat with each other, the inspectors and staff about their day and this was a friendly and social occasion. Residents engaged with each other and staff in a positive, respectful and warm manner.

Capacity and capability

Overall the registered provider, people participating in management and person in charge were endeavouring to ensure the designated centre was resourced sufficiently for the effective delivery of care and support to the residents availing of respite.

There was a clearly defined management structure in place in the designated centre that identified clear lines of authority and accountability. A person nominated by the registered provider completed six monthly unannounced visits that appeared to effectively identify areas in need of improvement. Concerns identified appeared to be addressed in a timely manner and informed improvements in the designated centre. The person in charge demonstrated adequate oversight and knowledge of the designated centre. However, the annual review did not involve sufficient consultation with residents and family. Furthermore, one staff member identified had not received a performance review for over two years.

Overall, the registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to meet the assessed needs of the residents. There was a planned and actual staff rota in place that accurately reflected staff on duty. There was a team leader in place that was suitably qualified and had good oversight and knowledge of the designated centre. This individual reported to the person in charge regularly. An internal relief system was utilised during times of staff holidays or sick leave, ensuring continuity of care for residents. Staffing levels in place provided adequate support for the assessed needs of the residents. The inspectors reviewed a number of staff files and found that all required Schedule 2 information and documents were in place including staff personal identification, history of employment, written references and details of accredited training. These files were maintained by the human resources (HR) staff to a high standard.

The registered provider had ensured all staff members were up-to-date on mandatory training. This included training in fire safety, safeguarding and manual handling. Further training was provided to staff in areas including the safe administration of medication (SAMS), first aid, epilepsy management, child safety, and patient handling. Training needs analysis was carried out on a regular basis and identified any gaps in staff training. The majority of staff members had attended training specific to meeting the assessed needs of the residents. However, one staff member had not attended training to meet all residents assessed needs. Furthermore, the policy in place for staff training and development was not adequately staff guiding practice.

All policies and procedures set out in Schedule 5 were in place. However, some of the review dates for these policies were at intervals that exceeded three years. Furthermore, the provider did not prepare in writing a service safeguarding policy. The inspectors acknowledge that there was a service plan to review all service policies and implement new versions. The majority of these were ready to be implemented on the day of inspection.

A detailed and accessible complaints procedure was in place and the provider ensured that residents were made aware of their right to make a complaint through the availability of accessible information and discussions in weekly house meetings. Investigations into complaints were timely and comprehensive with clear learning and implementation of change as a result of complaint inquiry outcomes. There was a designated complaints officer in place, nominated to investigate complaints by or on behalf of residents. Residents had access to advocacy services if required. The complaints procedure was prominently displayed in the designated centre.

The inspectors reviewed a sample of the centres accident and incident records and found that while all relevant incidents had been notified to the Office of the Chief Inspector, the person in charge had not ensured that all required notifications had been submitted within the required time lines.

The majority of the required documentation to inform the registration of the designated centre had been submitted to the Office of the Chief Inspector prior to the day of inspection. However, at the time of this inspection the registered provider

had not submitted updated Garda vetting that was dated within the previous six months as required for one person participating in management. Furthermore, the Statement of Purpose did not include some information as required in Schedule 1. This included the correct name of the designated centre, correct details of the staff whole time equivalent, conditions of registration, the details of the service provided and the correct management organisational structure. The submitted floor plans were not an accurate reflection of the centre's actual layout. This was discussed in feedback with plans made by the person in charge and person participating in management to submit an updated version before renewal of registration.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection the registered provider had not submitted updated Garda vetting that was dated within the previous six months required for one person participating in management. The statement of purpose did not include some information as required in Schedule 1 and the submitted floor plans were not an accurate reflection of the centre's actual layout.

Judgment: Substantially compliant

Regulation 15: Staffing

Overall, the registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to meet the assessed needs of the residents. There was a planned and actual staff rota in place that accurately reflected staff on duty. Residents received continuity of care during times of staff holidays or sick leave.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the designated centre that identified clear lines of authority and accountability. A person nominated by the registered provider completed six monthly unannounced visits that appeared to effectively identify areas in need of improvement. Concerns identified appeared to be addressed in a timely manner. However, the annual review did not involve sufficient consultation with residents and family. Furthermore, one staff member had not received a performance review for over two years.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The waiting list for the centre was up to date and continuously reviewed in line with the admissions criteria. Inspectors reviewed some contracts for the provision of services which contained details of the services and facilities to be provided to residents including a breakdown of costs. Where there were identified areas of concern regarding resident compatibility this was taken into account when allocating time in respite services.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available to all residents and their families. It did not however contain all information as set out in Schedule 1.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A detailed and accessible complaints procedure was in place and the provider ensured that residents were made aware of their right to make a complaint through the availability of accessible information and discussions in weekly house meetings.

Investigations into complaints were timely and comprehensive with clear learning and implementation of change as a result of complaint inquiry outcomes.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures set out in Schedule 5 were in place. However, some of the review dates for these policies were at intervals that exceeded three years. The inspector acknowledges that there was a service plan to review all service policies and implement new versions and the majority of these were ready to be implemented on the day of inspection. Furthermore, the provider did not prepare in

writing a service safeguarding policy.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that all required notifications had been submitted to the chief inspector within the required timelines.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff members were up-to-date on mandatory training. This included training in fire safety, safeguarding and manual handling. The majority of staff members had attended training specific to meeting the assessed needs of the residents. However, one staff member had not attended training to meet all residents needs. Furthermore, the policy in place for staff training and development was not guiding staff practice.

Judgment: Substantially compliant

Quality and safety

Overall the registered provider, person in charge and persons participating in management were striving to provide a safe service at a high standard. There was a robust management structure in place with clear lines of accountability. Actions from the last inspection had been adequately addressed

Overall, the inspectors found effective systems were in place for the identification, assessment and management of risks throughout the designated centre. There was a comprehensive risk register in place that identified all risks in the designated centre. Risk control measures were proportional to risks identified. Risk assessments in place were individualised when appropriate and were subject to review.
The inspectors observed a new risk being identified on the day of inspection by a team leader. This was identified and assessed and measures were put in place to alleviate the risk in an appropriate and timely manner. There was a robust risk management policy in place that was guiding staff.

Arrangements were in place for detecting, containing and extinguishing fires. All

staff received up-to-date training on fire safety in the designated centre. Emergency lighting was in place around the designated centre where appropriate. Testing and servicing of equipment was carried out at regular intervals and staff were completing regular safety checks on lighting, exits and fire doors. Staff spoken to appeared to have good knowledge regarding fire safety precautions and procedures. However, one resident using the respite service for a considerable period of time had never taken part in a fire drill. This meant staff were unsure if the resident had the ability to safely evacuate in the event of a fire. Furthermore, personal emergency evacuation plans (PEEPs), did not adequately guide staff to safely evacuate residents from the designated centre in the event of a fire. The inspectors acknowledge, management were implementing a new format of PEEPs and this was in progress on the day of inspection.

Overall, the registered provider was ensuring that the designated centre was suitable for the purposes of meeting the needs of each resident as assessed. The person in charge had ensured there were comprehensive assessments and personal plans in place for all residents. These were completed before admission and were subject to regular review and accurately reflected the residents needs. Staff received a handover from residents day service or family member pre-admission, informing staff of any changes that may impact the residents stay in respite. A key worker system was in place to ensure staff supporting residents were assessing the effectiveness of plans in place. However, social goals in place for two residents were not adequately reflecting the residents personal development. The same goals had been in place for a considerable period of time and were not specific, measurable, achievable, realistic or time bound (SMART).

In general, the registered provider had ensured the residents healthcare needs were being met to a high standard. Residents were supported during times of illness and nursing care was provided where appropriate. Staff spoken to appeared to have good knowledge of the residents healthcare needs. All residents had access to a general practitioner (GP) and staff had received training in First Aid and training specific to meet the assessed needs of the residents, this included training in epilepsy management. In general, assessments of need were guiding personal plans and appropriate healthcare. However, one residents personal plan highlighted communication as a specific area of need, and in this instance, the recommendations made following a speech and language therapy review were not observed in their individualised plan.

The registered provider, person participating in management and person in charge had ensured arrangements were in place for the safeguarding of residents. All staff were up-to-date on appropriate training in relation to the prevention, detection and response to abuse. All residents were assisted and supported to voice any concerns, and these were addressed in a serious and timely manner. A designated officer was in place to investigate any concerns raised and escalate when appropriate in line with national policy. Staff spoken to appeared to have good knowledge of safeguarding procedures and national policy.

For the most part, the registered provider sought to ensure the designated centre was operated in a manner that respected the age, gender and disability of each

resident. Inspectors observed systems in place to allow for individual residents choice around meal times and daily activities. However, there was one resident living in this the designated centre on a long term basis and going home at weekends. This service was not suitable for the purpose of meeting this individuals personal and social care needs on a long term basis. The designated centre, in facilitating this, was not allowing the individuals freedom of choice and control at times. With different residents availing of the respite service on a regular basis, the individual had no consistency or choice with regards to whom they shared their home with daily. A person participating in management and person in charge outlined that there was a service plan in place to secure alternative accommodation for this resident at the soonest possible date, however this plan was not yet time bound. Furthermore, the inspectors identified an issue regarding the sharing of one residents personal information, with sensitive personal information shared openly with a large number of staff members. Details have been omitted from this report to protect the anonymity of the resident concerned but was discussed in the feedback meeting on the day of inspection.

Regulation 26: Risk management procedures

Overall, the inspectors found effective systems were in place for the identification, assessment and management of risks throughout the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

Effective fire management systems were in place, however one resident using the respite service had never taken part in a fire drill. Furthermore, personal emergency evacuation plans (PEEPs), did not adequately guide staff to safely evacuate residents. The inspectors acknowledge, staff were transitioning to using a new format of PEEPs on the day of inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured there were comprehensive assessments and personal plans in place for all residents. These were subject to regular review and reflected the residents needs. However, social goals in place for two residents were not adequately reflecting the residents personal development and were not specific,

measurable, achievable, realistic or time bound (SMART).

Judgment: Substantially compliant

Regulation 6: Health care

In general, the registered provider had ensured the residents healthcare needs were being met to a high standard. Residents were supported during times of illness and nursing care was provided where appropriate. However, staff did not always have access to information regarding recommendations made by allied healthcare professionals.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had ensured arrangements were in place for the safeguarding of residents. All staff were up-to-date on appropriate safeguarding training. All residents were assisted and supported to voice any concerns, and these were addressed in a serious and timely manner.

Judgment: Compliant

Regulation 9: Residents' rights

For the most part, the registered provider ensured the designated centre was operated in a manner that respected the age, gender and disability of each resident. However, there was one resident living in this the designated centre on a longterm basis and going home at weekends. This service was not suitable for the purpose of meeting the individuals personal and social care needs of this resident on a longterm basis. Furthermore, the inspectors identified an issue regarding the sharing of one residents personal information.

Judgment: Not 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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Teach Shingán OSV-0002125

Inspection ID: MON-0023329

Date of inspection: 05/02/2019

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: To ensure that this regulation is compliant the Person in Charge has completed the following: • On the 22nd of February 2019, the Person in Charge submitted an updated Garda Clearance for the Person Participating in Management, • All other information (according to schedule 3) was submitted during the re-registration process on the 2nd of February 2019, • The Statement of Purpose has been updated in accordance with schedule 1 and submitted to HIQA on the 22nd of February 2019. This regulation became compliant on the 22nd of February 2019	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure that this regulation is compliant the registered provider has completed the following: • The Registered Provider will nominate the Person Participating in Management to complete the six monthly unannounced visits, • The Person Participating in Management has agreed a plan with the Registered	

Provider of when and how the six monthly unannounced visits will be completed.

To ensure that this regulation is compliant the registered provider will complete the following:
• The Registered Provider will complete the annual review by the 31st of March each year, ensuring that all resident and their representatives are consulted with through this process.

STAFF SUPERVISION
To ensure that this regulation is compliant the registered provider has completed the following:
• The Person in Charge has delegated staff supervision to the team leader
• The Person in Charge has developed a system to monitor and ensure performance management are complete every six months,
• A care report is sent by the team leader from each designated centre to the PIC and the PPIM, the PIC completes an analysis each month of the findings across the residential service in relation to common themes.
• At the end of each quarter the PIC and the PPIM completes a quarterly analysis and presents it to the Quality and Safety committee, this committee is made of management and members of the board.

This regulation will be compliant on the 31st of March 2019.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
To ensure that this regulation is compliant the Registered Provider has completed the following:
• Updated the Statement of Purpose to ensure that it contains all information set out in schedule 1 and submitted it to HIQA on the 22nd of February 2019,
• The updated Statement of Purpose now includes the correct name of the designated centre, correct,
• details of the staff whole time equivalent,
• conditions of registration, the details of the service provided and the correct management organisational structure.
• The correct floor plans,

This regulation became compliant on the 22nd of February 2019

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
To ensure that this regulation is compliant the Registered Provider has completed the following:
• There is a plan in place to ensure that all schedule 5 policies will be completed by the August 2019,
• All schedule 5 policies have been reviewed, some are in the process of being typed and others are awaiting approval from the senior management team,

To ensure that this regulation is compliant the Registered Provider will complete the following:
• A team is currently working on developing a safeguarding policy for this organisation,
This regulation will be compliant on the 26th of August 2019

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
To ensure that this regulation is compliant the Person in Charge will complete the following:
● The Person in Charge will submit notifications in the timeframe that HIQA requires
● If an NF06 is been submitted, the Person in Charge will submit it within three days and complete investigation afterwards
● If NF03 is being submitted the Person in Charge will only submit this notification if a resident has a serious injury,
● The Person in Charge always ensure that the quarterly notifications are submitted in a timely manner.
This regulation will be compliant on the 30th April 2019.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
To ensure that this regulation is compliant the Person in Charge will complete the

following
TRAINING
● Identify the Staff who have not completed mandatory training in this Centre
● Work with the Human Resource Manager in providing training for the identified staff as soon as possible,
● Ensure all staff attend training identified, if staff fail to attend training they will be placed off shift as they do not have the appropriate training to respond to the resident's needs,
● Review of the residents current and changing needs in this Centre,
● Inform the Human Resource Manager of the identified training required,
● Create a yearly plan with the HR Manager so that all staff can access training taking into consideration, shift pattern and the ability to cover,
● Work with the HR on identifying the type of training that is mandatory in each centre,
● The Person in Charge will inform the team leader of any internal or external training that enhances the staff team and improve the quality of life of each resident.
STAFF SUPERVISION
● The Person in Charge will delegate staff supervision to the team leader,
● The Person in Charge will ensure that all staff are supervised appropriately,
● The Person in Charge will ensure that all supervision documents will be read and signed by the Person in Charge, a copy of these documents is sent to the Human Resource Department and another copy is held in the Person in Charge office,
● The Person in Charge will request a copy of staff supervision report from the Human Resource department to ensure that the copies submitted correspond with the Person in Charge records,
● The Person in Charge will send any information in relation to guidance from statutory or professional bodies to the team leaders to discuss with the staff team.
The Person in Charge will ensure that this regulation will be compliant by 11th of November 2019.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
This designated centre has access to all firefighting equipment and is serviced on a regular basis, Staff are all appropriately trained in firefighting and also how to evacuate service in an effective, safe manner. Fire evacuation procedures are displayed in the hallway of both houses in this designated centre, in an easy read format for residents to see and staff discuss these procedures with the residents at house meetings on a regular basis, Fire drill happen on a monthly basis and also when a new resident is being inducted into "Teach Shingan", deep sleep drills happen annually.

To ensure that this regulation is compliant the Registered provider and the Person in Charge will ensure the following is completed:
● All firefighting equipment are regularly serviced and a log is recorded in relation to this,
● Easy read fire evacuation information is in place to support the resident to evacuate

effectively and safely is displayed,
● All staff are trained in firefighting, the use of equipment and respond to evacuating a resident safely and effectively,

The Registered provider and the Person in Charge have ensured that the following work has been completed
● A fire and manual handling training expert used by the organisation met with the team leader on the 4th of March 2019 and they discussed the risks involved in the event of a fire evacuation, advice was provided on how to evacuate the resident safely and effectively,
● New PEEPS were developed for all residents in this centre, all staff input was included in these new PEEPs, it was reviewed by a manual handling and fire training expert on the 19th of February 2019 and he was satisfied with them
The team leader met with the resident identified in inspection on the 7th of March 2019, (supported by the keyworker) who has not yet completed a fire drill, the team leader and the keyworker went through the procedure in the event of a fire evacuation,
● A risk assessment and a PEEP's was completed for this person on the same day,
● On the weekend of the 8th of March this resident accessed Teach Shingan and a fire drill was completed and the person responded to it and went to the assembly point without any issue, this will be completed again when this person returns to Teach Shingan,
● The team leader is currently working with keyworkers to support residents with mobility issues to ensure they use the safest procedures to evacuate them safely and effectively and an individual manual handling assessment will be completed on all of these residents, staff will be provided training on the type of manual handling required for each person,
● A log is maintained on all residents who access Teach Shingan and when they took part in a fire drill,
● There is fire evacuation sheet on all beds and training is being held on the 25th of March 2019 to ensure that all staff can use them,
● All residents will have a new PEEP's completed by the 19th of August 2019,
The Registered Provider and the Person in Charge will ensure this regulation will be compliant by the 16th of August 2019

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
This designated centre provides a respite service and allocation is decided through the HSE scheduling team, this team decides how much allocation the person is entitled to according to their required needs. A HSE liaison nurse on this team refers service users to the respite service, prior to admission a comprehensive assessment of needs and an in-depth induction are completed according to the service user needs. As personal plans

are developed in the day service, the team leader in Teach Shingan works closely with the keyworker in the day service to ensure goals are followed and the residents has an enjoyable time in respite where their required needs are met.

To ensure that this regulation is compliant the Person in Charge will ensure the following is completed,
• All residents have an up to date comprehensive of needs and it is reviewed regularly,
• A snapshot tool will be developed by the team to identify the needs of each service user that uses respite,
• Personal Plans of the residents that access Teach Shingan are discussed with the staff prior to their stay,
• At monthly team meetings, the personal plans of residents that are being inducted are discussed and also any changes to personal plans of residents are also discussed.
• The team leaders of all areas in this organisation will work together to update the PCP audit to ensure that consistent and reflect the resident's currents needs and aspirations

The Person in Charge will ensure this regulation will be compliant by the 16th of January 2020

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Teach Shingan provides a respite service and there is a broad skill mix including nursing staff to address the healthcare needs of the residents who access this service. The residents are supported to access allied health professional through the day service or by the support of their families. Following appointments, the team leader meets with the keyworker and they discuss the outcome of the appointment and support are put in place to address the needs highlighted.

To ensure that this regulation is compliant the Registered provider will ensure the following is completed:
• The team leader will continue to communicate with the keyworker on a regular basis to identify the health care needs of the resident who access the respite service,
• The team leader will work with the keyworker to develop support plan in relation to residents required healthcare needs,
• The team will develop a snapshot of all residents and support plans in relation to health care needs will be included in this,
• Support plans in relation to resident required healthcare needs will be discussed prior the person accessing the respite service,
• Support plans in relation to required health care needs of residents in being inducted into the respite service or any changes to support plan in relation to health care needs will be discussed at monthly meetings,

Factual inaccuracies will be submitted in relation to the following information "However, staff did not always have access to information regarding recommendations made by allied healthcare professionals" The team in this designated centre believes that this is not accurate each resident hold just one file with all information in it. As the files are developed by the day service, the team leader communicates with keyworkers in the day service on a daily basis to ensure that helath care support plans are followed by the team in Teach Shingan
The Registered Provider and the Person in Charge will ensure this regulation will be compliant by the 16th January 2020

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
RESIDENT LIVING IN THE DESIGNATED CENTRE
The resident identified in this inspection has lived in the Teach Shingan, since the hostel was closed down in October 2015. This residents wish is to avail of a service closer to his family who live approximately one and half hours' drive from where the resident currently resides.
This resident has been provided with the following support to address the wish to live closer to family members
• The independent advocate has worked with this resident since he moved from the hostel. The independent advocate supported this person to identify the following a service closer to family members, and to share a house with other of similar age and interests,
• In August 2018, an application form was completed by the PIC and the PPIM for a service closer to home,
• The PPIM worked closely with the local disability manager to highlight the needs to avail of a service closer to home,
• On the 4th of March 2019, this resident attended an interview with the support of family members and independent in a service closer to home,
• It has been communicated that this person will avail of this service when the following assessment are completed, a psychological assessment was completed in August 2018 and a referral has been made to the occupational therapist,
• When these assessments are completed an offer of placement including date of commencement in the new service will be given to the resident,
To ensure that this regulation is met the Registered Provider will ensure the following
• The PPIM will continue to work with the local disability manager to ensure this placement is secured,
• The PIC and the team leader will ensure that the assessments requested by the new service are completed,
• The team leader will support this resident to meet with the independent advocate on a monthly basis,
SHARING OF PERSONAL INFORMATION
The PIC, the PPIM and the team leader have had in-depth discussions around the

sharing of personal information, it was decided that there will be a review of all resident files who use the residential and respite service. This will establish if there is sensitive information held in these files, residents or their representatives will be consulted with and they will be provided with the choice of whether to store their information in the PIC or PPIM's office. A new form had been complied to identify where this information is stored.

The Registered Provider will ensure this regulation will be compliant by the 16th of January 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
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Not Compliant	Orange	22/02/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	11/11/2019

	have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/03/2019
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	31/03/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is	Not Compliant	Orange	16/08/2019

	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	22/02/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/04/2019
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 in accordance with best practice.	Substantially Compliant	Yellow	26/08/2019
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident	Substantially Compliant	Yellow	16/08/2020

	is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	16/01/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	16/01/2020