



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Teach Solas/Oaklands
Name of provider:	Health Service Executive
Address of centre:	Longford
Type of inspection:	Short Notice Announced
Date of inspection:	10 June 2020
Centre ID:	OSV-0003761
Fieldwork ID:	MON-0028861

About the designated centre

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

Teach Solas/Oaklands is a designated centre in a large town in Co. Longford. It comprises of two large community homes, located a short distance from each other. One house is a five bedroom bungalow and the other is a four bedroom dormer style bungalow. Each resident has their own bedroom which has been personalised to their own individual styles. Two of the bedrooms in each house are en-suite. The houses are spacious and have adequate communal space for residents. Some adaptations have been made in the homes to meet the needs of residents who have mobility issues. Both houses have gardens to the back of the properties. Transport is provided should residents wish to avail of it for leisure activities and appointments. The centre provides full time residential care to nine male and female adults, some of whom require support around their emotional well-being and healthcare needs. The centre is nursing led, meaning that a nurse is on duty 24 hours a day. Health care assistants and social care workers are also employed to support residents. Some residents do not attend formal day services. They are supported by staff in the centre to having meaningful activities during the day in line with their personal preferences. The person in charge works full time in the centre and is also supported by a clinic nurse manager 1 to ensure effective oversight of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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 10 June 2020	10:00hrs to 15:50hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

The inspector visited one of the two units of the designated centre and spoke with the person in charge, two staff members and briefly with the person participating in management.

The inspector briefly met with one resident during the inspection. The resident appeared to be at home in the centre and accessed areas of the centre at their leisure. Staff were observed to provide support to a resident to access the community.

Due to recent COVID-19 restrictions residents had been unable to avail of their regular community activities; however, alternative arrangements had been made in the centre to ensure the residents were supported with a meaningful day. For example, one resident went for walks to a local park, a nearby forest area and enjoyed drives.

The inspector observed two other residents in the sitting room area, both of whom appeared relaxed and content within the centre at the time of the inspection.

Quality and safety

Overall the inspector found residents were not provided with the appropriate care and support to ensure their safety and well being. Specifically issues in relation to safeguarding concerns were not consistently reported or managed to ensure residents were not at risk of abuse. Additionally infection control precautions, relating to the use of personal protective equipment (PPE), were not implemented in line with public health guidelines to ensure residents and staff were protected against the transmission of infection. Improvement was also required in personal planning to ensure recommendations arising from multidisciplinary team reviews were implemented in practice. Good practice was found in the area of positive behavioural support.

Residents were provided with care to support their emotional and behavioural well being. The inspector reviewed two behaviour support plans. Comprehensive plans were developed, outlining the behaviours of concern, and the proactive and reactive strategies to support residents with their emotional well being. There was ongoing monitoring of residents' behaviour which informed the review and subsequent amendment of behaviour support plans. Residents were also supported with their emotional well being by a clinical nurse specialist in behaviour and by a psychiatrist.

Alternative measures were considered before restrictive interventions were implemented and the circumstances of the implementation of restrictive interventions were clearly set out in plans and implemented in practice. Restrictive interventions were regularly reviewed by a service restrictive practice committee, ensuring adequate oversight in relation to their implementation. Families had been informed of the use of restrictive interventions.

Staff had been provided with training in positive behaviour support including de-escalation and intervention strategies, and were knowledgeable on the residents' needs in this regard.

HIQA had been notified of a number of safeguarding incidents in the centre since the last inspection. However, suitable documentation was not available to confirm the circumstances surrounding a peer related incident, or the follow up actions taken by the person in charge to ensure residents' safety.

In some cases appropriate safeguarding measures relating to compatibility of residents had been initiated and plans were progressing on alternative service provision as identified previously by the provider. However, in another case ongoing resident compatibility issues were identified by staff as having a negative impact on some residents in the centre. These related to behaviours of concern, and while clinical support was provided, it was unclear what measures were being taken to address the ongoing impact on other residents living in the centre.

An additional safeguarding concern had recently been notified to HIQA and the person in charge had initiated an investigation into the incident. However, the person in charge had not taken appropriate action following the incident to ensure residents were safeguarded. While the incident had been progressed and some actions had been agreed by management, there was no evidence to confirm a safeguarding plan had been developed following the incident, in order to ensure residents were protected. The person in charge told the inspector they were not aware that a safeguarding plan was required in this instance, and consequently staff were unaware of any safeguarding measures required to ensure residents' safety. Given these findings, the provider was issued with an urgent action plan the day after the inspection to provide assurances relating to safeguarding concerns. The provider submitted these assurances, including the development of a safeguarding plan, enhanced staff team discussion and training on safeguarding, multidisciplinary team support, referral to an external advocacy service and a discussion of the outcome at a governance team meeting.

Staff had been provided with training in relation to safeguarding residents and two staff spoken with were knowledgeable on the types of abuse and the action to take in response to a safeguarding concern.

Since the last inspection the assessed needs of two residents had been reviewed and actions identified by the provider. Plans were progressing as agreed for one resident. However, for another resident, while some agreed actions had been completed, other recommendations arising following review had not progressed. There was no plan in place to review these agreed actions following the last

multidisciplinary team meeting in September 2019. Therefore, the inspector was not assured that arrangements had been put in place to meet the assessed needs of the resident.

The inspector reviewed infection control precautions implemented in the centre. Sufficient PPE was available in the centre and a record of stock was maintained by the person in charge. However, staff were not complying with the requirement for the use of some PPE in certain circumstances, as outlined in national guidance. For example, staff confirmed that it was not possible to maintain social distancing between residents and staff in the centre however, protective face masks were only being used for intimate care procedures. The inspector spoke with the person participating in management at the end of the inspection, who confirmed staff had been provided with updated guidance in this regard, prior to the inspection.

There was no hand soap available for use in the main bathroom of the centre on the morning of inspection. The inspector informed the person in charge and this issue was rectified during the inspection.

Records were not available to confirm staff had been provided with up-to-date training in infection control, hand hygiene, use of PPE and COVID-19. The person in charge outlined records had not been maintained, however, training had been provided on site. The inspector spoke to two staff members who confirmed they had received this training.

A contingency plan had been developed for the centre in the event of a suspected or confirmed case of COVID-19 and staff were aware of the details of this plan.

Regulation 27: Protection against infection

The use of some PPE in the centre was not in line with national guidance and directives by the provider. Records confirming staff had received updated training in protection against infection were not maintained in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The assessed needs of two residents had been reviewed since the last inspection. However, arrangements had not been put in place to meet the assessed needs of one of these residents following review by a multidisciplinary team.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate care in order to support their emotional and behavioural well being. Restrictive interventions were implemented after all alternative measures have been considered, and were subject to regular review.

Judgment: Compliant

Regulation 8: Protection

Appropriate actions had not been taken by the person in charge following safeguarding concerns in the centre. There was no evidence available to confirm the reporting, investigation or outcome of a peer related incident. Measures were not in place to ensure that residents were not impacted by behaviours of concern occurring in the centre.

The person in charge had not ensured a safeguarding plan was communicated or implemented following a recent safeguarding concern.

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
Quality and safety	
Regulation 27: Protection against infection	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Teach Solas/Oaklands OSV-0003761

Inspection ID: MON-0028861

Date of inspection: 10/06/2020

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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The training records have been updated to reflect the training completed by staff on infection control.</p> <p>The use of PPE is monitored by PIC to ensure it is utilized in line with national guidelines and best practice recommendations.</p> <p>Daily day and night task folder is in place to ensure checking of all equipment required for correct hand hygiene.</p> <p>The CNS in Infection Prevention and Control is scheduled to visit the centre to review infection control precautions and provide advice and guidance to the PIC to ensure best practice.</p> <p>Infection control will now be a standing item on the agenda of all house meetings.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A review of each resident's assessed needs has been completed and audited to ensure arrangements or recommendations from MDT are implemented.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>There has been a review of safeguarding incidents in the Centre to ensure a robust</p>	

investigation, and actions identified are implemented.

Safeguarding plans are in place for all safeguarding concerns, and these have all been communicated to all staff and are now a standing Agenda item at staff meetings.

Any actions required to safeguard residents is discussed at handover report.
All staff will have safeguarding refresher training.

The safeguarding policy has been discussed at the most recent staff meeting and this is a standing Agenda item at all staff meetings.

Our procedures have been reviewed and all incidents of suspected allegations of abuse will be referred to the safeguarding social worker for advice and guidance for a robust review to ensure all residents are protected.

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	29/06/2020
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	14/07/2020

Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Red	12/06/2020
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