Health Information and Quality 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 Sasta
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	07 October 2025
Centre ID:	OSV-0001833
Fieldwork ID:	MON-0039941

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. 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, some with en suites , 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:	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 (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
Tuesday 7 October 2025	11:00hrs to 18:15hrs	Anna Doyle	Lead
Wednesday 8 October 2025	09:20hrs to 12:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of a group inspection of 6 designated centres operated by this provider. Each centre was inspected independently and findings will be reported under each centre however, staff personnel files, staff training records, policies and procedures and complaints were reviewed centrally in the providers main offices. While in the main good practice was observed and residents enjoyed a good quality of life some improvements were required particularly in relation to governance and oversight, care planning and the quality of audits carried out by the provider overall.

In this centre, while the residents here reported that they had a good quality of life and liked living in their home, from reviewing records, talking to staff and observing practices on the day of the inspection, the inspector found that the staffing arrangements were not suitable to meet the needs of the residents at all times in this centre. The governance and and management arrangements were also not assuring a safe quality service to the residents at all times and as a result a number of regulations were found to require improvements.

The centre is registered to support six residents. At the time of the inspection, five residents lived here. One of those five residents was living here on a part time basis, which was part of their transition plan to the centre on a full-time basis.

The residents had been informed that the inspection was taking place and over the course of the inspection, the inspector met all five residents, the person in charge, and two staff members. Some practices were also observed, and a sample of records pertaining to the management of the centre and the care and support being provided were reviewed.

On arrival to the centre on the first day of the inspection, most of the residents had left to attend their day service, except for one who had been feeling unwell and stayed at home. This resident was having a cup of tea, sitting watching morning television chat shows. The resident had a chat with the inspector and told them that they were happy living there and liked all of the staff and other residents. They also spoke about some of the things they liked to do, and about a recent holiday that all of the residents had gone on. The resident was a fan of some television soap programmes and spoke about plans to visit one of the television sets in the coming months, which they were really happy about. The resident did not want to show the inspector their bedroom, but had given the staff permission to show the inspector around.

The premises were spacious, homely and clean on the day of this inspection. Some areas of the centre had been redecorated and some new furniture had recently been purchased which residents seemed happy with. For example; a large corner recliner

sofa had been purchased for the sitting room and one of the residents said they loved it and showed the inspector how it worked.

Each resident had their own bedroom and three of them had en suite bathrooms. There was also a bathroom on the second floor of the property. Four residents showed the inspector their bedrooms and they were all decorated with residents' personal items and family photographs. One resident showed the inspector some of their photographs which included a recent visit to a place that the resident used to live in. It was evident from talking to the resident that this visit had been a special occasion for them as they had many memories of living there previously.

Communal facilities included a sitting room, an open plan kitchen and dining room. Beside the kitchen there was utility room where the washing machine and the tumble dryer were stored.There was a garden to the back of the property, which included raised flower beds, where some residents liked to grow vegetables.

However, during the walk around of the centre, the inspector observed some other improvements that were required that had not been highlighted through the providers own audits. This meant that there was no plan in place to address these at the time of the inspection. The improvements identified included the flooring in the bedrooms, most of which needed to be sanded and re varnished, one of the floors also required attention as there were gaps between the slats of wood. The radiator in one residents bedroom was rusted, the counter in the kitchen was marked and a small number of furniture items were worn. These issues had not been identified when infection prevention and control audits had been completed in the centre.

Four of the residents had completed questionnaires (with support from staff) prior to the inspection, to give their feedback on the services provided in this centre. The questionnaire included questions about, whether it was a nice place to live, if residents got to make their own choices and decisions, if the staff were helpful and knew the residents well, and if residents felt safe. All of the residents said that they loved their home and felt safe. The residents reported that they liked the staff team and said they were always very nice to them. The inspector also observed that staff were providing residents with choices and options over the course of the inspection, and the residents got to decide what was happening.

One resident however, had stated that they did not like the noise in the centre, that another resident made. The inspector followed up on this with the person in charge and found that there had been a number of complaints made by residents previously about this issue which the person in charge stated had not been addressed to a satisfactory level at the time of this inspection.

This noise issue, was not only distracting for other residents but it also kept them awake some nights. The inspector found that the person in charge and staff team were doing their best to address this and had found that when the resident concerned had a staff with them at all times, the noise stopped. As a result the registered provider had employed additional staff in the evening times to address this. However this, did not address the issue for residents at night time or in the

morning when only one staff was on duty. As a result the inspector was not assured that the staffing levels at the time of this inspection were adequate to meet the needs of the residents during these times.

The residents were supported to keep in touch with family and friends. At least once a month, the residents went home to visit family and family members were welcome to visit the centre also.

Residents were supported to have valued social roles in the community. They were members of the local residents housing association on the estate they lived on. One resident hosted a radio show every Friday on the local community radio station. This resident also had a part time job. All of the residents attended a day service and attended local events in the community. There was a notice board in the kitchen to remind the residents of local things that were happening.

The residents were also included in decisions and changes in their home. They were also supported to maintain their independent living skills, with many of them being responsible for their own laundry, assisting with meal preparation or making their own breakfasts and lunches.

The registered provider had also considered the views of residents and asked them about senior management decisions. As an example, it had been highlighted in their annual review that they wanted to explore more ways in which residents could be involved in interviewing new staff members. The inspector observed a survey conducted with residents to seek their views on what kind of staff they would like to support them. The survey found that residents wanted staff who were funny and wanted to do go different places. This was a good example of where residents views were taken on board. However, this survey had been conducted in March and April 2025 and there was no plan or feedback to the residents about what the next steps were to address their feedback.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

The management structures and oversight of the quality and safety of care in this centre required significant improvements at the time of this inspection, the centre was not adequately resourced and assurances had to be sought from the provider on the first day of the inspection in relation to medicine management practices. As a result there were a number of other improvements required in regulations reviewed including, risk management, healthcare, medicines, training and staffing.

The skill mix of staff and the number of staff on duty each day was not appropriate to meet the changing needs of one resident. This was also impacting on the quality of life of the other residents in the centre at the time of this inspection.

Training had been provided to staff to ensure they had the necessary skills to support the residents. However, at the time of this inspection a staff member who was not trained to administer medicines was rostered to work on alone a sleepover arrangement. This meant that if residents required prescribed PRN (as required) medicines, the staff member concerned was depending on the goodwill of other staff members who were not working to come in on duty and administer the medicines during the night. The inspector found that this arrangement did not provide timely access to the medicines that some residents may need.

As an example, one resident was prescribed inhalers on as required basis and this could not be administered in a timely manner if this staff member was on duty at night. As a result on the first day of the inspection, the inspector sought assurances, that this would be addressed by the time this staff member was next rostered to work alone in the centre. On the second day of the inspection, the provider had arranged for the staff member not to work alone in the centre until this training was complete.

The registered provider had a system in place to respond to complaints. The residents in this centre had made ten complaints about the noise levels in the centre which was attributed to another residents' changing needs. The inspector found that while this had been investigated, and some actions had been taken to address this, the complaints could not be addressed to a satisfactory level until the staffing levels in the centre were addressed as discussed under the first section of this report.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to the Chief Inspector to renew the registration of the designated centre which included all of the documents that are required to be submitted with this application. Some minor improvements were required to three documents, however they were not deemed significant enough to warrant an action under this regulation.

Judgment: Compliant

Regulation 15: Staffing

Overall, the inspector found that the staffing arrangements in the centre, were not suitable at all times to ensure that all residents' needs were met. As outlined earlier in this report, residents had made complaints about the noise of another resident. Following several interventions and reviews, it had been identified that the resident

concerned could be supported better in an individualised setting, centred around this residents' support needs. As well as this it had been identified that when the resident had one to one support from staff, that the noise subsided. The registered provider had employed additional staff who were working in the evening time to support this resident.

However, as there was only one staff employed in the centre at night on a sleep over arrangement and one staff in the morning, this one to one support could not be provided to the resident at all times and therefore the noise which others residents had complained about increased during these times. This meant that other residents sleep patterns were disrupted and morning times for other residents were often disrupted by this noise.

The person in charge maintained a planned and actual rota showing the staff that had worked in the centre. A review of a sample of rosters from January 2025, June 2025, July 2025 and the week after the inspection indicated that the staffing arrangements were as described by the person in charge. There were no staff vacancies at the time of this inspection. During the day when residents were in day services, there were no staff on duty Monday to Friday. In the evening time, three staff worked until 9pm and one of those staff remained on duty on a sleepover basis until 9.30am. In situations where residents were unwell, a staff member could stay on duty so as the resident could be cared for in their own home during this time.

The residents and staff also had the support of nurse manager who was employed in the wider organisation to support and guide them with any specific healthcare needs residents may have. This nurse manager also provided education to staff around some residents' healthcare needs.

Senior managers were also on call 24/7 to report any safeguarding concerns in the centre. The person in charge also provided after hours on call advice and support to staff in the centre.

The residents who met with the inspector spoke highly of the staff members employed in the centre and said that they were supportive and kind.

A sample of records that are required to be in place under Schedule 2 of the regulations in three staff member personnel files found that the required records were in place. For example, staff had vetting disclosures and two written references in place on their personnel file.

Judgment: Not compliant

Regulation 16: Training and staff development

From reviewing the records of staff, the inspector found that they were provided with training to ensure they had the necessary skills to respond to the needs of the residents. However, as discussed under the governance and management section of this report, one staff did not have training in medicine management.

A sample of records viewed showed that staff had undertaken a number of in-service training sessions which included:

- Fire Safety
- Positive Behaviour Support
- Safeguarding
- Medicine Management (including two competency assessments)
- Intimate Care
- First Aid
- Manual Handling
- Epilepsy
- Self-directed living
- Food Hygiene
- Dementia training.

Staff were also provided with formal supervision with the person in charge. This enabled staff to discuss their personal development and raise concerns about the quality of care if they had any. A sample of records reviewed by the inspector found that staff had not raised any concerns about the quality of care. The person in charge confirmed this also for all staff.

Judgment: Substantially compliant

Regulation 22: Insurance

As part of the application to renew the registration of the centre, the registered provider had submitted a valid insurance certificate which included cover for the building and all contents and residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in this centre required significant review. The centre was not adequately resourced as referenced under staffing and some of the practices in the centre depended on the goodwill of staff. For example, as discussed under training, staff who did not have medicine management training

were allowed to work on their own and required staff who were off duty to attend the centre when the concerned staff member was on duty.

The oversight arrangements in the centre required review. The person in charge was a qualified health care professional with an additional qualification in management. They had a very good knowledge of the residents needs in the centre and it was evident that the residents knew the person in charge very well. The person in charge was transparent, responsive to the inspection process and had a good knowledge of their legal remit under the regulations. However, they were also responsible for another designated centre under this provider. They were assigned eight hours supernumerary hours in this centre and were also required to work one shift in the centre. There were no other staff assigned in a management role to support the person in charge when they were working and managing the other designated centre that they were responsible for. This was of concern as audits being conducted in the centre, were raising concerns about how disorganised personal plan records and other records in the centre were. The actions identified stated that the person in charge should delegate more to address this, however, there was no assigned staff to take on this responsibility. This required review.

The auditing mechanisms in the centre required review also. Some of the audits had action plans developed to address areas of improvement, however, it did not detail what had, and had not been audited as part of this review. For example; a medicine audit had identified improvements in medicines to be returned to the pharmacy, however, it did not identify that the registered providers policy was not been adhered to as there was no separate area in this centre to store medicines to be returned, even though the policy stated this. An infection prevention and control audit did not identify issues raised on this inspection, even though audits were conducted on a regular basis.

The centre was not adequately resourced. Recently the registered provider had increased the staff numbers in the evening time to ensure that one resident could be provided with one to one support. This residents' changing needs was impacting on the other residents in the centre. A clinical review had recently been conducted for the residents whose needs had changed. It had been identified in this review that a more suitable individualised service for this resident was being looked at.

However, there had been no review to ensure that this additional staff was adequate or to review if the staffing arrangements at night and in the morning were adequate when only one staff was employed in the centre. This was concerning as the inspector observed the sleep charts for one resident and found that some nights the resident was awake for long periods during the night.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose submitted to the Chief Inspector as part of the registered providers application to renew the registration of the centre was reviewed by the inspector and found to meet the requirements of the regulations.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were facilitated to make complaints on the services provided. The registered provider had a complaints policy in place that outlined the procedures that would be followed in the event of a resident being unhappy with aspects of the care and supports provided in the centre. This included an appeals process if they were not satisfied with the outcome of the complaint after it was investigated.

The procedure for who to make a complaint to was clearly displayed in the centre, and the residents spoken to were aware of this procedure. The registered provider had also an easy-to-read format of the complaints procedure for residents who may require this format.

However, over the last year or more residents had raised complaints about the impact that one residents behaviour was having on them. As detailed throughout this report, these complaints had not reached a satisfactory outcome at the time of this inspection as the residents behaviour continued to impact other residents at times in the centre.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures under Schedule 5 of the regulations and these Schedule 5 policies and procedures have been reviewed every three years as required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents living in this centre told the inspector that they were very happy with the services provided in this centre. Notwithstanding due to the governance and managements arrangements in this centre and staff resources improvements were required in a number of regulations.

Residents were supported with their health and emotional needs and had access to allied health professionals where required. However, the oversight and management of residents personal plans in the centre, meant that some assurances could not be provided to the inspector on the day of the inspection. As an example; an audit in the centre had identified that residents should be provided with education and information about their right to make decisions about their future healthcare decisions which could include end of life wishes. At the time of the inspection there were no records to verify whether this had been completed with the residents. As well as this it was not clear on the day of the inspection whether a resident who had attended their GP had recommended bloods taken at this appointment.

Residents were supported with their general welfare and development and to maintain links with family and friends.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. However improvements were required in the records to assure a safe service to residents. As an example the risk register for the centre, highlighted that there was one red risk and three amber risks in the centre, which meant they were considered a medium to high risk. However, the risk assessments did not reflect this. As well as this the key risks in the centre one of which related to the quality of life of residents, was not on the risk register and as discussed under other sections of this report had not been addressed to a satisfactory level at the time of this inspection. Another risk related to the staff not having training to administer medicines had not been identified as a risk in this centre.

Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre.

Medicines management practices required improvements on the day of the inspection in relation to the storage and return of medicine to the pharmacy.

The residents reported in their questionnaires and when speaking to the inspector that they felt safe in this centre. All staff had been provided with training and were aware of who they should report concerns to.

There were several positive examples of where residents were supported with their rights in this centre. However, the ongoing issues in this centre, which was impacting on the rights of residents in their home, needed to be addressed.

Regulation 13: General welfare and development

The residents were supported to keep in touch with family and friends. At least once a month, the residents went home to visit family and family members were welcome to visit the centre also.

Residents were supported to have valued social roles in the community. They were members of the local residents housing association on the estate they lived on. One resident hosted a radio show every Friday on the local community radio. This resident also had a part time job. All of the residents attended a day service and attended local events in the community. There was a notice board in the kitchen to remind the residents of local things that were happening.

Residents had recently enjoyed a holiday which they all reported that they enjoyed. They also had plans to go to other events in the coming months. They were also supported to maintain their independent living skills, with many of them being responsible for their own laundry, assisting with meal preparation or making their own breakfasts and lunches.

Judgment: Compliant

Regulation 17: Premises

The premises were spacious, homely and clean on the day of this inspection. Some work and new furniture had recently been purchased which residents seemed happy with. However, during the walk around of the centre, the inspector observed some other improvements that were required that had not been highlighted through the providers own audits. This meant that there was no plan in place to address these at the time of the inspection. The improvements identified included the flooring in the bedrooms, most of which needed to be sanded and re varnished, one of the floors also required attention as there were gaps between the slats of wood. The radiator in one residents bedroom was rusted, the counter in the kitchen was marked and a small number of furniture items were worn.

Each resident had their own bedroom and three of those had en suite bathrooms. There was also a bathroom on the second floor of the property. Four residents showed the inspector their bedrooms and they were all decorated with residents personal items and family photographs.

Communal facilities included a sitting room, an open plan kitchen and dining room. There was a large mature garden to the back of the property and back of the property. There was also a utility room where the washing machine and the tumble dryer were stored.

There garden area to the front, had space for parking.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided, how residents should be included in the running of the centre and where residents could access inspection reports carried out in this centre by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 26: Risk management procedures

There registered provider had prepared a policy on risk management, this outlined some of the key systems in place to review risks in the centre. A risk register and individual risk assessments for residents were maintained in the centre.

However, aspects of these required improvements which included the following; the risk register for the centre, highlighted that there was one red risk and three amber risks in the centre, which meant they were considered a medium to high risk. However, the risk assessments did not reflect this, one of the amber risks related to a resident with dementia, however this risk related to fire safety and not dementia. It was also risk rated as a low risk in the risk assessment and not an amber risk as listed in the risk register.

As well as this a key risk in the centre which related to a staff member not having training to administer medicines had not been identified as a risk in this centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre.

Fire equipment such as emergency lighting, the fire alarm, fire extinguishers and fire doors were installed. A record of checks conducted by by staff were stored in the designated centre, as well as records to show that this equipment had been serviced.

Residents had personal emergency evacuation plans in place outlining the supports they required. One staff member went through the fire evacuation procedure for the

centre and was clear about the support residents required. Two residents who spoke to the inspector were familiar with the fire assembly point and told the inspector that on hearing the alarm they would get out of the building immediately.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records viewed showed that these were taking place in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a policy on the safe administration of medicines in the centre. Some aspects of this document were reviewed as part of this inspection. This review showed that the providers policy regarding the storage of out of date medicines or medicines to be returned to the pharmacy was not been adhered to in this centre. The inspector found that these medicines were being stored with other medicines on the day of the inspection. The records stored in relation to medicines being returned to the pharmacy also needed to be reviewed to ensure that they were accurate.

Some creams and medicines also did not have the date of opening labelled, which meant that is was difficult to establish when these medicines and creams expired. As an example a cough bottle did not have the date of opening recorded on it, however, this was addressed on the first day of the inspection by the person in charge.

Residents had been assessed to see if they could or wanted to self-administer their own medicines. Two of the residents told the inspector that they preferred staff to administer their medicines.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals which included;

- general practitioner (GP)
- dentist
- dietitian
- chiropody
- optician
- speech and language

- psychiatry.

However, the oversight and management of residents personal plans in the centre, meant that some assurances could not be provided to the inspector on the day of the inspection.

As an example; an audit in the centre had identified that residents should be provided with education and information about their right to make decisions about their future healthcare decisions which could include end of life wishes. At the time of the inspection there were no records to verify whether this had been completed with the residents. As well as this it was not clear on the day of the inspection whether a resident who had attended their GP had recommended bloods drawn at this appointment. Some healthcare plans in place to guide practice also required more detail.

Residents were also provided with advice and support around health care screening programmes. As an example one resident had attended for retina screening.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to achieve best possible mental health. They had access to and support from a range of allied health professionals to include a behaviour support specialist and a psychiatrist.

Residents where required had a positive behaviour support plan in place outlining strategies that needed to be in place to support the resident. The inspector found that this document was detailed and that staff were able to talk about how the resident liked to be supported and what techniques were effective to reduce their anxieties. These interventions were regularly reviewed.

There were no restrictive practices used in this centre at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

The registered provider had a policy in place to safeguard the residents, which included the procedures staff should follow in the event of an allegation of abuse being reported or observed. All staff had been provided with training in safeguarding vulnerable adults. The person in charge also conducted periodic reviews with staff to confirm their knowledge and understanding of safeguarding.

One staff who met with the inspector was aware of the different types of abuse and informed the inspector about the actions they would take if they observed an abusive interaction occurring. They reported that they would reassure and support the resident and make sure they were safe, and immediately report the concern to the person in charge or the next most senior manager on duty.

Since January 2025, there had been no safeguarding concerns notified to the Chief Inspector. The inspector also found from talking to residents, reviewing their questionnaires that they reported that they felt safe and would talk to staff if they did not.

Residents were provided with education and support around their right to feel safe in the centre at residents' meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The provider, person in charge and staff demonstrated an awareness that the centre was the residents' home and, consulted them about decisions regarding the ongoing services and supports they receive, and their views were actively and regularly sought, However,one resident reported, that they did not like noise in the centre as discussed in the previous sections of this report which was impacting on their rights.

Notwithstanding, other examples observed on the inspection included:

- residents meetings were held to discuss concerns they had or to inform them of things that were happening in the centre
- easy-to-read information was also available at the residents meetings to provide education around residents' rights and other issues like fire safety or the importance of feeling safe in the centre. As an example; in respect of their rights, at a residents meeting residents were informed about government elections and were informed about the different candidates for election
- the residents who met with the inspector informed them that they were very happy living there, felt safe and that they could talk to staff about concerns they may have
- residents views were taken in to consideration when changes were being made to their home.

These measures indicated that the provider and person in charge were endeavouring to ensure residents rights were upheld.

Judgment: Substantially 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 (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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Teach Sasta OSV-0001833

Inspection ID: MON-0039941

Date of inspection: 08/10/2025

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	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
The Provider has met with PICs and the Clinical Team to review residents complaints and Actions have been agreed:

A clinical review of the individual concerned and all the interventions that have taken place will be conducted by the Behaviour Specialist (Nurse) to establish a pathway forward for this person. This has been completed on the 11/11/25.

A Mood monitor and sleep patten chart has been put in place to review Medication changes (implemented in October)to monitor behaviour changes. A further appointment with Mental Health has been set for 27th Jan.

The provider has met with residents (over teatime Pizza) to hear issues relating to noise and to seek their views re possible solutions (27th November). The provider will bring these views to Meeting with HSE. The Provider will meet with PIC team to look at arrangements for additional staff and evening plan/night time care plan which has been updated. The evening hours to be extended to 10pm to be implemented with a clear evening programme effective 1st December. A follow up meeting with Residents has been scheduled for 22nd Dec to review for improvements (to include review of monitoring charts).

The provider has met with HSE and requested a multi disciplinary (including individual/family) meeting to review options re residential placement or additional staffing (provisional date week of 9th December, awaiting confirmation). Both Clinical review and Residents views will feed into this meeting. The planned residential changes from earlier Future planning meeting (Sept 3rd) will be examined for progress and agreed.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
The Staff Member completed Training in Medication Management on the 29/10/25.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The provider will review the current staffing provision (and recent additional staffing) and practice and the allocation of protected hours which is currently 64 hours monthly in the role of PIC and how this is being managed across 2 designated centres.

The responsibilities in the absence of PIC will also be reviewed.
This will be completed by 15th December 2025 and actioned following same.

The Audit Practice and Procedure has been revised and implemented on the 3rd November 2025. The Service Provider will implement a tracker to ensure oversight of all actions going forward. This tracker will be an Agenda Item on Senior Management Team Meetings and monitored by the Compliance Manager.

The guidance on medication returns will be addressed by CNM2 directly with PIC and team.

Actions include meeting with residential team at Dec team meeting re medication and a review by CNM2 to ensure compliance.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
This matter will be discussed with HSE at quarterly meeting (13th Nov 2025) and actioned following same. The impact of behaviour is being reviewed again to try to establish a pathway to address with wider Multi-disciplinary services within HSE.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
New flooring upstairs will be completed by 31/1/26 (works booked).

The Service Provider has completed a review of the location which is a bit tired and is developing an incremental plan for various upgrades starting with upstairs flooring.

This location has been prioritized for investment for 2026.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Health and Safety Manager will review the Risk Register and Assessments with the PIC to ensure correct procedures are being followed by 15th December 2025.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
PIC to follow the Policy and Practice in this area.
PIC will ensure that actions are closed going forward.
Medication was returned to pharmacy on the 11/10/25.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
End of Life Care Plans were put in place on the 20th November 2025.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: A clinical review of the individual concerned and all the interventions that have taken place will be conducted by the Behaviour Specialist (Nurse) to establish a pathway forward for this person. The Service Provider and PIC will act on the recommendations in consultation with family by 20th November 2025. The provider acknowledges there is an impact on others in the house and is making every effort to address with all of the team here at St. Hilda’s Services.	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	22/12/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	29/10/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/01/2026

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/12/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	15/12/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/12/2025
Regulation 29(4)(c)	The person in charge shall ensure that the	Substantially Compliant	Yellow	11/10/2025

	designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	13/11/2025
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	20/11/2025
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives	Substantially Compliant	Yellow	20/11/2025

	which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.			
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.	Substantially Compliant	Yellow	20/11/2025