



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

## Issued by the Chief Inspector

|                            |   |
|----------------------------|---|
| Name of designated centre: | Teach Lamagh  |
| Name of provider:          | St Christopher's Services<br>Company Limited by Guarantee |
| Address of centre:         | Longford  |
| Type of inspection:        | Announced   |
| Date of inspection:        | 11 December 2023<br>and 12 December 2023                  |
| Centre ID:                 | OSV-0001840   |
| Fieldwork ID:              | MON-0033169   |

## About the designated centre

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

Teach Lamagh is a designated centre operated by St. Christopher's services in Co. Longford. The centre can provide full-time residential care to up to three adults with an intellectual disability, both male and female. The centre is located in a village in Co Longford and is within walking distance to amenities such as shops, café, and bar. Residents receive support from a team of social care workers and support workers on a twenty-four-hour basis. There is one waking night staff each night to support residents with their needs. Teach Lamagh is a large bungalow located in a quiet housing estate. There are five individual bedrooms. The main bathroom has an accessible shower facility and there are two other bathrooms, one with shower facilities and one without. There is a large kitchen and dining area, sitting room, and living room. There is a large outdoor area at the rear of the residence.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

2

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 |
|-----------------------------|-------------------------|---------------|------|
| Monday 11<br>December 2023  | 11:30hrs to<br>18:30hrs | Raymond Lynch | Lead |
| Tuesday 12<br>December 2023 | 09:15hrs to<br>12:45hrs | Raymond Lynch | Lead |

## What residents told us and what inspectors observed

This inspection found that residents were happy and content in their home, enjoyed a good quality of life and their individual choices and decisions were being supported and encouraged by the person in charge and staff team.

The inspection took place over the course of two days and, there were 2 residents living in the designated centre at this time. The inspector met and spoke with both of them on the first day of the inspection. A family member was also spoken with over the phone so as to get their feedback on the service. Written feedback on the quality and safety of care from both residents and one family representative was also viewed by the inspector as part of this inspection process.

The centre comprised of a large bungalow located in a quiet housing estate in close proximity to a town. There were four large individual bedrooms however, only two of those were in use. Those two bedrooms were observed to be decorated to the individual style and preference of both residents. There was also a fully-kitted kitchen and dining area and two sitting rooms (one which also had a dining area). A number of fully equipped communal bathrooms were also available to the residents. The centre also had a large kitchen area (with a bathroom) to the rear of the property however at the time of this inspection, this area was not in use.

Garden area's were provided to the residents at the front and rear of the house and, there was adequate private and on street car parking available to the centre.

On arrival to the centre, the inspector observed that the house was welcoming, warm, clean and spacious. The residents were at their day service however, the house had been decorated for the Christmas holiday season with two Christmas trees and other festive decorations.

From a review of a sample of person centred plans, the inspector observed that residents enjoyed a good social life and liked to participate in community-based activities such as having coffee out, swimming, attending football matches, going to the cinema, hairdressers and barber, going bowling and going to the local shops. Additionally, whilst at day services, residents were supported to participate in social and learning activities of their choice such as, attending art classes, baking, equine therapy and shopping.

The inspector saw some of the art work one of the residents had completed as it was on display in their home. This resident particularly liked arts and crafts and staff ensured that they had their own space in their home to pursue and engage in this hobby. They also liked cycling and go-carting and the inspector saw pictures of them engaged in these activities during the summer months.

Both residents enjoyed holidays and hotel breaks and staff ensured to support them with these activities. For example, one resident had been to London recently to visit

family and friends and another, had availed of a holiday break in Ireland. Additionally, both residents had also availed of short holiday break in a log cabin. The inspector saw pictures of the residents (which formed part of their person centred plans) engaged in these activities and they appeared to have enjoyed them very much.

Residents were also members of local clubs and/or associations where they met up with friends every so often and, they also enjoyed going to musicals and concerts.

On arrival home, one resident invited the inspector to view their room which was decorated to their individual style and preference. They showed pictures of their family to the inspector and said they liked their room. They had also recently been to a concert and a musical and showed the inspector pictures of themselves at one of these events. The inspector observed this resident appeared very happy and content in their home and, enjoyed being in the company of staff members.

The other resident met with, shook the inspectors hand and smiled. While they did not converse with the inspector they were observed relaxing in the kitchen. They appeared comfortable and relaxed in their home and happy in the company and presence of staff. After meeting and speaking with the inspector, both residents went out for a drive and had dinner out that evening.

On viewing a sample of training records it was observed that staff had undertaken training in human rights. A number of ways were noted as to how staff put this training into everyday practice. For example, one resident wished only to attend their day service four days per week taking every Friday off and staff were respectful of their choice. The person in charge explained to the inspector that the resident liked to relax on Fridays, have a lie-in and take the day at a leisurely pace. Written feedback on the service from one family member viewed by the inspector informed that they felt staff were very good in supporting residents to make their own decisions and in providing opportunities to see new places and experience different things. They also reported that their relative was very happy and content in their home.

One staff member also informed the inspector that after completing their human rights training, they were better able to advocate on behalf of one of the residents in ensuring that they got to attend a social event they were invited to. Staff reported that they assured management that the required supports would be in place for the resident so as to ensure they were safe and enjoyed their day. The resident in question showed a picture of themselves at this event to the inspector and it appeared that they enjoyed the day very much.

Both residents were supported by staff to provide written feedback on the quality and safety of care provided in the centre. They reported that it was a nice house to live in, they liked their rooms, they were happy with the food options, they made their own choices, staff were kind and they felt safe in their home. They also reported that staff provided support to them when it was needed and that they were included in decisions made about them.

Feedback over the phone from one family member was equally as positive. For

example, they reported that the service provided a 'home from home' for their relative and, that they loved living in the house. They also said that the staff team were brilliant and knew the needs of their relative very well. They felt the service provided was safe and their relative had a great social life. Additionally, they were satisfied in the way their relative was being supported with their healthcare-related needs. When asked had they any complaints about any aspect of the service they said they had none and that their relative was very happy in their home.

Over the course of this inspection the inspector observed staff supporting the residents in a professional, person-centred and caring manner. They were at all times attentive to the needs of the residents and, residents were observed to be relaxed and comfortable in their home. Additionally, staff were found to be supportive and respectful of the individual choices and preferences of the residents.

While some issues were found regarding the premises, medication practices and fire precautions, feedback from one family member and both residents on the quality and safety of care provided by the service was both very positive and complimentary. Additionally, there were no complaints on file about this service for 2023.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care and support provided to the residents.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a regional co-ordinator, a team of social care workers and support workers.

The person in charge was employed on a full-time basis with the organisation and was a qualified social care professional with a number of years' experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They also ensured that staff were supervised and supported in their roles through the process of formal and informal staff supervision and, team meetings. From a sample of documentation viewed, staff also had vetting and references on file as

required by the regulations. Staff spoken with also had a good knowledge of residents' assessed needs and care plans

A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection..

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety, person handling, first aid and the safe administration of medicines.

Additionally, the person in charge informed the inspector that staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in November 2023. On completion of these audits, action plans were developed to address any issues identified in a timely manner.

### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a qualified and experienced social care professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They were also found to be well prepared for and responsive to the inspection process.

Judgment: Compliant

## Regulation 15: Staffing

A review of a sample of rosters from November 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

Staff were also receiving formal supervision and, the person in charge had developed schedule of supervision for 2024 for all staff members.

Staff files were reviewed centrally and the inspector found that the all information and documents specified in Schedule 2 of the regulations were in place.

Judgment: Compliant

## Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included;

- safeguarding of vulnerable adults
- fire safety
- people handling
- basic first aid
- safe administration of medicines
- Children First
- Positive Behavioural Support
- open disclosure
- risk management
- report writing

Where bespoke training was required based on the assessed needs of the residents, it was also being provided for. For example, one resident had diabetes and staff had training in this

Additionally, from a sample of files viewed the inspector noted that staff had undertaken training in human rights. Examples of how staff put this training into everyday practice was provided in section 1 of this report *'What residents told us and what inspectors observed'*.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider maintained an up-to-date directory of residents as required by the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a regional co-ordinator of residential and respite services.

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in November 2022. A number of localised audits was also being facilitated in the centre.

On completion of these audits an action plan was developed to address any issued identified.

For example, the auditing process identified that a supervision schedule was to be drawn up, some staff were to complete training in infection prevention and control, the auditing folder required review and the directory of residents required updating. All these issues had been actioned and addressed at the time of this inspection.

The person in charge also informed the inspector that the auditing process for the oversight of residents finances was under review at the time of this inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

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 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

The management team were aware that they were legally obliged to give notice in writing to the chief inspector if the person in charge proposed to be absent from the designated centre for a continuous period of 28 days or more

Judgment: Compliant

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

The management team were aware that they were legally obliged to give notice in writing to the chief inspector of the procedures and arrangements to be in place for the management of the designated centre where the person in charge is absent for 28 days or more.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had put in place the required policies and procedures as set out in Schedule 5 of the regulations. These policies were available to staff and reviewed as required.

Judgment: Compliant

## Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, some issues were identified with the premises, medication practices and fire precautions.

Residents' assessed needs were detailed in their person centred plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. Additionally, residents were being supported to maintain contact with family and friends.

Residents were being supported with their healthcare-related needs and had as required access to a number of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice.

Residents were also supported to experience positive mental health and where required, had access to specialist behavioural support.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was one peer-to-peer safeguarding plan in place however, staff were aware of this issue and reported that overall both residents got on very well and enjoyed living together. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. Additionally, infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of an infectious diseases in the centre.

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment and from a sample of files viewed, had training in fire safety. Fire drills were being

conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. However, aspects of the fire safety precautions required review so as to ensure the residents could exit the centre in a timely and organised manner during night time fire drills.

The premises were laid out to meet the assessed needs of the residents. Both residents had their own bedrooms which were decorated to their individual style and preference. The house was also observed to be warm, homely and welcoming. However, some issues were found with the premises and one part of the centre (which was not in use) was in a poor state of repair.

The person in charge and staff team ensured that the residents could receive visitors in private and in accordance with the resident's wishes. One family member spoken with reported that they were always made feel welcome to the centre when they visited and said that the house provided a home like environment and their relative was very happy living there.

While systems were in place for the ordering, storing and administration of medicines, practices related to the transcribing of medication required review so as to ensure that they were in line with national guidance.

Systems were in place to assist and support each resident to communicate in accordance with their individual needs and wishes. Additionally, residents had access to a telephone, television radio and laptop.

Overall, while this inspection found some issues with the premises, medication practices and fire precautions, the individual choices and preferences of the residents were being promoted and they were being supported to choose their daily routines and engage in activities of their preference and liking.

## Regulation 10: Communication

Systems were in place to assist and support each resident to communicate in accordance with their individual needs and wishes. Additionally, residents had access to a telephone, television radio and laptop.

Where required residents were supported to communicate using pictures and/or objects of reference and, a number of easy-to-read documents were also available to the residents.

Judgment: Compliant

## Regulation 11: Visits

Residents could receive visitors in private and in accordance with their individual wishes.

There was suitable communal facilities available to residents to receive visitors.

Additionally, a suitable private area was also available to receive visitors in private (which was not the resident's bedroom).

One family member spoken with reported that they were always made feel welcome to the centre when they visited and said that the house provided a home like environment and their relative was very happy living there.

Judgment: Compliant

### Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Both residents had their own bedrooms which were decorated to their individual style and preference. The house was also observed to be warm, homely and welcoming.

However some issues were found with the premises on the day of this inspection as follows:

- loose wiring/cabling was observed on a sitting room wall
- some small holes were noted in the floor and walls of one of the bathrooms
- parts of the flooring in one of the bathrooms was discoloured
- concrete was exposed on part of the flooring in one of the corridors

Additionally, a large kitchen area and bathroom to the rear of the property (which was not in use) was in a poor state of repair. For example:

- all cupboards needed to be replaced as one was broken and the rest were in a poor state of repair
- the carpeting in this area required attention
- there was loose wiring hanging from the wall
- the hot tap in the bathroom was not in working order

It was also observed that the flushing of the taps, toilet and shower in this area required attention as it was not being carried out in line with the centres policy and procedures.

Judgment: Not compliant

### Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre and ensures this guide was available to the residents.

This guide included a summary of the services to be provided, how to access HIQA reports on the centre and arrangements for visits to the centre

Judgment: Compliant

## Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a resident maybe at risk in the community, they were provided with staffing support so as to ensure their overall safety and well being.

Additionally, where a resident was at risk of choking, staff training in first aid and a care plan was in place to support the resident (to include support at meal times).

Judgment: Compliant

## Regulation 27: Protection against infection

Infection control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, staff had been provided with training in IPC related topics to include:

- Infection Prevention Control
- Anti-Microbial Stewardship
- Hand Hygiene
- Respiratory Hygiene and Cough Etiquette
- Donning and Doffing of Personal Protective Equipment
- Aseptic Techniques.

The person in charge informed the inspector that there were also adequate supplies of PPE available and hand sanitising gels were in place throughout the centre.

Additionally, the inspector observed that there were a number of cleaning schedules

in place which were being adhered to.

Additionally, colour coded systems were in place for mops and cloths and pedal bins were available in the bathrooms, laundry facility and kitchen.

The premises were also laid out to meet the needs of the residents and on the day of this inspection were found to be clean.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. For example, the fire alarm system and emergency lighting were last serviced in November 2023 and, the fire extinguishers were not due for service until 2024.

Staff completed as required checks on all fire equipment in the centre and from a sample of files viewed, had training in fire safety.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

However, on the last night-time fire drill November 03, 2023 it took six minutes to evacuate the two residents from the building. This was because the residents declined to leave the premises when the alarm was sounded and one ignored staff directions.

This issue required further review as there was only one staff working at night-time in the centre and both residents needed support during drills. Additionally, more information and direction was required in the centre specific fire evacuation plan and the residents personal emergency evacuation plans to guide staff on how to manage evacuations when only one staff was on duty.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had developed a medicine management policy and accompanying medicine management procedural guide. However, the inspector found the procedure for transcribing medicines was not in line with guidance on medicines management (HIQA, 2015), or the guidance to nurses and midwives on medication

management.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual/person centred plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities.

Residents also attended a day services where they were supported to engage in social, recreational and learning activities of their choosing.

In 2023, residents availed of short holiday and hotel breaks. The inspector saw photographs of some of these holidays and residents appeared to have enjoyed themselves very much.

Residents also liked activities such as

- shopping
- having coffee out
- go swimming
- attend football matches
- go to the cinema
- hairdressers and barber
- go bowling
- attend clubs
- attend concerts/musicals/theatre
- baking/cooking.

Residents were also supported to keep in regular contact with their families. One family member spoken with over the phone informed the inspector that the residents had a great social life.

Judgment: 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.

This included as required access to the following services:

- general practitioner (GP)

- dentist/dental hygienist
- chiropody
- speech and language therapy
- optician

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and two staff spoken with was able to guide the inspector through an diabetic care plan in place for one of the residents.

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to mental health and behavioural support.

Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

One staff spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plans.

Judgment: Compliant

### Regulation 8: Protection

Systems, policies and procedures were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was one peer-to-peer safeguarding plan in place however, staff were aware of this issue and reported that overall both residents got on very well and enjoyed living together

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- information on advocacy was available in the centre
- feedback from one family member on the service provided was positive and complimentary and, they raised no concerns about the quality or safety of care provided to their relative. Additionally, the reported that they had no

complaints whatsoever about the service

- from a sample of files viewed staff had training in safeguarding of vulnerable adults, open disclosure and children's first.
- easy to read information on safeguarding and advocacy was available in the centre
- information on how to contact the designated safeguarding officer was easily accessible in the centre

Judgment: Compliant

### Regulation 9: Residents' rights

Over the course of this inspection the inspector observed that staff were respectful of the individual choices and preferences of the residents. Staff were also kind, caring and respectful in their interactions with the residents and residents appeared very much at home in this service and enjoyed the company of staff.

Residents choose their own daily routines and one family member reported that their relative had a good quality of life in their home.

As identified in previously, staff also had training in human rights and examples of how they put this training into everyday practice was provided in section 1 of this report 'What residents told us and what inspectors observed'.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title  | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>  |                         |
| Registration Regulation 5: Application for registration or renewal of registration                          | Compliant               |
| Regulation 14: Persons in charge  | Compliant               |
| Regulation 15: Staffing   | Compliant               |
| Regulation 16: Training and staff development   | Compliant               |
| Regulation 19: Directory of residents   | Compliant               |
| Regulation 22: Insurance  | Compliant               |
| Regulation 23: Governance and management  | Compliant               |
| Regulation 3: Statement of purpose  | Compliant               |
| Regulation 31: Notification of incidents  | Compliant               |
| Regulation 32: Notification of periods when the person in charge is absent                                  | Compliant               |
| Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent | Compliant               |
| Regulation 4: Written policies and procedures   | Compliant               |
| <b>Quality and safety</b>   |                         |
| Regulation 10: Communication  | Compliant               |
| Regulation 11: Visits   | Compliant               |
| Regulation 17: Premises   | Not compliant           |
| Regulation 20: Information for residents  | Compliant               |
| Regulation 26: Risk management procedures   | Compliant               |
| Regulation 27: Protection against infection   | Compliant               |
| Regulation 28: Fire precautions   | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services  | Not compliant           |
| Regulation 5: Individual assessment and personal plan   | Compliant               |
| Regulation 6: Health care   | Compliant               |
| Regulation 7: Positive behavioural support  | Compliant               |
| Regulation 8: Protection  | Compliant               |
| Regulation 9: Residents' rights   | Compliant               |

# Compliance Plan for Teach Lamagh OSV-0001840

Inspection ID: MON-0033169

Date of inspection: 11/12/2023 and 12 12/2023

## 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 17: Premises   | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:<br/>           Small holes on bathroom walls have been repaired.<br/>           The floor covering in the bathroom will be replaced.<br/>           The electrician will secure all wires that were observed on some walls.<br/>           Floor covering will be replaced to ensure no concrete is exposed on the corridor.<br/>           Floor covering will be replaced in the kitchen area to rear of property.<br/>           Kitchen units will be replaced in kitchen to rear of property. The area will be painted and redecorated.<br/>           The tap in the bathroom to rear of property will be replaced.<br/>           A record of the flushing of all taps, toilets and showers in this area has been commenced, and has been added to the weekly routine checklist</p> |                         |
| Regulation 28: Fire precautions   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/>           The Personal Emergency Evacuation plans for both residents have been updated and include clear directions on the supports required for the safe evacuation of residents.<br/>           The local fire evacuation procedure has been updated to reflect PEEPs.<br/>           Repeat night time evacuation drill has been completed which took 1 minute 55 seconds to complete.</p>   |                         |

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|   |               |
| Regulation 29: Medicines and pharmaceutical services  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A review of the local procedures for transcribing medication has commenced. The service has engaged with pharmacists, GP's along with a private health care provider to create a solution that will ensure all MAR's are populated by a person authorised to do so, namely a doctor, Advanced Nurse Practitioner/ Nurse prescriber, or pharmacist. This will cease the practice of nurse transcribing.</p> |               |

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation              | Regulatory requirement   | Judgment                | Risk rating | Date to be complied with |
|-------------------------|--|-------------------------|-------------|--------------------------|
| Regulation 17(1)(b)     | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.   | Not Compliant           | Orange      | 30/04/2024               |
| Regulation 28(2)(b)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions.   | Substantially Compliant | Yellow      | 31/12/2023               |
| Regulation 29(4)(b)     | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is | Not Compliant           | Orange      | 26/04/2024               |

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|  | prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. |  |  |  |
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