



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

Issued by the Chief Inspector

Name of designated centre:	Teach Michel Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	06 March 2025
Centre ID:	OSV-0005700
Fieldwork ID:	MON-0046606

About the designated centre

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

Teach Michel Services is a designated centre operated by Ability West. The centre provides a full-time residential service for up to six people with an intellectual disability, who are over the age of 18 years. The centre is located close to Galway city and comprises four fully self-contained apartments. Residents have their own bedroom, living area, kitchen and bathrooms. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Thursday 6 March 2025	08:30hrs to 14:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations, and to also to assess their compliance with operating this centre in line with an additional condition of their registration. This additional condition required the provider to address regulatory non-compliance's in relation to Regulation 23: Governance and management to the satisfaction of the Office of the Chief Inspector no later than August 2024.

The day was facilitated by the person in charge, and later joined by the person participating in management. The inspector also had the chance to meet with two staff members, the team leader and with three of the residents who live in this centre. Overall, there were good practices observed in relation to residents' care and support; however, there were failings found in relation to the provider's response to long-standing maintenance issues, with reviewing sustainability of this centre's staffing arrangements, and also in how they were monitoring for improvements within this service. This inspection did require an immediate action to be issued to the provider in relation to fire containment, which will along with other findings, be discussed in further detail later on in this report.

Five residents lived at this centre, one of whom had transitioned to the service in recent months. All residents were well at the time of this inspection, and primarily required staff support in relation to their assessed behavioural support, communication and social care needs, with some of them having identified risks relating to their personal safety, that required staff to adhere and implement protocols and safety measures. Many of these residents were independent with their own personal care needs, in maintaining the day-to-day running of their apartment, and often accessed the community without staff support, which the provider had put safety arrangements in place for. Some residents had more complex behaviours, and these residents required a specific level of staff support which was being consistently provided to them. One of these residents had turned 18 years of age in recent months, and was attending their final year in school. Others attended day services, or were supported by staff in the comfort of their home during the day.

Upon the inspector's arrival to the centre, they were met with a resident who was heading out the door to go to their day service. Another resident who was in their apartment, was also getting ready to head to their day service and they sat and chatted for a while with a member of staff and the inspector before they left. This resident spoke about how they often accessed local transport by themselves, to either go visit family, access nearby areas, and to attend their day service. They had a keen interest in GAA and in dogs, and liked to visit family and friends that had pets. Their weekends were busy, with three out of four weekends spent with family, and they liked to have their free weekend to themselves. They were very socially active and spoke of how they liked to go to matches, and of how they had previously gone to the zoo and to Westport town with staff and some of their peers. When the inspector enquired with them how they got on with their supporting staff,

they said staffing arrangements had improved and that they were being supported by staff whom they were familiar with. Later on, the inspector also got to meet with another resident as they returned home from school. This resident was the most recent to move to the service, and welcomed the inspector and person participating in management into their apartment. While sitting at their kitchen table they spoke about their day telling of how they had dressed up at school, and enquired with the person participating in management about staff members that had previously cared for them in another service. The told of how they had enjoyed pancake Tuesday and had helped staff in chopping fruit for this. This resident loved to get out and about with their supporting staff, and were planning where they were going to head to that evening once they settled after returning back home.

The inspector didn't get to meet with the remaining two residents, one of whom had already left for their day service, while the other was getting ready to go swimming and to the gym. However, the inspector did review the minutes of a number of resident meetings which had taken place. These minutes showed very interactive discussions between residents and staff, which often covered topics such as activities, fire safety, maintenance works, staffing and general other updates. There was very positive feedback obtained from residents during these meetings, with many complimenting how happy they were with the current staffing arrangements and liked being cared for by staff they knew. Residents' ideas for new activities and upcoming events were also captured, and there was also good follow-up with residents in relation to any queries they had. Over the course of this inspection, there was a very pleasant atmosphere in this centre, with warm and friendly banter had between staff and residents. Residents appeared very comfortable talking about the service they received in the company of staff, and there were very pleasant interactions and exchanges observed by the inspector, which warrant specific mentioning in this report.

This designated centre comprised of one large building, that contained four separate self-contained apartments. Two residents lived together in one apartment, while the remaining three residents had their own apartment. The front door of two of these apartments opened out onto a shared a hallway, with the front doors of the other apartments opening at the front and side of the main building. Each apartment provided residents with their own bedroom, bathroom, kitchen, dining and living area, and there was a staff sleepover room in some apartments. While these apartments were comfortably furnished, there were a number of improvements observed by the inspector to be required to storage, cleaning and maintenance arrangements. The provider had already identified some of these improvements through their own monitoring system but had not addressed them yet. The inspector did have the opportunity to visit each apartment, and each was uniquely decorated with pieces and items of interest to the residents that lived there. For example, one resident had won various achievements with bowling, and had displayed trophies in their living area. They also had an interest in craft work, and had made a large wall-handing, that they had hung up in their apartment. Another resident loved a well-known nearby diving location, and had a mural of this painted on a wall in their hallway. This resident had also recently gotten new blinds for their living area and were very happy with how these had turned out. They also loved photographs, keep-sakes, soft toys and furnishings, and had used many of these to

decorate their bedroom and living area. Their apartment opened out to an enclosed garden area, which had a swing that they liked to go out and sit on.

Upon the inspector's walk-around of these apartments, there was an obvious difference in the standard of cleaning being maintained, along with some apartments not having being provided with adequate storage arrangements for medical supplies and cleaning equipment. However, the most pertinent observation made was in relation to one resident's bathroom, where an issue with plumbing in their apartment that had been on-going for several months, had left a large hole in their bathroom ceiling that was constantly leaking water. This plumbing issue had also left very evident and extensive water staining to the ceiling of this resident's living area. Although a number of the maintenance issues that the inspector observed were already identified by the provider themselves, or reported to the provider by the person in charge, there was an overall lack of urgency in getting these issues addressed, despite some requiring more urgent attention than others. Furthermore, residents had asked for their apartments to be repainted, and although this too had been requested through the provider's maintenance system, no date for this to be completed by was identified, with residents regularly enquiring as part of their own meetings, as to when this would be done.

All five residents lived very active lifestyles and had access to consistent staff support and transport to allow them to do so. As earlier mentioned, some of these residents accessed the community without staff support, and there was an emphasis placed on promoting their independence and safety while doing so. A number of these residents maintained good friendship with one another, and had a weekly arrangement to gather together in one apartment to have an evening meal. As well as this, they liked to go on outings together, and staff often spoke to them about picking out different locations to go and visit. Due to the assessed behavioural support needs of one resident, they didn't typically engage with the other residents, but did very often get to head out with their supporting staff to enjoy a range of activities.

Due to the layout of this centre and assessed needs of the residents, two separate staff teams supported these residents. For instance, for three of these apartments, they shared one staff team, while the second staff team which included a team leader, supported the resident living in another apartment. This was reported to the inspector to be working very well; however, at the time of this inspection, there were a number of staff vacancies that posed challenges in sustaining the level of staff support that these residents required. Previous inspections of this centre had found that this centre was availing of a high number of agency staff, who were not familiar with the residents or the service that they received. This had since been rectified by the provider, and residents spoke positively about this change. Although there was no evidence to suggest that the current constraints of the roster had any negative impact on residents, the sustainability of this centre's staffing arrangements did require the attention of the provider to review.

While there were very positive findings to this inspection in relation to the quality of the care and support that these residents received, there were a number of areas, some more significant than others that required the attention of the provider to

address. As earlier stated, the purpose of this inspection was to assure the Chief Inspector that the provider was operating the centre in line with the additional condition of registration that was required to be applied following the outcome of the last inspection. Although this condition was applied following significant concerns raised relating to the governance and management structure of this centre, which the provider since addressed, this inspection still found them not to be in compliance with this additional condition of registration, due to other governance and management failings that were found in relation to their response and oversight of this centre.

The specific findings of this inspection will now be discussed in the next two sections of this report

Capacity and capability

Since the last inspection of this centre, the provider addressed previous concerns raised relating to the management structure, with a new person in charge and person participating in management having since been appointed. Although this had provided stability to the governance arrangements of this centre, there were a number of other governance and management related failings found upon this inspection. These were on the part of the provider failing to review the sustainability of their current staffing resources, the lack of urgency in their response to issues with the premises, and in ensuring their monitoring system was thoroughly reviewing all relevant aspects of the service for improvement. Furthermore, on the day of this inspection, an immediate action was required to be given to the provider in relation to fire containment arrangements.

The person in charge was based full-time at the centre, and had allocated administration time each week to carry out the functions of their role. However, in their efforts to ensure consistency in staffing levels in this centre, much of this administration time was spent on overseeing and responding to the needs of the staff roster. They were supported in their role by a team leader, who was allocated for overseeing care in one of these apartments that accommodated a resident who required high behavioural support. In addition to this, they also maintained good contact with their line manager about operational matters, and were scheduled to have a service review with them the week after this inspection.

Due to staff vacancies in this centre, relief and agency staff were very often required to support the roster. Since the last inspection, the provider had ceased the use of unfamiliar agency staff, and instead when additional staffing resources were required, it was only familiar agency and relief staff that covered additional shifts. This was as welcomed improvement noted by residents, who previously voiced their dissatisfaction when supported by unfamiliar staff. However, at the time of this inspection, there were staffing shortages that were challenging local management to sustain consistent staffing for these residents, with little review or oversight by the

provider to put interim measures in place, to prevent any potential risk of previous issues with this centre's staffing arrangement reoccurring.

The regular presence of management at this centre had improved day-to-day oversight and monitoring arrangements. Residents knew the person in charge well, and the person participating in management also often visited the centre. Along with this, the provider also monitored the quality and safety of this service through their six monthly provider-led visits. Although the inspector does acknowledge that the provider had improved this process, with more relevant aspects of the service now being subject to regular monitoring, there continued to be some deficits in this visit identifying certain areas of the service that required addressing. Furthermore, many of the same areas of improvement that the inspector identified, were also identified by the provider during their last visit of this centre, but had not been addressed following this visit. For instance, upon the last provider visit, the provider found themselves to be not compliant with Regulation 23: Governance and Management. However, they based this compliance judgement only on findings relating to documentation updates that were required, with little consideration to the deficits in their own response and oversight of other areas of this service. This then did not lend this visit resulting in the provider identifying the specific course of action that they needed to take in order to come into compliance with the additional condition of registration that the Chief Inspector had required them to comply with.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this service, and as this was the only designated centre in which they were responsible for, this meant they were based full-time at the centre. They knew the residents' assessed needs very well and were familiar with the operational needs of the service delivered to them. They were supported in their role by their staff team, a team leader, and line manager in the running and management of this service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured a suitable number of staff were on duty each day and night to support the assessed needs of all residents. Staffing levels were under regular review by the person in charge to ensure consistency of care for all residents, with recruitment underway to fill staff vacancies. At the time of this inspection, the centre was operating below its required whole time equivalent of staffing levels, with additional staffing resources often required to support this centre's staffing arrangement, and the person in charge ensured that only those familiar with the assessed needs of these residents, were allocated for duty.

Although local management were managing to ensure enough staff were on duty each day and night, with no negative impact had resulting to residents, they were challenged in the sustainability of this given current staffing vacancies, which will be addressed under governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received the training that they required to carry out their roles. Where additional training was required, the person in charge scheduled this accordingly. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

Following on from the last inspection which informed a registration condition, the Chief Inspector applied an additional condition to the registration for this centre, which required the provider to address regulatory non-compliance relating to Regulation 23: Governance and Management by August 2024. Although the provider had improved the management structure for this centre since that inspection, this inspection found the provider was still not in compliance with this particular regulation, with failings found to how the provider was responding to maintenance works required to this centre, and in their oversight of the stability of staffing resources. In addition to this, an immediate action was required to be given to the provider in relation to addressing multiple fire doors that were not assuring adequate fire containment, which the provider had not identified for themselves through their own regular fire safety checks.

The provider had a system in place for the reporting of any maintenance works required to this centre; however, this had not always resulted in timely rectification of these, despite some works requiring urgent addressing. For example, a significant plumbing issue had occurred in one resident's apartment a number of months before this inspection. However, this was still not fully addressed, leaving a substantial hole in the ceiling of this resident's bathroom that was constantly yielding a water leak. Other more minor works reported to the provider to be addressed were also not being attended to in a timely manner, to include, repair works required to a resident's wardrobe and repainting of residents' apartments. These issues were being regularly discussed at staff meetings and also with residents at their meetings, with some residents regularly enquiring as to when works would be rectified, and as to when they could expect their apartments to be

repainted. However, there was a lack of urgency on the part of the provider to provide local management and residents with time lines as to when these maintenance issues would be resolved.

In the months leading up to this inspection, this centre had encountered staff vacancies, resulting in the centre operating below the number of staff required to support rostering requirements. Although local management had ensured this did not impact residents' care and support needs, the sustainability of this centre's staffing arrangement had not been robustly reviewed or risk assessed by the provider, to ensure no threat to the consistency of care for residents while vacancies were being recruited for.

Six monthly provider-led visits were occurring in line with the requirements of the regulations, and the report from the most recent visit in December 2024 was reviewed by the inspector. Although this was found to review many aspects of care and support relevant to this centre, and did identify some key improvements, the provider's own compliance judgement from that visit found them not in compliance with Regulation 23: Governance and Management. This finding was given on the basis of various documentation that required updating, failing to give consideration to the deficits in their own response and oversight of specific issues that required their attention in this centre. For instance, although this visit did identify a number of maintenance works required, the report did not reference the significant aforementioned plumbing issue that has been on-going in one of the apartments since August 2024. Furthermore, even though this visit did acknowledge staffing shortages, the action plan put in place in response to this was in relation to on-going recruitment, with no focus on reviewing sustainability measures that may be required, while recruitment was underway.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting of all incidents, and had ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, that respected the capacity and ability of each resident, operated in a manner that promoted and supported residents'

independence, and one that ensured residents were at all times consulted about decisions around their care, and about the arrangements in place within their home. Although there were very positive findings in relation to residents' care and support arrangements, there were issues with this premises which the provider was identifying, but not addressing.

The last inspection of this centre had identified some confusion around the responsibility of staff to check the fire panel in the event of a fire. This was since addressed, with a more clearer guidelines for staff to follow, should a fire occur. Residents responded well to fire drills, and records of these were reviewed by the inspector, whereby, it was clear staff could support these residents to evacuate in a timely manner. However, upon a walk-around of this centre, there were a number of fire doors not closing properly. Although regular fire safety checks were being carried out, this had not been detected. An immediate action was required to be given to the provider to address, which they did before close of this inspection.

Where maintenance issues arose in this centre, there was a system in place for this to be reported to the provider. Although this system was being effectively used, issues were not being dealt with by the provider in a timely manner. In particular, there had been on-going plumbing issues for a number of months in one resident's apartment, which still had not been satisfactorily addressed by the provider. There were also some other more minor works reported to the provider in relation to repair, painting and redecoration works to individual apartments, where no progress date was afforded to local management as to when these would be attended to. This was a topic of discussion that residents frequently brought up with staff as part of resident meetings, and minutes from these meetings clearly showed resident's disappointment at their apartments still awaiting these works. This was an aspect of the service that was subject to review as part of the provider's last visit, with some of the improvements as identified from that visit, still not addressed.

There was good oversight maintained of all incidents that occurred in this centre, and action was being taken by local management when new risk was identified. Many of the incidents that did occur in this centre were in relation to behavioural support, and these were being used to inform an upcoming behavioural support review, that was scheduled to occur the week after this inspection. The inspector did review a number of other incidents which had occurred in the months prior to this inspection, and it was observed that all bar one incident had been risk-rated as low. However, upon further review of individual incident reports, the inspector was not assured that the low risk-rating afforded was an accurate rating, based on the context of some the incidents that had happened. The response to some incidents also required further review by the provider, particularly where these identified a potential threat to staff safety when lone-working. The last provider visit of this centre had identified where improvements were required to the assessment of risk, particular in relation to the updating of the risk register. However upon review of this document, it was found to refer to, but not reflect the current status of risk to much of the fundamental operational areas that required response and on-going review, to include, staffing and maintenance arrangements.

Regulation 13: General welfare and development

The provider had ensured each resident was provided with appropriate care and support in relation to their social care needs. Residents had multiple opportunities for recreation, and to participate in activities of their choice. Where residents had been assessed to access the community of staff support, the provider had ensured arrangements were put in place for residents to safely do so. Residents were provided with the option to attend day services, to attend school to finish out their final year, and to avail of the many local amenities that were situated close to their home. Due to the consistency of staffing levels maintained, coupled with sufficient transport arrangements, these residents were able to get out and about as much as they wished, to spend time doing the activities that they enjoyed doing.

Judgment: Compliant

Regulation 17: Premises

This centre comprised of one main building that contained four individual apartments, two of which shared a hallway leading to their front doors, while the front doors of the other two apartments were located at the front and side of the main building. While each apartment was comfortably furnished, and decorated to reflect residents' personal interests and taste, there were a number of improvement works required relating to maintenance, cleaning and storage arrangements.

Upon the inspector's walk-around of the centre with the person in charge, in the bathroom of one apartment there was a substantial sized hole in the ceiling, which exposed piping work that was yielding a minor leak requiring a basin to be left full-time on the floor of this bathroom to gather dripping water. Upon enquiry, the inspector was informed that there had been an on-going plumbing issue in this apartment since August 2024, which had also caused considerable water staining to the ceiling of living area of this apartment. At the time the issue first was detected, a maintenance request was submitted by the person in charge for the provider to address. Although some work had been completed, the issue was not satisfactorily addressed, with a further maintenance having to be requested. Since then, the issue had still not been fully rectified, leaving the aforementioned hole in the ceiling of the resident's bathroom, with staff having the daily task of attending to the basin that was collecting any excess water leaking from the exposed pipe work.

The cleaning of these apartments primarily was the responsibility of supporting staff, with some residents liking to take part in the cleaning of their own apartment areas. There was a noticeable variance in the standard of cleaning conducted in each of these apartments, with some observed by the inspector not to be cleaned to a high standard, which was also a finding from the provider's last visit to the centre in December 2024. For example, shower doors and surrounding areas had dust and dirt build up, shelving in some residents' apartment was dusty, the walls and floor of

the main hallway interlinking two apartments was not cleaned to a high standard, and several cobwebs, dirt and dust build up was observed in the laundry area of one particular apartment. Although day-to-day cleaning was maintaining a certain level of up-keep to these apartments, a review of the overall deep cleaning arrangements was required for all affected apartments and areas of this designated centre, to ensure a better standard of cleaning was attained.

Storage arrangements also required review by the provider to address. For example, each apartment had its own mop, hoover and sweeping brushes. However, many of these were being stored in the hallways, and other areas of these apartments. In addition, a resident who has a regular delivery of medical supplies, the stock of these were being stored in the hallway of another resident's apartment, as there was no suitable place for them to be stored in the apartment of the resident they were intended for. The inadequacy of storage arrangements was a finding from the provider's own visit to the centre in December 2024, but had not been rectified. Furthermore, in the laundry area of one apartment, no provision of shelving or storage arrangements had been made, resulting in residents having to leave clothes and laundry detergents on windowsills and other available surfaces, in a room which already had very little work space.

Although some of the aforementioned observations from the inspector's walk-around had been reported to the provider to be addressed, these hadnt been rectified, despite some of which required more urgent attention than others.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, response and monitoring of risk in this centre. However, this inspection did find where improvements were required to the overall risk-rating of incidents that had been reported, to ensure better clarity within risk assessments and also in their response to incidents that had occurred, posing potential threat to the safety of staff.

When incidents occurred, they were reported and reviewed by a member of management. Based on the context of what happened, the incident was then risk-rated. However, upon reviewing a number of incidents reported from January 2025 to the date of this inspection, all but one were risk-rated as low, despite some of these incidents posing potential threat to staff safety, and to safe medication management practices. In addition, where action had been taken in response to incidents that were reported, some associated incident reports poorly reflected what specific action had been taken.

One of the aforementioned incidents related to a staff member being physically assaulted by a resident in the weeks. Although the staff member involved didn't sustain injury, upon review of other incidents, the inspector observed that a similar

incident of a more minor nature, involving this resident and another staff member had occurred a few months back. This particular resident did require the support of one staff member at all times, and occasions did arise where staff could be supporting this resident, when no other staff members were on the premises. Upon speaking with local management, they informed the inspector that these incidents were spontaneous in nature, and were out of character for the resident, with no known cause as to why the resident displayed these behaviours towards their supporting staff members. However, the occurrence of both incidents had not prompted the provider to review the safety arrangements for staff supporting this particular resident, to ensure their safety, should a further spontaneous incident of this nature occur.

Where risk was identified, risk assessments were developed and there was evidence that these were subject to on-going review. However, some of these required review to ensure better clarity in the specific control measures that the provider had put in place to mitigate against these risks. Similarly, the risk register also required updating to better reflect the current level of risk posed to certain operational areas, and to ensure the response of the provider in relation to these was clearly outlined.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Following on from the last inspection, the provider did review staffing responsibilities with regards to the checking the fire panel in this centre, in the event fire. Regular fire drills were occurring, and records of these demonstrated that staff could support these residents to evacuate in a timely manner. Although the provider did have fire safety precautions in place, concerns were raised in relation to fire containment, resulting in an immediate action to be given to the provider to address.

Upon a walk-around of this centre, in one apartment visited none of the internal fire doors were closing properly. The same issue was found in relation to two fire doors in another apartment, where these were also not fully closing to ensure fire containment. An immediate action was issued to the provider to address this, and this was rectified before close of the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were re-assessed for on a regular basis, and personal plans then developed to guide staff on how best to support these residents. Some of these personal plans were linked with specific protocols relating to identified resident risks,

and these were found to give clear guidance on the specific support and care to be provided to these residents. Where multi-disciplinary input was required as part of re-assessments, this was being completed

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements in place to support residents who required positive behavioural support. All incidents relating to behavioural management were reported through the incident reporting system and used to inform up-coming multi-disciplinary reviews. At the time of this inspection, the centre had encountered a number of low-level behavioural incidents relating to one resident, who was awaiting review by the behavioural support therapist the week after this inspection, so as to inform updates to their behaviour support plan. There were some restrictive practices in use in this centre, and these were also subject to on-going review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to identify, report, respond to, and monitor any concerns relating to the safety and welfare of residents. All staff had up-to-date training in safeguarding, and at the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to choose how they wanted to spend their time, and were very much involved in decisions surrounding their care. Resident meetings were taking place on a regular basis, where residents were given the opportunity to voice their opinion on the service that they received. Staff were respectful of the personal interests and wishes of these residents, and endeavoured to ensure that residents' requests were accommodated. Residents' rights to privacy were respected, with staff being vigilant of respecting residents' private time and space in their apartments.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Michel Services OSV-0005700

Inspection ID: MON-0046606

Date of inspection: 06/03/2025

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All fire door issues were assessed and addressed to ensure adequate fire containmenet on the day of inspection. The Person in Charge will ensure monthly fire safety audits are completed and issues identified will be documented in a corresponding action plans.Weekly fire door checks will be continued and action as a priority.The Person in Charge will alert and discuss actions identified with the Person Participating in Management on a monthly basis or as may be required based on risk.</p> <p>A schedule of maintence works has been completed by the Provider since the inspection with a clear timeframe for completion 6th March 2025 A monitoring facilities meeting has been scheduled with the facilities team, Person in Charge and Person Participating in Management for the 04th April 2025. The purpose of this meeting is to review status of schedule of maintenance work. These meetings will continue on a quarterly basis to ensure regular review of maintenace issues for the centre.</p> <p>The Provide has restrutured their Human Resources Team to ensure the allocation of a Human Resource partner to actively recruit staff for the centre. The Person Participating in Management meets weekly with the Human Resources Partner. A review of the staffing compliment in the service has been completed and vacancies were advertised on the 19th February 2025. The Provider through the Person in Care continues to request experienced familiar agency staff to ensure continuity of support and care to the residents until such time as staff are recruited for existing vacacncies. The provider has completed a risk assessment to identify what control measures are in place to mitigate the care and support of the residents while the centre actively recruits staff.</p> <p>The Provider led auits will ensure that all actions identified in the previous provider-led audit and most recent HIQA inspection compliance plan are reviewed as part of the audit. The findings from the provider-led audits are discussed with the Person in Charge, Person Participating in Management, Director of Operations and the Provider Representative. The centre is allocated a specific time frame to complete and return to audit to the Director of Quality who will review same to ensure actions are specific to the</p>	

findings of the audit.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A deep clean of all apartments was completed on the 21st March 2025. The Person in Charge has reviewed the Infection, Prevention and Control measures and a new cleaning methods manual and cleaning schedule has been implemented into the service. The cleaning manual will guide and support the service staff to maintain the highest standards of hygiene within the service. Infection, Prevention and Control has been placed on the staff meeting agenda. Staff will review this documentation at the next staff meeting scheduled by the 30th April 2025.

A schedule of maintenance works has been completed by the Provider since the inspection with a clear timeframe for completion (include a date). A monitoring facilities meeting has been scheduled with the facilities team, Person in Charge and Person Participating in Management for the 04th April 2025. The purpose of this meeting is to review status of schedule of maintenance work. These meetings will continue on a quarterly basis to ensure regular review of maintenance issues for the centre. The leak in the bathroom was rectified by the Provider 4th April 2025. Appropriate shelving units for the laundry room is included in the schedule of maintenance works to support residents to organise their personal belongings efficiently. This action will be completed on the 4th April 2025.

A storage unit has been designed and will be constructed in the hallway of each apartment where to store the Hoover, mop, sweeping brush and cleaning equipment. These new storage units will be installed 30th April 2025.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Training has been scheduled for the staff team on the Quality Management Information System on the 25th of April 2025, to ensure that all staff are accurately applying risk ratings to all risk and incidents reported on the Quality Management Information System and that control measures in place are proportionate to the risk/incident. This system will be monitored as risks/incidents are reported by the Person in Charge, the Person Participating in Management and if a major risk/incident is reported, it will be alerted to the Director of Operations.

All identified risks are populated on the center's risk register which is reviewed at a minimum quarterly by the Person in Charge and the Person Participating in Management.

An alarm system has been implemented for the safety of staff 21st March 2025. When the Person in Charge is on duty in the service, they hold the receiver for the alarm system. When the Person in Charge is off duty a senior member of staff in an adjacent apartment will be allocated the receiver. A protocol is in place for lone working to ensure the safety of staff and residents.

The Person in Charge continues to undertake monthly incident audits and analysis to identify.

- Where improvement may be required in practice,
- Identify incident categories and trends
- Escalation to management.

A review of the centre risk assessment and risk register was completed on the 14th March 2025. The risk register now clearly identifies the risks, existing control measures to mitigate the risk and accurate risk rating. The Provider's Risk Management Policy clearly demonstrates the pathway for risk escalation.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All fire door issues were assessed and addressed to ensure adequate fire containmenet on the day of inspection 6th March 2025. The Person in Charge will ensure monthly fire safety audits are completed and issues identified will be documented in a corresponding action plans. The Person in Chrage will alert and discuss actions identified with the Person Participating in Management on a monthly basis or as may be required based on risk.

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	30/04/2025
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.	Not Compliant	Orange	04/04/2025
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	Not Compliant	Orange	04/04/2025

	safe, appropriate to residents' needs, consistent and effectively monitored.			
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	21/03/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	06/03/2025