



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Teach Saoire
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	22 November 2023
Centre ID:	OSV-0005726
Fieldwork ID:	MON-0033161

## About the designated centre

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

Teach Saoire provides a respite service to adults with an intellectual disability, autism or individuals who display behaviours of concern relating to their diagnosis. The centre can support up to nine residents at any one time. The centre is a large detached two-storey house with 10 bedrooms and a number of communal living rooms which are bright and comfortable. It is located in a rural setting but in close proximity to a large town. Each of the residents availing of respite has an individual bedroom with en-suite facilities. There is a good sized enclosed garden to the rear of the centre for use by residents. This includes a seating area, built in trampoline, tennis court and nest swing. There are two vehicles available for residents to use. The centre does not provide a service to residents who require wheelchair access or full time nursing support.

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

Number of residents on the date of inspection:	2
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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
Wednesday 22 November 2023	09:25hrs to 17:25hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector found that the governance and management arrangements in this respite centre facilitated good quality, person-centred care and support to residents. It was observed that the residents were involved in choosing how to spend their days during their respite break.

The inspector had the opportunity to meet both residents attending the centre for a respite break. One resident had alternative communication methods and was observed at different times throughout the inspection. Staff appeared to be aware of the resident's needs and what they might be communicating. The other resident communicated that they liked the centre, that it was comfortable and the staff were nice. They said they could spend their money on whatever they chose and felt they got to do activities that they liked.

One resident relaxed watching their favourite programmes before going to a forest for a walk. The other resident attended a class that supported their independence and awareness in the area of personal care and they then went for a drumming lesson. They also went for a walk to a lake to feed some swans.

In addition to the person in charge, there was an deputy manager and three staff members on duty during the day of the inspection. A fourth staff member was on duty in another centre supporting a resident to transition to their new residential placement after they had recently been discharged from this centre. Additionally, the previous person in charge was on site supporting the new person in charge with this inspection. The person in charge and a staff members spoken with demonstrated that they were familiar with the residents' support needs and preferences.

The provider had arranged for staff members to have training in human rights. One staff spoken with said that the training reaffirmed to them that residents have the same rights as everyone and that their rights should be upheld.

The house appeared tidy and for the most part clean. Many of the bedrooms and recreational areas had televisions available for use. There was an activity room which had games and art supplies available. The back garden was very large and had an adequate size grass section with seating and tables. There was also a tennis court and basketball area.

Each resident had their own bedroom which had en-suite facilities. There was sufficient storage facilities for their personal belongings in each room.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires was returned by two residents and two family members. They communicated that they were happy with all aspects of the care and

supports provided in the centre. Two residents stated that the respite centre was very good. One family commented that their family member was delighted when they got to go on a respite break. Only one comment was selected as 'it could be better' when one resident communicated that some people that attended on a respite break were kinder than others.

The provider had also sought resident and family views on the service provided to them by way of a questionnaire and through the annual review for the centre. Feedback received indicated that residents and families communicated with were happy with the service provided. Any additional feedback provided was dealt with at a local level.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

## Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in May 2022, where an infection protection and control (IPC) only inspection was undertaken. It was observed that there were some good arrangements and practices in place to manage infection control risks. However, improvement was required in a number of areas to ensure that the IPC procedures were in line with the standards and to ensure the centre was operating in full compliance with Regulation 27: Protection against infection and associated standards. Actions from the previous inspection had been completed by the time of this inspection.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality service to residents.

There was a defined management structure in place and the provider had completed an annual review and unannounced visits to the centre as per the regulations. There were other local audits and reviews conducted in areas, such as weekly medication audits and monthly health and safety audits. In addition, the centre was adequately insured against risks to residents and property.

From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

There were supervision arrangements in place for staff. In addition, the provider ensured that staff had the required training to carry out their roles. For example, staff had training in adult safeguarding and a suite of training related to infection prevention and control (IPC).

All required records were available for inspection and for the most part maintained

appropriately. There was a residents guide available for residents, as well as a statement of purpose, a directory of residents and copies of previous inspection reports. Some documentation was found to be vague in areas or some information not recorded that was apparently known.

From a sample reviewed, the inspector observed that residents had signed contracts of care in place that laid out the terms and conditions of the respite service. In addition, the inspector observed that some residents were supported in their transitions to new long term residential placements.

The provider had suitable arrangements in place for the management of complaints. There had been three complaints in the centre in 2023 and complaints made had been suitably recorded, investigated and resolved.

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

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge worked in a full-time role and was responsible for one designated centre. They demonstrated a good understanding of residents and their needs. The inspector found that they were actively involved and participated in the operational management of the centre. In addition, they were responsive to the inspection process.

Judgment: Compliant

### Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

The inspector reviewed a number of staff files and found that the provider had ensured that the required documents and information were present for employees.

Judgment: Compliant

### Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as online and in person fire safety training.

Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. For example, training in simplified sign language and training in human rights. Further details on the human rights training have been included in what residents told us and what inspectors observed section of the report.

In addition, there were formal supervision arrangements in place for staff as per the organisation's policy.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre and it was made available to the inspector. It included the information specified in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

All required records were for the most part adequately maintained and available for inspection, including records of staff meetings and supervision. There was a residents' guide available for residents, as well as a statement of purpose.

However, some records were not as thoroughly maintained as others. For example, the inspector reviewed a sample of intimate care plans and found that, while the information provided was clear, the section on whether the resident agreed with the information or not was left blank.

In addition, while pre-admission assessments were undertaken prior to each re-admission, the inspector found that some information was not captured or recorded

in order to inform the residents' support plans in the centre. For example, the outcomes of multidisciplinary assessments undertaken or in the case of someone with epilepsy when they last had a seizure. However, the inspector was satisfied that the relevant information was known and that this was more of a documentation issue.

Additionally, one resident's protocol for receiving particular if required medication did not exactly match their prescription signed by their general practitioner (G.P) in relation to a repeat dosage. Due to the person in charge and the previous person in charge being confident with the correct procedure and them communicating that the signed G.P prescription is what would always be followed, the inspector believed that this was more of a documentation error. However, this had the potential to lead to errors if not addressed. The inspector was given assurances that this matter would be actioned as a matter of priority.

The inspector observed that supervision records were vague at times as to what exactly was discussed in order to ensure the sessions were meaningful and not a tick box exercise. From discussion with the person in charge, it appeared that this was a documentation and recording issue.

It was also observed that the inventory log of residents' personal belongings was a little vague in the description of items recorded.

Furthermore, the contract of care was vague in relation to some aspects of additional costs that residents could occur. For example, it was not clear if the resident had to pay to use the provider's own transport while in respite. The inspector was informed that there was no cost for the centre's transport.

Judgment: Substantially compliant

## Regulation 22: Insurance

The provider had ensured that the centre was adequately ensured against risks to residents and property. The inspector saw evidence that residents were informed of insurance for the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored.

The provider had carried out an annual review of the quality and safety of the

centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis.

There were set weekly and monthly reviews and audits conducted in different areas along with some spot check audits in order to assure the provider that the systems in the centre were effective.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Residents were provided with a contract of care that laid out the services and conditions of the respite break and fees to be charged to the resident. From a sample reviewed they were signed by the resident's family representative. One resident was preparing to move into residential care and the inspector observed that key-working sessions were completed with the resident in order to keep them involved in the move. In addition, centre staff that were familiar to a particular resident were rostered to work with them in another residential centre for a set time frame to help ease the transition when the resident moved to their new home.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date, accurately described the service provided and contained all of the information as required by Schedule 1.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy, and associated procedures in place and an accessible version of the policy was available for residents. Any complaints made had been suitably recorded, investigated and resolved. In addition, the centre had received a number of compliments in relation to the service and the staff. For example, one family communicated that 'we are so grateful for everything you do'.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the residents were supported to enjoy their respite break while having their assessed needs met.

The provider had ensured that assessments of residents' health and social care needs had been completed including pre-admission assessments prior to each attendance to the centre. In addition, personal plans were in place for identified needs including eating and drinking plans as required.

When deemed appropriate, residents had access to members of the provider's multidisciplinary team to support them to manage behaviour positively. For example, access to a behaviour analyst. Restrictive practices were logged and reviewed periodically and were deemed to be in place for residents' safety.

There were systems in place to safeguard residents. There was evidence that incidents were appropriately managed. Staff spoken with were clear on what to do in the event of a concern.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were being offered the opportunity to engage in activities of their choice and how they spent their day. Residents were encouraged to spend their money as they saw fit and an inventory of their belongings was recorded for each admission.

The inspector observed that the premises appeared to be in a good state of repair and found it to be for the most part clean.

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

There were suitable firefighting, fire detection and containment measures in place in the centre. In addition, fire evacuation drills were regularly practiced and what supports residents required during evacuations was known.

## Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property; residents were supported to take in their own items into the respite centre and these were recorded in a log of personal possessions.

Judgment: Compliant

### Regulation 17: Premises

The premises was observed to be spacious, tidy and it was appropriate in meeting the assessed needs of the residents. It was found to be for the most part clean and any identified cleaning deficits were addressed on the day of the inspection, for example some of the windows were not fully clean and an area of the sitting room floor was found to be sticky.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe, for example there was a risk management policy. Additionally, centre specific and individual risk assessments had been developed and control measures in place as required. In addition, all incidents were reviewed by the person in charge and learning shared with the staff team.

Additionally, from a sample of the centre's vehicles it was observed to be taxed, insured and was serviced in July 2023. The vehicle was not due the national car test (NCT) by the time of this inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced. Staff had received training in fire safety and there were fire

evacuation plans in place for residents.

There were fire containment measures in place. However, the inspector observed that some fire containment doors had larger than recommended gaps either at the threshold or the door frame. In addition, three emergency exits did not have external emergency lighting in place. The provider gave written assurances shortly after the inspection that the door gaps had been rectified and emergency lighting installed externally at the three exits.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness. In addition, a shorter assessment of need was completed prior to each respite stay for the person to ensure accurate information was known to the centre. While some information was not captured on this pre-admission assessment the information was known to staff and therefore this appeared to be a documentation issue and being dealt with under Regulation 21: Records.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Restrictive practices were logged and periodically reviewed, for example a seat belt lock and some locked doors. Where residents presented with behaviour that challenged, the provider had arrangements in place to ensure those residents were supported and received regular review.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was reviewed and where necessary, a safeguarding plan was developed.

In addition, there were care plans in place that outlined residents' support needs and preferences with regard to the provision of intimate care.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents' rights were being protected by the systems for consultation with them. Their known preferences and wishes regarding their day-to day lives, their privacy and dignity and support with their monies was found to be respected.

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 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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 Saoire OSV-0005726

Inspection ID: MON-0033161

Date of inspection: 22/11/2023

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• We have reviewed all intimate care plans to ensure all sections of each plan are fully complete and agreed by all relevant parties.</li> <li>• We have added a section to our pre-admission assessment which captures any relevant information since the residents last admission which is required to inform the residents support plans in the centre.</li> <li>• We have reviewed all medication protocols in the centre to ensure they correlate with the resident’s prescription from their GP</li> <li>• We have reviewed our supervision record template to ensure it allows the supervisor opportunity to clearly explain what was discussed in supervision sessions and record same on the document.</li> <li>• We have reviewed our inventory log to ensure it allows for a detailed account of all resident’s property and possessions while residing in respite.</li> <li>• We have updated our contract of provision of service which confirms that transport is provided at no cost to the resident during their respite stay.</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	01/12/2023
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	11/12/2023
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for	Substantially Compliant	Yellow	11/12/2023

	inspection by the chief inspector.			
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