



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Inisfree
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	13 May 2025
Centre ID:	OSV-0008289
Fieldwork ID:	MON-0038148

## About the designated centre

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

Teach Inisfree provides full-time residential care for four male and female adults with an intellectual disability. The centre comprises one purpose built building which is located on the outskirts of a busy town. Staffing is provided by a team of nursing and healthcare assistants. Waking night support arrangements are in place.

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

Number of residents on the date of inspection:	4
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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
Tuesday 13 May 2025	09:40hrs to 16:05hrs	Alanna Ní Mhíocháin	Lead

## What residents told us and what inspectors observed

Residents in this centre received a good quality service. The service was person-centred. The needs of residents had been identified and the necessary supports put in place to meet those needs. Residents enjoyed a variety of activities within the centre and in the wider community. They were supported to maintain links with family and friends. The residents were supported by a team of trained staff who were knowledgeable of the residents' needs. Staff offered choices to residents and promoted the rights of residents. The provider maintained oversight of the quality of the service and addressed any issues identified in a timely manner. Some improvement was required to the documentation relating to the administration of medication for residents' behaviour. Some improvement was also needed to ensure that all restrictive practices in the centre were identified and fully assessed.

This was an announced inspection. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. The inspection was facilitated by the person in charge.

The centre consisted of a newly built bungalow on the edge of a town. It was near to shops, cafes, restaurants and other amenities. Each resident had their own bedroom with an en-suite bathroom. The house also had a shared bathroom, kitchen, sitting room, quiet room, utility room and a staff office. Outside, the centre had a spacious back garden. There were pathways that made the garden accessible to all residents. There was garden furniture and a pleasant patio area for residents to sit out.

The centre was clean, tidy and homely. Residents' bedrooms were decorated with different soft furnishings in line with their tastes. Photographs and the residents' belongings personalised their bedrooms. Residents had access to the equipment that they needed for their activities of daily living; for example, bedrooms were fitted with tracking hoists in the ceiling and profiling beds were provided for residents. The main sitting room in the house also had a tracking hoist to facilitate residents move from their wheelchairs into armchairs. The house and gardens were fully accessible with level access at the front and back doors. The doorways, hallways and space within the rooms were wide enough to accommodate the residents' movement in their wheelchairs. The décor throughout the house was new, modern and comfortable. There were small areas of the house that showed minor wear and tear. The person in charge reported that there was a plan for the house to be repainted in the near future that would address these issues.

The inspector had the opportunity to meet with all four residents at different times throughout the day. Residents interacted with the inspector in different ways. Some residents required the support of staff to speak with the inspector and others met with the inspector alone. Residents said that they were happy in their home and staff were nice and that the food in the centre was good. Residents spoke about the

activities that they enjoyed in the centre and in the wider community. They spoke about going on holidays and visiting family. They told the inspector about recent day trips and parties that they had attended. They talked about their friends and going to visit them. They spoke about their favourite music and their interests in sport. The inspector reviewed questionnaires that had been completed by the residents in February 2025. These were developed by the provider to gauge the residents' opinions about their home and the service they received. These questionnaires indicated that the residents were very happy living in this centre.

In addition to the person in charge and a member of senior management, the inspector met with three other members of staff. Staff spoke about the residents warmly and with respect. Staff were very knowledgeable on the needs of the residents and the supports that they required to meet those needs. They gave clear examples of how they supported residents with their nutritional needs and the precautions that they implemented to keep residents safe. All staff had completed training in human rights-based care and support. They gave examples of how this training had enhanced their knowledge and awareness of the rights of residents and how to promote those rights. They spoke about offering choices to residents and how to respect those choices. They gave examples of how they supported residents to communicate their needs and wishes. These examples were in keeping with the guidance and care plans that were in the residents' files. The inspector observed the interactions between residents and staff. Staff chatted with residents comfortably. They greeted residents warmly and their interactions were caring and respectful. Staff were heard offering choices to residents throughout the day. This included choices about their food, outings and clothing.

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

## Capacity and capability

This was a well-governed service. The aims and objectives of the service were outlined in the centre's statement of purpose. The provider had good systems in place to monitor the service to ensure that it met these aims.

The provider had clear lines of management and accountability. Incidents were reported and escalated. Staff knew who to contact if they had any questions or if any issues arose. The staffing arrangements were suited to the needs of residents and staff had up-to-date training in relevant modules.

The provider maintained oversight of the service through routine audit and unannounced provider-led visits. This ensured that any areas for service improvement were identified. The centre had a quality improvement plan that tracked these service improvement targets and ensured that they were addressed in a timely manner. Residents had the opportunity to raise issues through a complaints

procedure. Their terms and conditions of residency and the service that they could expect in the centre were clearly outlined in their contracts of care and in the centre's statement of purpose.

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

The provider had submitted the required documentation to progress the application to renew the registration of the centre. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

### Regulation 15: Staffing

The staffing arrangements in the centre were suited to the needs of residents.

The inspector reviewed the rosters in the centre from 31 March 2025 to 8 June 2025. These showed that the required number and skill-mix of staff were on duty at all times. The number of staff on duty ensured that residents received the support they required to complete their activities of daily living and to engage in social activities. The person in charge maintained a planned and actual roster. There were some vacancies in the centre. These were covered by regular agency staff. The consistency of staff meant that they were familiar to the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received training in modules that were relevant to the care and support of residents.

The training records in the centre were reviewed by the inspector. These indicated that staff had up-to-date training in areas that were required to provide appropriate support to the residents. Where staff required refresher training, this had been identified by the person in charge and staff were booked onto upcoming courses. The provider had a system in place to ensure that agency staff also completed the required training modules for this centre.

Judgment: Compliant

## Regulation 22: Insurance

The provider had submitted details of their insurance as part of the application to renew the registration of the centre. This was reviewed by the inspector and found to include all of the details required under the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

The provider maintained good oversight of the service. The management structure was clear. This ensured that the quality of the service was monitored and that areas for service improvement were addressed.

The inspector reviewed the routine audits that were completed in the centre. The audits completed in 2025 were reviewed. It was noted that the audits were completed in line with the provider's schedule. Where issues were identified on these audits, there was evidence that this was addressed by the provider and that steps were implemented to avoid a re occurrence. For example, a documentary issue identified on a medication audit was rectified and then discussed at a staff meeting to avoid a re occurrence.

The provider's most recent six-monthly unannounced audits and the annual report into the quality and safety of care and support were reviewed by the inspector. These documents gave a very good overview of the service and identified areas for service improvement. The service improvement actions were clearly defined and specific. There was a definite time line for the action to be addressed and the person responsible for the action was identified.

All of the service improvement actions from provider's audits and the routine audits were added to the centre's quality improvement plan. This plan gave clear, specific actions and a definite time line for completion. The inspector reviewed this plan and found that the provider addressed identified issues in a timely manner.

Judgment: Compliant

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

The provider had ensured that there was a contract between residents and the provider that contained the necessary details as outlined in the regulations.

The inspector reviewed one resident's contract of care. This contract outlined the services that would be provided to the resident, the terms and conditions of residency and the fees that the resident would have to pay. This meant that it was clear what service the resident would receive and the costs that they would have to cover. The contract was signed by the resident and by a representative of the provider.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted their statement of purpose as part of the documentation required to renew the registration of the centre. This was reviewed by the inspector and found to contain the information outlined in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place.

The inspector reviewed the complaints procedure and noted that an accessible easy-to-read version had been developed for residents. The inspector noted that complaints were audited routinely in the centre to ensure that they were progressed in line with the provider's procedures. Residents were informed of the complaints procedure through the residents' meetings. Residents told the inspector that they would be happy to raise any issues or concerns with staff.

Judgment: Compliant

## Quality and safety

Residents received a good quality and safe service in this centre. Some improvement was required to ensure that any restrictive practices used in the centre were the least restrictive option used for the shortest duration of time.

The safety of residents was promoted in this centre. Risks to residents had been identified and control measures implemented to reduce those risks. Systems to ensure that residents received the correct medication and foods were effective. Staff had training in safeguarding residents from abuse. Behaviour support advice was

available from appropriately qualified professionals. Some improvement was required in relation to the documentation of when to administer medication to support residents to manage their behaviour. Some improvement was also needed to ensure that all restrictive practices were fully assessed.

The needs of residents had been assessed and supports put in place to meet those needs. The centre itself was in keeping with the needs of residents. Its accessibility, space and equipment ensured that residents could comfortably complete their activities of daily living with the support of staff. Staff promoted the rights of residents. They did this through offering choices to residents and respecting those choices. Staff were familiar with the residents' communication strategies that ensured that residents could express their preferences. Residents were supported to maintain links with family and friends through regular visits. Residents were supported to manage their financial affairs.

## Regulation 10: Communication

The provider ensured that the residents were supported to communicate their needs and wishes.

The inspector reviewed the communication profiles that had been developed for two residents. These documents had been developed within the previous 12 months and were regularly updated. The communication profiles provided specific information in relation to the residents' communication strategies and how to interpret some of their spoken and non-verbal communication. One resident had been assessed by a speech and language therapist who provided a report outlining recommendations to support the resident with their communication. It was noted that these recommendations had been implemented by the provider. For example, the report advised the use of real-world objects to support the resident's understanding and to ensure that the resident could express their choices. Staff gave clear examples of how they used this strategy throughout the day with the resident.

Judgment: Compliant

## Regulation 11: Visits

The provider ensured that residents were facilitated to receive visitors.

The inspector noted that there was a visitors policy in the centre. Residents were free to receive visitors as they wished. Residents spoke about the people who came to visit them in the centre. There was adequate space for residents to receive their visitors in private.

Judgment: Compliant

### Regulation 12: Personal possessions

The residents were supported to retain control over their possessions and to manage their financial affairs.

The inspector reviewed the files for two residents. These showed that a financial assessment was completed with the residents annually. This identified the supports they required in relation to the management of their finances. Residents were supported to manage their monies in their own bank accounts. There was a system in place to ensure accurate recording of the residents' monies. This was audited on a monthly basis. The audits completed in 2025 were reviewed by the inspector and these showed that the provider followed their own guidelines.

Residents had adequate space to store their personal items and clothing. They had access to laundry facilities.

Judgment: Compliant

### Regulation 17: Premises

The centre was suited to the needs of residents. It was designed and laid-out to meet the aims and objectives of the service.

As outlined in the opening section of the report, the centre was well-maintained and homely. It was nicely decorated and provided adequate space for residents to spend time together or alone. It was fully accessible to all residents. The centre had the equipment needed by residents to complete their daily activities.

Judgment: Compliant

### Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre. This meant that residents received wholesome meals that were suited to their specific dietary requirements. It also meant that residents were offered choices in relation to their meals and snacks.

The inspector reviewed the files of two residents. These indicated that residents' nutritional needs had been identified. Residents had access to the supports of

appropriate healthcare professionals in relation to their nutrition. The recommendations of these professionals were recorded and implemented by staff. Staff were knowledgeable of the correct food and fluid consistencies for each resident and how to prepare food appropriately. The storage of food in the centre was in keeping with residents' needs. The inspector observed staff supporting residents with their meals in keeping with the guidelines outlined in the residents' files.

There were picture supports in the centre so that residents could choose their preferred meal and snacks.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had developed a guide for the residents. This was reviewed by the inspector and found to contain the information set out in the regulations. This meant that the facilities and services provided to residents, and the terms and conditions of their residency was clearly outlined.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had good risk management systems in place. This meant that risks to residents were identified and that measures were put in place to reduce risks to residents.

The inspector reviewed the risk assessments and files for two residents. These showed that risks to residents were identified by the residents' named staff nurse. Risk assessments or nursing interventions were then devised based on the identified risk. These documents had been developed within the previous 12 months and were updated in line with the provider's time lines. The documents guided staff on how to reduce risks to residents and the steps that should be taken to protect their safety.

The inspector reviewed the risk register in the centre. This was found to be up-to-date and comprehensive. The risk assessments were relevant to the service and specific to the centre.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had good systems in place to ensure that medication in the centre was stored appropriately and administered in line with the residents' prescription.

The inspector reviewed the medication audits in the centre that had been completed in 2025. These showed that the provider monitored the storage, administration and disposal of medicines. The inspector noted that medication was routinely checked by two members of staff to ensure that no administration errors had occurred. There were no recorded medication errors in the centre since the beginning of 2025.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The provider had completed an assessment of the health, social and personal needs of residents. This meant that the supports required by residents could be identified and implemented.

The inspector reviewed two of the four residents' files and assessments of need. This showed that the needs of residents had been comprehensively assessed within the previous 12 months. Where required, a corresponding care plan had been developed to inform staff of the supports that should be put in place to meet those needs. These care plans were updated routinely and updated when there was any significant information relating to the residents received. For example, a residents' care plan was updated following receipt of blood test results from the resident's general practitioner (GP).

The residents' assessments and personal plans were subject to an annual review. This included a review of the effectiveness of the previous year's plan. The review meeting included members of the multidisciplinary team and the resident was also represented at the meeting. Personal goals for the resident were set at these meetings and progress towards these goals were reviewed regularly throughout the year.

Judgment: Compliant

## Regulation 6: Health care

The healthcare needs of residents were well managed in this centre.

The files of two residents that were reviewed by the inspector showed that residents

had access to a wide variety of healthcare professionals in line with their needs. Residents had a named GP. They were supported to attend medical and health appointments. Information from these appointments was recorded and followed-up by staff. Routine medical checks were completed with residents. For example, weight checks.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had measures in place to ensure that residents received support in relation to the management of their behaviour. However, some improvement was required to the documentation regarding the use of medicines relating to behaviour support. Some improvement was also needed to ensure that all possible restrictive practices in the centre had been identified and assessed.

The behaviour support plan for one resident was reviewed by the inspector. This showed that the plan had been developed by an appropriately qualified professional and was regularly updated. Staff were very knowledgeable of the contents of the plan and of the supports that should be put in place for the resident. This included taking a holistic view of the resident's mood, environment and medical needs.

The inspector reviewed the guidance for staff in relation to the administration of medication to the resident should they need it to support their behaviour. The inspector noted that this medication was used infrequently with the resident. However, the inspector found that some improvement was required in this area. The guidance document gave information about the medication and the dose. However, the criteria for when this medication should be administered and the precautions that should be taken in advance of the administration were not clear. Definite instructions were required to ensure that this medication was the least restrictive procedure used with the resident.

Restrictive practices in the centre had been identified. They were regularly reviewed and audited to ensure that they were required and the least restrictive option. However, the practice of completing night time checks on residents had not been included in this process. This was identified as a control measure on a number of risk assessments, for example, one resident's risk assessment relating to pica. This practice had not been subjected to the same scrutiny as other restrictive practices in the centre.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had measures in place to protect residents from abuse.

Staff had up-to-date training in safeguarding. Staff were knowledgeable on the steps that should be taken if a safeguarding incident occurred. Staff were knowledgeable on how to support residents to manage their behaviour in order to reduce negative interactions between residents. The centre had enough space for residents spend time apart, if they wanted.

The review of residents' files showed that intimate care plans had been developed for residents that gave clear guidance to staff on how to support residents. These were regularly reviewed and updated.

Audits of the residents' finances ensured that they were protected from financial abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

The inspector reviewed the minutes of residents' meetings that were held in April and May 2025. These showed that residents were supported to make choices in relation to their meals and activities.

The inspector noted that staff routinely offered choices to residents throughout the day of the inspection.

The communication needs of residents were supported so that they could make informed choices and express their preferences.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	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 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Teach Inisfree OSV-0008289

Inspection ID: MON-0038148

Date of inspection: 13/05/2025

## 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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>- The Person in charge in conjunction with the Multi-disciplinary team have completed a review of all PRN Protocols and Positive Behaviour Support Plans within the centre. The criteria outlining when the medication should be administered and necessary precautions to be taken prior to administration, are now clearly defined. Date completed: 30/05/25</li> <li>- The Person in charge has ensured that clear and definitive instructions have been established to ensure that the use of PRN medication remains the least restrictive intervention. Date completed: 30/05/25</li> <li>- The Person in charge has discussed the issue of night checks as a restrictive practice at the Donegal Quality and Safety meeting on 14/05/25. It has been agreed that this will be further discussed at the CHO governance call for review and the provision of guidance on same. Date for completion: 30/06/25</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 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/06/2025