

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

## Issued by the Chief Inspector

Name of designated centre:	Teach Owey
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	07 May 2025
Centre ID:	OSV-0008290
Fieldwork ID:	MON-0038166

## About the designated centre

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

Teach Owey provides full-time residential care for 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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## 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
Wednesday 7 May 2025	10:00hrs to 18:00hrs	Úna McDermott	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection which took place over one day. The purpose of the inspection was to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and to inform a registration renewal application.

The inspector was assured that the provider had the capacity to provide a good quality and safe service, where the support provided was person centred and residents' rights were respected. This service was provided in a purpose built facility that met with the assessed needs of the residents and was appropriate for their changing needs as they aged. Their home was spacious and accessible throughout. It was pleasantly presented with a range of rooms for residents to share together, or to spend time apart if preferred. Each bedroom had en-suite shower facilities and ceiling hoists were provided.

The inspector met with all residents during the course of the day. It was clear to the inspector that the residents enjoyed living together. While some issues arose from time to time, the inspector was assured that overall, they were compatible with each other.

One resident had changing health needs. They spoke with the inspector about this. This showed that they were supported to understand their illness and the steps required to promote wellness. They said that loved their home. They raised some issues regarding transport, however, on exploration, the inspector found that there were other suitable arrangements in place which met with their needs at that time.

Later in the afternoon, a second resident was observed returning from a shopping trip. They did not hold a verbal conversation with the inspector, but their pride in the items they purchased and their enjoyment of the shopping trip was unmistakable. The inspector could see that the staff supporting the resident knew them very well and understood their wishes. They remarked cheerfully that the resident 'knew their own mind' and had good taste when it came to shopping for items of clothing. The resident was observed grinning broadly and taking the bags to their room.

Another resident spoke about meeting the inspector at a jointly hosted event held by the provider and the Authority recently. The purpose of this was to engage with residents about the inspection process and to understand their views. They told the inspector that they enjoyed this very much and said that they were keen to advocate about suitable transport for their peer who was unable to attend that due to their illness. This provided an example of the sense of unit and solidarity among the residents at Teach Owey and that they felt confident to have their voices heard. If they were unable to do this, someone else would do it for them. This was

promoted by the staff team, who listened to the people they supported and respected their wishes.

The inspector met with all staff on duty that day. They confirmed that they had training in the promotion of human rights for people with disabilities. They said that they were happy in their roles and felt supported by the leadership and management team. One staff member said that there was great energy in the house and that this was particularly clear at residents' meeting which were held weekly. During these meetings menus and outings were planned and areas of interest discussed. The overall message from staff discussions held, was that they felt that while their job was to support residents - it was their house, their choice and their life.

The next two sections of this report will outline the findings of this inspection in relation to the governance arrangements in place in the centre and how these impacted on the quality and safety of the service.

## Capacity and capability

This service was well governed and lines of accountability were clearly defined. It was well resourced, with appropriate staffing levels, transport and suitable equipment and facilities. This meant that it was operated in line with the residents' assessed needs and the statement of purpose.

Staff had access to training modules which were relevant to their care and support. This training was up to date. The person in charge had a supervision and performance management systems to support staff members' professional development.

The provider had maintained good oversight of the service through routine audits and unannounced visits. Findings from audits were recorded and actions to address gaps were documented on a time-based action plan. There were no open complaints at the time of inspection.

Where incidents arose they were documented in line with the provider's policy. A review of statutory notifications completed by the inspector found that they were submitted to the Chief Inspector of Social Services in line with the regulation.

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

The registered provider submitted an application to renew the registration of this designated centre. Where amendments were required, these were completed in line with the time frame required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The provider had a person in charge who was employed was full-time. They were skilled, knowledgeable and experienced. While they had other responsibilities on behalf of the provider, they told the inspector that they had the capacity at the time of inspection.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had sufficient staff employed with appropriate skills and experience to meet with the assessed needs of the residents in line with the statement of purpose and the size and layout of the service. There were no staffing vacancies.

The inspector reviewed a sample of planned and actual rosters from 1 April 2025 to 7 May 2025. They were well maintained and provided an accurate account of the staff on duty on the day of inspection. Where additional staff were required this was planned for. Staff were familiar with the residents which meant that consistency of care and support was provided.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to a programme of training and development which provided mandatory and refresher modules in matters relevant to the centre.

The inspector reviewed the training matrix for the centre and found that it was well maintained. A further review of five mandatory training modules found that they were completed by all staff. If required, bespoke training was provided. For example, a resident and their support staff had visited a cancer support service and the staff had plans to complete training in palliative care.

A review of staff supervision arrangements completed by the inspector found that staff were provided with individual supervision meetings with their line manager. The supervision records for two staff were reviewed by the inspector and this found that meetings were taking place in line with the provider's policy.

Judgment: Compliant

## Regulation 22: Insurance

The provider had an insurance policy that was in date and met with the requirements of this regulation.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had good governance and management arrangements in this centre. A post for a clinical nurse manager to support the role of the person in charge was approved and this person was due to commence employment in quarter three. This meant that there would be additional support for the person in charge and oversight at the weekends.

There were clear lines of accountability which meant that staff knew who to report to. Team meetings were taking place on a regular basis and staff said that they felt free to raise compliments or concerns if required.

Audits were completed in line with the provider's schedule and the requirements of the regulation. The six monthly provider-led audit was completed on 28 January 2025. The annual review of care and support was completed on 22 April 2025. The actions from audits completed were captured on a quality improvement plan which was reviewed on a monthly basis.

Clear and comprehensive documentation systems were in place which ensured consistent guidance for staff. These included daily logs, monitoring documents, assessments, care plans and support plans.

Residents meeting and team meetings were taking place regularly and were well attended. Overall, the inspector found that the good communication systems used, along with clear documentation systems impacted positively on the quality of the service provided.

Judgment: Compliant



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

There were no new admissions to this centre and no vacancies at the time of inspection. If this were to arise, a review of admissions policies and practices completed by the inspector found that they met with the requirements of the regulation.

The inspector reviewed the contracts of care for all four residents. The information provided was clear and included pictures to support residents understanding. Where appropriate, residents were involved in the discussions regarding the service offered and there was evidence of their signatures on the documentation provided.

Judgment: Compliant

## Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose for the service. It was reviewed on 12 February 2025 and was in line with the requirements of the regulation. Residents had an easy-to-read version in their bedrooms. Where amendments were required, these were completed on the day of inspection.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector reviewed the incidents occurring at the centre from 1 January 2025 to the date of inspection. This found that where required, statutory notifications were reported to the Chief Inspector of Social Services in line with the requirements of this regulation.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had a complaints process which was working well when required. It was accessible to residents and their representatives and displayed in a prominent position in easy to read format.

A review of the process found that residents were supported to have their voices heard. Where this occurred, matters were documented in line with the process and resolved in a proactive and timely manner. For example, a resident raised a concern relating to loss of power during a storm earlier this year. This was documented, a risk assessment created and the matter was escalated to senior management. A plan to provide a generator for the service was progressing at the time of inspection.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Policies, procedures and guidelines for the designated centre were reviewed by the inspector, who found that they were available for review and subject to regular review. While there were issues locating the safeguarding policy, it was made available and found to be in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

#### Quality and safety

The inspector found that this was a person centred service where good quality care and support was provided and the human rights of residents were promoted.

The provider had a range of documentary systems such as assessments, care plans, and support plans which provided clear guidance on residents support needs. Where risks were identified, they were documented and control measures were put in place. While restrictive practices were used, they were assessed and used in line with specific protocols. Where the support of medical specialist and other allied health professional was recommended, this was provided.

The premises was well presented and provided a comfortable home. Suitable fire safety arrangements were in place and these were subject to regular review.

#### Regulation 17: Premises

The residents at Teach Owey lived in a premises that was designed to suit their assessed needs and was in line with the statement of purpose.

The premises provided was of sound construction, in a good state of repair and kept clean and tidy throughout.

Judgment: Compliant

### Regulation 18: Food and nutrition

A walk around of the kitchen completed by the inspector found that there was a plentiful supply of wholesome foods, snacks and beverages. This meant that residents had a choice of nutritious foods to enjoy at mealtimes.

Two of four residents living at Teach Owey required support with food and nutrition related interventions and the inspector reviewed both feeding, eating and drinking support plans (FEDS). This found that the support of a dietitian and a speech and language therapist was provided. Recommendations provided were displayed prominently in the kitchen and staff spoken with were clear on how to support residents at meal times.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had implemented good systems for the assessment, control and ongoing review of risk.

The inspector reviewed the centre's risk register and found that the risks recorded were relevant to the centre and that it was subject to regular review

Residents had individual risk assessments. The inspector reviewed four of these, all of which were in line with the provider's policy and provided clear guidance on how to control the risks identified. For example, a risk relating to a resident's ability to eat and drink safely was identified in January 2025. Shortly after this, a swallowing assessment was completed and a risk assessment put in place. The resident and their representatives were involved in this process.

During the course of the inspection, the inspector spoke with two staff who reflected on the incident above which occurred in January. They told the inspector of the control measures they used to prevent reoccurrence. The inspector found the staff spoken with had a good understanding of what to do and that this improved the safety of the service provided to the residents.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises. The fire prevention policy was up to date and all staff had mandatory and refresher fire training completed.

Residents were provided with personal emergency evacuation plans. Staff employed were familiar with these and with the building and with the escape routes to follow if required.

Fire drills were completed on a regular basis, and both daytime and night-time scenarios were used. Safety checks were taking place regularly and the information was recorded.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Residents had access to the support of a community pharmacist.

The provider ensured that records relating to administration of medicines were kept in a safe place. In addition, medicines were stored correctly.

Where there were issues relating to the safe administration of medicines this was identified through an audit process and action was taken as outlined in regulation 26 in this report.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to appropriate healthcare support which took their personal plan into account.

All residents had a general practitioner (GP) and where medical treatment was recommended this was supported by the staff team. Access to consultant-led care was facilitated if required.

In addition, residents had access to allied health professionals such as occupational therapy, physiotherapy, audiology, chiropody and dental appointments. In addition, access to national screening programmes was provided.

Overall, the inspector found the good level of oversight at the centre ensured that residents health was promoted. For example, where staff identified a concern relating to a resident they ensured that onward referral for appropriate medical review was made. This ensure that suitable care was put in place.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The residents living at this designated centre had a range of complex assessed needs. The inspector found that the provider had effective positive behaviour support arrangements in order to support these needs.

The positive behaviour support policy was up to date and staff had completed training. Information to guide staff was clearly documented and access to specialist in behaviour was provided.

Where proactive recommendations were made, these were followed. For example, residents were supported calmly in a low arousal environment which was observed on the day of inspection. Furthermore, the provision of individual living accommodation supported resident's behaviour support needs.

Where restrictive practices were used, comprehensive protocols were in place. They were reviewed monthly to ensure that they were the least restrictive, monitored effectively and used for the shortest time possible.

Judgment: Compliant

### Regulation 8: Protection

The inspector was assured the provider had effective safeguarding and protection arrangements in place at this centre which ensured that people were safe.

Where matters arose, they was addressed promptly and in line with local and national policy. For example, the inspector completed a review of three historic safeguarding matters. They found that the information provided was clear and comprehensive. The matters arising were documented factually and safeguarding plans were devised. There was evidence that if the person in charge had a query relating to safeguarding and protection, that they would follow up with the

safeguarding and protection team to ensure accuracy. All three plans were now closed.

The inspector held discussions with three staff who told them about the actions that they would take if they had a safeguarding concern. They were aware of the identity of the designated officer and all staff had up to date safeguarding and protection training.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that a rights based approach was embedded in the service offered to residents. Through observations and discussions the inspector held with residents and staff, it was clear that they were aware of the core principles of dignity, respect, choice and autonomy.

The inspector observed the interpersonal interactions between staff and residents. This included the promotion of decision making when making plans for the day, which were then respected and actioned. In addition, a resident was observed returning to the centre to have lunch after an outing. They told the inspector that this was their preference.

Where other statutory stakeholders were involved in supporting residents with their decisions, the inspector found that the person in charge and the staff team were working hard to have such arrangements reviewed in line with the Assisted Decision-Making (Capacity) Act (2015). During a conversation with the person in charge, they advocated strongly for the residents capacity to make their own decisions when supported by the people that know them best.

At provider level, plans were in place to set up a human rights committee. In the interim, where restrictive practices were used they had associated risk assessment and a rationale for their use only as necessary. Furthermore, protocols relating to each restriction were available which were subject to regular review.

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 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant