



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:	Short Notice Announced
Date of inspection:	14 September 2023
Centre ID:	OSV-0008290
Fieldwork ID:	MON-0038165

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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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 14 September 2023	10:00hrs to 16:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was the first inspection of a newly registered centre. It was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013). The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. From what the inspector observed, it was clear that the residents living at this designated centre were enjoying a good quality life where they were supported to be active participants in the running of their home and to be involved in their communities.

Teach Owey is a purpose built-bungalow which opened in May 2023. It is located in a residential area close to busy seaside town. The property was bright and spacious and suitable to the assessed needs of the residents. The entrance hall was welcoming. A safety pause station was provided. The kitchen and dining room were well-equipped with accessible areas provided for residents with physical disabilities. There was a good supply of nutritious foods provided. The sitting room was warm and comfortably decorated with doors that opened to the garden. A second sitting room was available for residents to use if they preferred quiet time or if they had visitors. Each resident had their own bedroom with a spacious en-suite shower room. They were brightly decorated with personal items displayed. Ceiling hoists were provided for residents with physical disabilities. A utility room was provided for the storage of cleaning products and the laundering of linens and clothing. It was a well organised room. At the rear of the house there was a garden with outdoor furniture for residents to enjoy.

On arrival, the inspector met with the person in charge who facilitated the inspection. The assistant director of nursing visited the centre later that day. Two residents had left the centre to attend a day service. The inspector met with the remaining two residents who were preparing for their day. One resident invited the inspector to see their bedroom. It was a comfortable room and was warm and inviting. They showed the inspector photographs displayed and said that they were very happy in their new home. The second resident was observed moving around the centre independently. Later, they were observed leaving the centre for an outing. The inspector met with the third resident on return from their day service. The resident showed the inspector a scrapbook with photographs of the laying of the foundations, the building of the centre and of the day they moved in. They said that they were very happy in their new home and that they enjoyed having their own bathroom.

The inspector met with three staff members during the course of the inspection. All staff spoke about the new centre and that it enhanced the lived experiences of the residents. They said that there was more space for residents to enjoy and that the staff had more time to spend with the residents. Therefore, they had increased opportunities to participate in community activities. In addition, contact with residents' families was facilitated and supported by the staff team. This included

telephone calls and visits home if appropriate. In addition, residents' family members visited the centre in accordance with the residents' wishes.

Staff spoken with told the inspector that they had completed training in a human rights based approach to care. They spoke about the residents having the same human rights as everyone else. They said that the new centre belonged to the residents and that it was 'their home'. They said it was important to offer choice and respect residents' wishes. Interactions between the residents and the staff members were observed throughout the course of the inspection. The staff on duty had a good understanding of the each resident's communication style and their interactions were found to be caring and respectful.

Overall, the inspector found that Teach Owey was a welcoming home with a warm relaxed atmosphere. The residents were provided with a good quality, person-centred and rights based service where they were active participants in their community. The staff employed were familiar with residents' support needs and attentive to their requirements.

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

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to residents met their needs and was under ongoing review.

Residents at this designated centre were admitted in May 2023. The provider had an up to date admissions policy in place and had ensured that residents and their families had an opportunity to visit the service prior to admission. Each resident had a contract of care in place which included details of the service provided and the fees charged. The provider had a directory of residents which was up to date and available for review in the centre. It included the information required under schedule 3 of the regulation. The provider had an insurance contract in place which was up to date and met with the requirements of the regulation.

The statement of purpose was available to read in the centre. It had been revised recently and contained the information required under Schedule 1 of the regulation. The policies and procedures required under Schedule 5 of the regulation were prepared in writing and were stored in the centre. They were up to date.

The management structure consisted of a person in charge who reported to the assistant director of nursing. The person in charge had responsibility for the governance and oversight of two designated centres which were located close to

each other. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. Agency staff were used. They were reported to be consistent and familiar with the assessed needs of residents. When the person in charge was not available the assistant director of nursing was available to provide support. An on-call system was used, which staff said worked well.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. Team meetings were taking place on a regular basis. They were well attended and the minutes were available for review.

The provider had arrangements in place to manage complaints. The complaints policy which was up to date. Information was in easy-to-read format and each resident had a copy in their bedroom. A sample of complaints were reviewed by the inspector who found that the records were up-to-date and that the concerns arising were addressed in line with the provider's policy. Residents had access to advocacy services. However, the person in charge told the inspector that this was not required at that time.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and for the care provided

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had a directory of residents which was up to date and available for review in the centre. It included the information required under schedule 3 of the regulation.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had an up to date admissions policy in place and had ensured that residents and their families had an opportunity to visit the service prior to admission. Each resident had a contract of care in place which included details of the service

provided and the fees charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had arrangements in place to manage complaints. The complaints policy which was up to date. Information was in easy-to-read format for residents' use. Residents had access to advocacy services if required.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

The inspector found that the service provided in Teach Inisfree was person-centred and safe. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community.

Resident were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. Access to facilities for occupation and recreation were provided. These included home and community based activities such as community day services, sensory experiences, swimming, shopping,

concerts and day trips. Comprehensive assessments of residents' health, personal and social needs were completed. Each resident had a personal-centred plan and an assessment of need which were reviewed regularly. Residents and their representatives were involved in setting goals through their personal planning meetings. Goals included going to football matches, plans for an overnight holiday and a trip to buy a new mobile phone.

Residents who required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. For example: residents had the support of psychology, speech and language therapy and occupational therapy. In addition, residents had access to consultant based services such as neurology at the time of inspection.

Residents that required support with behaviours of concern had the support of a psychologist and a clinical nurse specialist in place. Behaviour support plans were reviewed recently and the provider's policy on behaviour support was up to date. Staff spoken with were aware of what to do should a concern arise. Restrictive practices were in use in this centre. Protocols for their use were in place and these were reviewed recently.

The provider ensured that residents were protected from abuse. The safeguarding policy was up to date. Residents spoken with were aware of what to do if a concern arose and staff were aware of the process to follow if required. A sample of safeguarding concerns occurring were reviewed. It was clear that the person in charge was aware of the procedures to follow. Staff had access to safeguarding and protection training. When asked, they were aware of the identity of the designated officer.

As outlined, this was a new service which was provided in a purpose-built premises. The property provided was of high standard. It was designed to meet with the assessed needs of the residents. It was of sound construction and in a good state of repair. It was clean and suitably decorated. A separate sitting room was provided. This meant that residents had access to a private area to meet with their visitors if required.

The provider had arrangements in place to reduce the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans and all staff had completed fire training.

The provider had arrangements in place for the ordering, receipt, storage and administration of medicines. Medicine records were stored in a safe and accessible place. Medicines were stored securely.

In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. There were good governance and management arrangements in the centre which led to positive outcomes for

residents' quality of life and care provided.

Regulation 13: General welfare and development

Resident were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. Access to facilities for occupation and recreation were provided.

Judgment: Compliant

Regulation 17: Premises

The premises provided was designed and laid out to meet with the aims and objectives of the service and the number and needs of the residents. It was of sound construction and in a good state of repair.

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.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had arrangements in place for the ordering, receipt, storage and administration of medicines. Medicine records were stored in a safe and accessible place. Medicines were stored securely.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Annual reviews were up to date.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours of concern had the support of a psychologist and a clinical nurse specialist in place. The provider's policy on behaviour support and behaviour support plans were up to date. Restrictive practices were in use in this centre. Protocols for their use were in place and these were reviewed recently.

Judgment: Compliant

Regulation 8: Protection

The provider ensured that residents were protected from abuse. The safeguarding policy was up to date. Residents spoken with were aware of what to do if a concern arose and staff were aware of the process to follow if required. Staff had access to safeguarding and protection training and were aware of the identity of the designated officer.

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 19: Directory of residents	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
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	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	Compliant
Regulation 8: Protection	Compliant