



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

## Issued by the Chief Inspector

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|----------------------------|--------------------------|
| Name of designated centre: | Teach Inishal            |
| Name of provider:          | Health Service Executive |
| Address of centre:         | Donegal                  |
| Type of inspection:        | Announced                |
| Date of inspection:        | 06 May 2025              |
| Centre ID:                 | OSV-0008292              |
| Fieldwork ID:              | MON-0038137              |

## About the designated centre

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

The designated centre provides a full time residential service for four adults with an intellectual disability. It is located close to two other designated centres close to a busy seaside town. Staff is provided by both nursing and healthcare assistants. Waking night time support is provided.

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

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| 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 |
|--------------------|----------------------|---------------|------|
| Tuesday 6 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. While there were sufficient staff on duty at the service, the provider identified the requirement for additional nursing posts, which when filled would further enhance compliance.

There were four residents at the centre on the day of inspection and the inspector met with, and spent time with them all. From conversations held and observations made, it was clear that the residents' were happy to live at Teach Inishal and happy living with each other.

They were observed doing individual activities in their home such as knitting and listening to local radio, and activities in their community, such as attending an active age group or taking items to the recycling station. The inspector found that the needs of the residents were changing as they aged and this was respected. When asked by the inspector if they would rather go 'out and about' or 'stay at home' that evening, all four residents said that they would prefer to stay at home. There was a sense of friendliness, goodwill, and familiarity among the resident group which was enhanced by kind and caring interactions with staff. The house provided was large and spacious, while also warm, welcoming and comfortable.

A tour of the property completed by the inspector found that it was ideal for the assessed needs of aging residents. Each person had their own bedroom with tracking hoist systems and a large en-suite shower room. The inspector noted a range of equipment was provided such as adapted chairs which were individual to each person. The kitchen was well-equipped and the sitting room was cosy. There was an additional sitting room for visitors, or for residents to spend time alone if this was their wish. There were level access doors from the rear of the house to a paved patio area and a large garden. As it was a nice day, sun was streaming into the garden which meant that it was a very pleasant space for residents to enjoy.

The inspector met with three of the four staff members on duty and with the person in charge at the time of inspection. From conversations held, along with observations made, the inspector found a sense of comradery and support among the staff team. This impacted on the pleasant resident focused culture in the centre. When asked, they told the inspector that they completed on-line training in human rights which had a positive impact on their ability to provide a rights based service. They spoke about the availability of staff during the day, which meant that if

residents wished to return home early, this could be facilitated. In addition, they spoke about supporting residents to do their own thing, in their own way, and at their own pace. In addition, they spoke about advocating on behalf of residents and their right to live in harmony with others. They told the inspector that this had significantly reduced safeguarding risks in the centre and impacted on residents' quality of life.

## Capacity and capability

This service was well governed and lines of accountability were clearly defined. Although the substantive person in charge was on leave at the time of inspection, the provider had alternative arrangements in place.

Although there were adequate staffing in place at the time of inspection, the provider identified nursing vacancies which required further work to ensure they were filled. Staff had received training in modules that were relevant to the care of the residents and this training was largely up to date.

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. The service was well resourced with staff, equipment, transport and other required resources.

The provider had submitted notifications to the Chief Inspector of Social Services in line with the regulations.

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

The provider had submitted the documentation to renew the registration of the designated centre within the timelines provided. This was reviewed by the inspector and met with the requirements of this regulation.

Judgment: Compliant

## Regulation 14: Persons in charge

As outlined, the substantive person in charge was on leave at the time of inspection. The inspector found that the registered provider had alternative arrangements in place which were effective.

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| <p>The person employed was full-time, 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.</p>   |
| <p>Judgment: Compliant</p>   |
| <p><b>Regulation 15: Staffing</b></p>  |
| <p>The inspector found that in the main, the staffing arrangements at the centre met with the assessed needs of the residents. They reviewed the planned and actual roster from 1 April 2025 to 6 May 2025 which provided an accurate review of the staff on duty on the day of inspection.</p> <p>However, the following required further work:</p> <p>While the review of the roster found that staffing levels were good at this centre, there were two vacant staff nurse posts. One vacancy was covered by a consistent agency nurse who was observed to be experienced and familiar with the service. A recruitment campaign to fill the second vacancy was ongoing.</p>   |
| <p>Judgment: Substantially compliant</p>   |
| <p><b>Regulation 16: Training and staff development</b></p>  |
| <p>Staff had access to a programme of professional training and development. This included both in-person and online training and a range of mandatory and refresher training modules were provided.</p> <p>The inspector reviewed the training matrix and found that in the main, the required training was up to date. Where training was outstanding, there was a rationale and a plan was in place. This did not impact on the quality of the service provided at the time of inspection.</p> <p>The inspector reviewed the matrix which recorded the supervision meetings attended and had a conversation with the person in charge. This found that 5 of 11 staff required their supervision meeting for 2025. The person in charge had a plan in place to progress these meetings. In the main, staff spoken with felt that they were supported both formally and informally and had regular support through the leadership and management arrangements used.</p> |
| <p>Judgment: Compliant</p>   |

## Regulation 22: Insurance

The registered provider had a contract of insurance which met with the requirements of this regulation.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had good governance and management arrangements in place, with clear lines of authority.

The inspector reviewed the audits for the centre. The annual review of care and support for residents at the centre was completed in April 2025. The six-monthly unannounced provider led audit was completed in January 2025. Additional monitoring arrangements included a self-assessment which was completed by the person in charge on a quarterly basis, along with a range of weekly and monthly audits. The inspector reviewed the quality improvement plan and found that any gaps identified by the audits were documented correctly and there was good follow up on the actions required.

From a walk around of the centre, and from discussions with staff, the inspector found that the centre was well resourced in order to meet with the assessed needs of the residents. Sufficient staff were on duty, transport was available, and where specific equipment was recommended, this was provided. This enhanced the day to day living experience for the residents.

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 two of 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.



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| Judgment: Compliant   |
| Regulation 3: Statement of purpose  |
| The inspector reviewed the statement of purpose for the service. It was reviewed on 2 May 2025 and was in line with the requirements of the regulation. Residents had an easy-to-read version in their bedrooms.  |
| 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 32: Notification of periods when the person in charge is absent  |
| <p>As outlined previously in this report, the substantive person in charge was on leave at the time of inspection and alternative arrangements were in place.</p> <p>A review of the statutory notification required during the absence of the person in charge found that notice of this absence was provided to the Chief Inspector within 28 days of occurrence.</p> |
| 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 while this centre provided a good quality and safe service. Improvements to staffing arrangements would further enhance the levels of compliance found.

The registered provider ensured that a person-centred service was provided in this centre which promoted the human rights of the people living there. The residents' health, social and personal needs had been identified and assessed. The necessary supports to meet those needs had been put in place. Staff were provided with clear streamlined information in order to support residents' assessed needs.

The provider had risk management arrangements and where risks were identified, they were assessed and control measures were put in place. Positive behaviour support plans were provided if required and these were subject to regular review.

Further findings relating to the regulations under this section of the report are provided below.

## Regulation 17: Premises

The premises provided was suitable to the assessed needs of the residents. It was designed and laid out to meet with the assessed needs of the residents and the statement of purpose. It was warm, welcoming and clean and tidy.

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 which was updated on 2 March 2025. It was comprehensive and the risks identified were specific to the service.

Residents had individual risk screening completed and risk assessments. The inspector reviewed three of these, all of which were in line with the provider's policy and provided clear guidance on how to control the risks identified. If required,

additional guidance for staff was in place. For example, risks in relation to smoking were managed through a related care planning process and review by the human rights committee. Risk relating to falls were managed with the support of the multi-disciplinary team, post fall audits, care planning and assessment tools.

At service level, the provider was aware of a risk of medicines errors which was identified through a national audit. This was noted on a risk assessment and control measures were put in place. These included ensuring that consistent nursing support was available at the centre through a regular agency nurse. In addition, enhanced training was provided through a two day in-person programme which was completed by all staff. This meant that there was a reduction in the frequency of medicines errors with two recorded during the period 1 January 2025 to the day of inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, extinguish fires and to evacuate the premises.

The fire prevention policy was up to date and all staff had fire training completed.

Residents were provided with personal emergency evacuation plans and all of these were reviewed by the inspector. They were subject to regular review and staff employed were familiar with how to support each resident.

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 5: Individual assessment and personal plan

Residents had individual folders with assessments of their health, social and personal care needs.

The inspector reviewed each residents' assessment and found that they were well presented, well maintained, in date and subject to regular review. They documented goals such as knitting projects, making cards to post and day and overnight trips.

Overall, the inspector found that staff were provided with clear information through person-centred support plans. Activities of interest were arranged with the input of residents, their representatives if appropriate, and in line with residents' preferences.

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 which provided clear guidance for staff on how to best support residents.

The positive behaviour support policy was up to date. In the main, staff had completed training. One staff member who was recruited recently had a training date scheduled.

The inspector reviewed two of four behaviour support plans. Access to a specialist in behaviour support was provided and both plans were reviewed in February 2025.

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 and choices, such as choice of preferred drink were used when required.

Where restrictive practices were used, were in place. For example, the inspector reviewed a smoking protocol which found that it was agreed with the resident and designed around their preferred smoking routine. This was also reviewed regularly, with the most recent review on 13 February 2025.

Judgment: Compliant

## Regulation 8: Protection

As outlined earlier in this report, the residents living at Teach Inishal were compatible with each other and appeared happy living together. This had a positive impact on their safeguarding and there were no open concerns at the time of inspection.

The registered provider sourced the safeguarding policy and this was up-to-date. Staff had training in protection of vulnerable adults and when asked by the inspector, they were aware of what to do should a concern arise.

A review of a previous safeguarding matter which occurred in April 2024 was completed by the inspector. This found that the safeguarding process used was in line with local and national policy.

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  | Substantially 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 32: Notification of periods when the person in charge is absent         | Compliant               |
| Regulation 4: Written policies and procedures                                      | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 17: Premises  | Compliant               |
| Regulation 26: Risk management procedures  | Compliant               |
| Regulation 28: Fire precautions  | Compliant               |
| Regulation 29: Medicines and pharmaceutical services                               | Compliant               |
| Regulation 5: Individual assessment and personal plan                              | Compliant               |
| Regulation 7: Positive behavioural support   | Compliant               |
| Regulation 8: Protection   | Compliant               |

# Compliance Plan for Teach Inishal OSV-0008292

Inspection ID: MON-0038137

Date of inspection: 06/05/2025

## 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 15: Staffing  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br><br>- The Person in Charge has liaised with Human Resource Department and this post has been expressed to the panel with no uptake. Date completed: 12/05/25<br>- There is a rolling campaign for the recruitment of staff nurses with interviews scheduled for the week 30/06/25. Following completion of this process vacant staff nurses posts will be expressed out to the panel. Date for completion: 31/07/25 |                         |



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation       | Regulatory requirement   | Judgment                | Risk rating | Date to be complied with |
|------------------|--|-------------------------|-------------|--------------------------|
| Regulation 15(2) | The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided. | Substantially Compliant | Yellow      | 31/07/2025               |