



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

## Issued by the Chief Inspector

Name of designated centre:	Teach na Coille
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	17 April 2025
Centre ID:	OSV-0008889
Fieldwork ID:	MON-0045091

## About the designated centre

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

Teach na Coille is a large bungalow located on the outskirts of Longford town. The centre provides residential and day respite care for up to four children, six days/nights a week. Children normally attend for two nights respite at a time and some avail of evening respite or day respite only. The centre comprises of a kitchen and shared living space, utility room, a sensory room, four double bedrooms (2 with ensuite bathrooms), a bathroom and staff bedroom (for staff who work on a sleepover arrangement). There is a large garden at the rear of the house and a driveway to the front of the property. The staff compliment comprises of nurses, a social care worker and healthcare assistants/direct support workers. The person in charge is employed on a fulltime basis. All children attending respite attend school and outside these hours they get to enjoy a range of activities. Transport is provided to bring children to and from school or to go on outings.

**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
Thursday 17 April 2025	09:35hrs to 18:00hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

Overall, this centre was well-resourced and the residents (children) here appeared to be enjoying their time in respite care. Resources were planned around the needs of the children and over the course of the inspection the staff team were observed delivering supports in a kind and patient manner. Notwithstanding, some improvements were required in a number of regulations as described throughout this report.

This centre provides respite care to 18 children who could avail of this on a day/evening or overnight basis. On the day of the inspection, two children went home early in the morning, after spending two overnight respite stays in the centre, two children then arrived for day respite; and in the evening time one child arrived for an overnight respite stay. The inspector got to meet all of the children, except one who had already been collected by their family when the inspector arrived to the centre.

The inspection had been announced so the children and their parents had been informed of the inspection. The inspector met one staff formally and two other staff informally, while the inspector was observing practices in the centre. The person in charge was not present for the inspection. The inspection was facilitated by the 'residential respite manager' who is involved in the governance of the centre. The chief executive officer along with this residential manager attended the feedback meeting at the end of the inspection. The inspector also observed some practices and reviewed a sample of records pertaining to the residents care and support, as well as governance and management records in the centre.

The centre was clean, decorated to a high standard and spacious. The bedrooms were spacious and two of them had ensuite bathrooms. Adaptations had been made to the environment to facilitate children who may have mobility needs. Over head tracking hoists were installed in two of the bedrooms, for example, to support children who might need them.

The kitchen and shared living space was accessible to all of the children. This meant that children could get snacks or drinks whenever they wanted, which was important to some of the children who communicated using gestures and/or by bringing staff members to what they wanted.

There was plenty of outside space to the back and front of the property for the children to play in. The garden to the back of the property had a trampoline, swing and a sandpit. There were other activities, like arts and crafts and a sensory room available for the children. Photographs were also displayed in the hallway showing the children enjoying their stay in respite.

However, in terms of the layout of the centre, the inspector observed that the staff bedroom (for the use of staff working a sleepover shift) was located adjacent to the

kitchen and utility room, and was some distance away if waking night staff needed to seek assistance or support with a child at night or to assist with a fire evacuation of the centre. This required review and is discussed further under risk management of this report.

On arriving to the centre, the children were either going home or being dropped to the centre by family members. One of the children was out in the garden enjoying the good weather and playing on the trampoline. The staff were engaging with the child and having fun with them on the trampoline. Soon after two other children arrived for day respite. For one of the children, this was their first time staying in respite during the day. The inspector observed one staff member playing with the child outside and allowing the child to become familiar with their surroundings.

Later on in the day, the inspector observed this child happy and smiling when they were going out on a bus trip with the staff and another child. On their return; one of the children went to the sensory room. This room had bean bags, different lighting, floor mats and some sensory tactile activities which they seemed to enjoy.

The children could access snacks and drinks when they wanted and the staff ensured that children had access to these. The inspector observed one of the children getting a healthy snack of fruit and yogurt which they loved and was telling staff to prepare it the way they liked it. It was also observed that when children were going on bus trips that a snack and drink was provided for the journey.

Staff were aware of the different communication supports in place for residents. As an example, one child had an application on their electronic tablet that the child could access when they wanted to communicate something to staff.

The general welfare and development of the children was supported while attending respite and they got to choose activities that they wanted to do. As an example; some of the children liked the playground and the staff picked a variety of different playgrounds that children could go to in line with their needs and their preferences. Others liked to go to the beach, shops, or out for McDonalds.

Prior to the inspection the children or their parents had completed questionnaires about whether they were happy with the services provided. Ten questionnaires were completed in total.

Overall the feedback provided was very positive. Families reported that they were very happy and gave examples to support this. One parent said that their child loved the bedroom and the small light provided there which was very important to the child. Another said it was 'a fantastic service' and like 'a home away from home', they also liked the fact that staff knew their child's needs and were happy that their child got to mix with other children of their own age. Another said that their child was always very happy going into respite and this was very reassuring for them.

All of the parents reported that staff kept them up to date with changes that occurred when their child was availing of respite. One parent wrote that, communication between staff and families is very good. The parents who the inspector met on the day of the inspection verified this information also. Both of

them said they were very happy with the services provided. One parent gave an example of how additional training had been provided to staff in the centre to support their child's health care needs. In addition, while family members reported in the questionnaires completed that they felt their children were safe in this centre, the inspector found that improvements were required in the reporting procedures and the guidance in place to safeguard children.

In one of the questionnaires completed, a family member highlighted some concerns about having a consistent core team of staff employed, access to certain activities; and availability of overnight respite stays for their child. The inspector followed up on these and found that they had been addressed at the time of the inspection.

For example; when the centre opened, there were a number of months where a core staff team were not employed, however, at the time of the inspection there were no staff vacancies. The registered provider was continuing to meet with the family concerned to assure them around the respite care for their child. This was an example of when a family member raised a concern or issue that these concerns were responded to by the registered provider. This is an important feature in the governance and management arrangements of a designated centre as it means that the provider is open to feedback and takes actions to ensure that a quality service is being provided.

The inspector also observed from interactions on the day of the inspection that the staff and parents appeared to have an open, friendly, and transparent relationship. The staff were courteous and professional in their dealings with family members.

The staff were also aware of the needs of the children including their medical needs and the supports needed to manage anxieties the children may be experiencing. As an example, on the day of the inspection the inspector observed a child becoming distressed on their return from a bus trip. A staff member remained with the child as a way of reassuring them, while another staff member went to get some activities that the child liked so as to try and distract the child in an attempt to reduce their level of distress. Some paints and paper were offered to the child (this was an activity that the child loved) and within seconds the child's distress had disappeared and they started to enjoy the activity.

A staff member also went through some of the childrens' medical needs and they demonstrated a very good knowledge of the needs of the children, some of whom had medical healthcare needs.

Overall the children were being provided with a quality service on the day of the inspection, the registered provider was responsive to issues raised by family members to enhance the quality of service. However, some improvements were required in staff training, the governance arrangements in the centre, risk management, notification of incidents, fire safety and safeguarding procedures to assure that the service was meeting the requirements of the regulations. These improvements are outlined in the next two sections of this report.

## Capacity and capability

For the most part children were receiving a safe and quality service however, some improvements were required in governance and management, staff training and notifying the Office of the Chief Inspector of adverse incidents as required by the regulations.

There was a defined management structure in place, however, the inspector found that some improvements were required to ensure that issues identified on this inspection were being highlighted in audits and oversight arrangements in of the centre. As an example; it had not been highlighted from these audits that an emergency bag had not been purchased even though it had been reported as being required a number of months previously.

A review of the rosters indicated that there were sufficient numbers of staff and an appropriate skill mix on duty to meet the needs of the children as outlined in the centres Statement of Purpose.

A review of the training matrix, found that staff were provided with training to ensure they had the knowledge to respond to the needs of the children. However, some training, was still outstanding at the time of the inspection which needed to be addressed.

The inspector found from a review of incidents that had occurred in the centre over the last six months that the Office of the Chief Inspector had been notified for the most part of any adverse incidents occurring in the centre in line with the regulations. However, some safeguarding concerns had not been notified as required under the regulations.

## Regulation 15: Staffing

The person in charge maintained copies of actual and planned rosters in the centre. A review of a sample of actual rosters worked for one week in October 2024, December 2024 and March 2025, along with the planned roster for a week in May 2025 showed that there were sufficient staff on duty to meet the needs of the children as described by staff on the day of this inspection. The inspector observed that when there was not a core staff team employed as mentioned earlier, that the number of overnight respites reduced and therefore sufficient staff were on duty because of this. A minimum of two staff worked each day and at night time, there was one waking night staff and one sleepover staff on duty. The staff numbers



increased depending on the needs of the children availing of respite also.

The staff team comprised of nurses, a social care worker and healthcare assistants/direct support workers. A nurse was on duty 24 hours a day. The person in charge is employed on a full time basis. The nurse on duty was assigned as the shift lead when the person in charge was not working. This meant that there was a staff member managing the day to day running of the centre at all times.

The roster is completed on the basis of the compatibility of the children availing of respite and their needs. This meant that the roster was planned around the needs of the children.

Schedule 2 files were not reviewed as part of this inspection. However; the inspector observed that the registered provider conducted audits in the centre to ensure that staff had up to date Garda vetting in place. A review of this audit showed that staff had this vetting in place.

Overall the inspector found that the staff numbers and skill mix were appropriate to the needs of the residents. The staff spoken to were knowledgeable around the childrens' needs and were providing person centred care to the children in this centre.

Judgment: Compliant

## Regulation 16: Training and staff development

From reviewing the training matrix the inspector found that staff were provided with training to ensure they had the necessary skills/knowledge to support the children. Some improvements were required to ensure that all staff had completed all training modules. For example; two staff had not completed training in food safety, two newly appointed staff were also due to complete specific training in managing behaviours of concern and one staff was due to complete refresher training in manual handling. While this did not negatively impact on the care provided to the children at the time of the inspection, it needed to be addressed to ensure that the training required by the provider was completed in a timely manner.

The inspector also found that the staff training matrix needed to be updated as it did not include some of the training that had been provided to staff. As an example; some staff had completed training in 'Recognition and Management of Sepsis in Children' and this was not included on the matrix.

Training provided to staff included:

- Children First
- Safeguarding of Vulnerable Persons

- Fire Safety
- Food Safety
- First Aid - including CPR
- Risk Management
- Manual Handling
- Management of Potential and Aggressive Behaviour
- Epilepsy
- Human Rights
- Medication Management

Several Infection control modules were also completed which included but not limited to

- AMRIC - Hand Hygiene
- AMRIC - Personal Protective Equipment
- AMRIC - Respiratory Hygiene and Cough Etiquette
- AMRIC - Standard and Transmission-Based Precautions

AMRIC - Basics of Infection & Prevention Control

The inspector also reviewed a sample training certificates for three staff members and found that they all had their safeguarding and Children's First training completed. Staff were also provided with supervision which enabled them to discuss their personal development and raise concerns about the quality of care if they had any. A sample of records reviewed by the inspector found that staff had not raised any concerns about the quality of care being provided in the centre.

Two staff spoken with had a good knowledge of residents' individual care plans/support plans.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There was a defined management structure in place. The person in charge managed the day-to-day operations of the centre. They were on leave on the day of the

inspection. However, their qualifications, experience and suitability to meet the role of the person in charge were assessed by HIQA at an earlier date to this inspection and at which time they were found to meet the requirements of the regulations.

The person in charge reported to, the head of children services, who reported to residential respite manager and the chief executive officer. Two staff spoken with said that if or where required, they could avail of the support of a manager on-call when the person in charge was off duty.

Systems were also in place at the time of this inspection to support staff to raise concerns about the quality and safety of care and support provided to the residents. For example, two staff spoken with said they would have no issues whatsoever in raising a concern (if they had one) with the person in charge regarding the quality and safety of care provided in the centre. However, one staff provided an example of when they had raised a concern about the location of the sleepover room as discussed earlier in this report and as discussed in what the inspector observed section of this report, this had not been addressed in a timely manner.

The registered provider had systems in place to audit and review the care and support being provided. However, this required review as some of the findings in this inspection, should have been highlighted as concerns in those audits. In addition, a review of records pertaining to the governance and management of the centre, like staff meetings or meetings between the person in charge and their manager showed that it was difficult to establish if actions agreed had been completed. Staff meetings were not occurring on a frequent basis. This may have contributed to some of the actions required in this centre not being addressed at the time of this inspection.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the children.

The person in charge appeared to be aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations. As an example the Statement of Purpose had been reviewed on 14 February 2025, meaning it had been reviewed since the centre was registered in October 2024.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector found from a review of sample of incidents that had occurred in the centre over the last six months that HIQA had been notified for the most part of any adverse incidents occurring in the centre in line with the regulations. However, two incidents that had occurred should have been reported as safeguarding concerns and notified to HIQA as required under the regulations. These safeguarding concerns were concerned with peer to peer issues pertaining to behaviours of concern. The inspector found that while actions were taken to address these events and the resident's next of kin had been notified of the event. They had not been reported to HIQA. Therefore while the inspector did not have any concerns around safeguarding in the centre, the provider and person in charge had not complied with this regulation.

Judgment: Substantially compliant

## Quality and safety

On the day of the inspection the children availing of respite care in this centre appeared to be happy and staff were observed supporting them in a kind and supportive manner. However, aspects of the safeguarding process required review, along with fire procedures and risk management.

The children were being supported with their healthcare-related needs and the person in charge and staff team had a system in place to ensure that parents were contacted prior to a child's admission for respite to seek updates in any changes to the childrens' health care needs or medicines prescribed to them. This ensured that staff were kept informed of changes to the childrens' needs since they were last in respite care.

Children had access to activities that they liked and got to go on outings and bus trips when they availed of respite.

Systems were in place to safeguard the residents and where or if required, safeguarding measures were in place. However, some aspects of the safeguarding procedures required review.

Systems were in place to manage and mitigate risk and support the children's safety in the centre. However, some improvements were required to ensure that controls outlined in risk assessments were completed in a timely manner.

The registered provider had systems in place to manage or prevent an outbreak of fire in the centre. The inspector observed however that some improvements were

required in these systems.

The house was observed to be generally clean, warm and welcoming on the morning of this inspection.

### Regulation 10: Communication

Staff were aware of the different communication supports in place for residents. As an example, one child had an application on their electronic tablet that the child could access when they wanted to communicate something to staff. One family member said that the staff always took on board changes to their child's communication supports.

Judgment: Compliant

### Regulation 13: General welfare and development

The general welfare and development of the children was supported while attending respite and they got to choose activities that they wanted to do. As an example; some of the children liked the playground and the staff picked a variety of different playgrounds that children could go to in line with their needs and their preferences. Others liked to go to the beach, shops, or out for McDonalds.

There was plenty of outside space to the back and front of the property for the children to play in. The garden to the back of the property had a trampoline, swing and sandpit for the children. There was also plenty of other activities, like arts and crafts available for the children in the centre.

The sensory room in the centre, that some of the children were using on the day of the inspection had bean bags, different lighting, floor mats and some sensory tactile activities that some of the children enjoyed.

All of the children attended school and when they were availing of overnight stays in the centre, staff brought the children to and from school.

Judgment: Compliant

### Regulation 17: Premises

The house was found to be generally clean, warm and welcoming on the morning of

this inspection.

Communal facilities included a sensory room, a fully equipped kitchen-cum dining room, a laundry room and each child had a large double bedroom when availing of respite.

Adaptations had been made to the environment to facilitate children who may have mobility needs. Over head tracking hoists were installed in two of the bedrooms, for example, to support children who might need them.

A playground area was provided to the rear of the property where the children could play in times of good weather. The children were observed during the day of the inspection enjoying some of the outdoor activities.

The garden areas were well maintained and there was ample private parking available to the front and side of the property.

The registered provider also ensured that children had access to essential aids when they were availing of respite. For example: a specific machine was required for one child and the provider had submitted a business case to the funding body. This machine had been approved on the morning of the inspection which meant that the provider could order this new machine.

The registered provider had a maintenance department to ensure that repairs to the property were fixed and that essential equipment in the centre was maintained in line with the manufacturers guidelines. Some minor improvements were required as discussed under risk management of this report.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep children safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. However, the inspector found from reviewing a sample of control measures in the risk register that some of them had not been completed. As an example; portable appliances (PAT) testing had not been completed in a timely manner, however it was scheduled for 24 April 2025. The inspector also observed that the staff sleepover bedroom was located adjacent to the kitchen and utility room, so it was quite a distance if waking night staff needed assistance or support at night with a child or to assist with a fire evacuation of the centre. This required review to assure that the waking night staff could communicate with the sleepover staff at night should they need assistance. The inspector found that this was not impacting the children on the day of this inspection due to the number and needs of the children availing of respite. However, it needed to be reviewed going forward as some children had some medical issues

that may require assistance at night.

Incidents in the centre were reviewed by the person in charge and a manager, any actions agreed to mitigate risks were discussed at staff meetings.

Individual risk assessments for residents included control measures in place to manage or reduce the likelihood of injuries or health related issues occurring for residents.

A vehicle was provided in the centre. On the day of the inspection this vehicle was in for a service. An alternative vehicle had been supplied and there were records indicating that this vehicle was insured and was in roadworthy condition.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. The registered provider had a risk assessment in place outlining the controls in place to mitigate risks and the inspector followed up on a sample of these controls and found they were in place. There was for example, a fire alarm in place, there was no build up of waste anywhere and all staff had been provided with training in fire safety. Some improvements however, were required to the fire evacuation procedure and the availability of an emergency bag.

There was a fire evacuation procedure for the centre outlining the steps staff should follow in the event of a fire. Residents had personal emergency evacuation plans in place outlining the supports they required. The staff spoken to were knowledgeable around the supports children required in the event of an evacuation of the centre and confirmed that they had conducted a fire drill in the centre. However, the fire procedure in the centre, did not reflect how staff said they would evacuate children. This procedure required review. It had also been noted on the fire procedure that an emergency bag was available in the centre should the children require to be evacuated. This should contain, snacks, blankets and other items that the children might need. This had been ordered earlier to this inspection, however it had not been purchased at the time of this inspection.

Fire equipment such as emergency lighting, the fire alarm and fire extinguishers were being serviced. Emergency lighting and the fire alarm, for example had been serviced in March 2025. A staff activated the fire alarm on the day of the inspection and all fire doors closed in the centre with the exception of one which led from the kitchen to the utility room. The provider, however took timely action to address this on the day of the inspection and the maintenance team fixed this issue on the morning of the inspection.

There were emergency break glass units positioned at exit doors as thumb lock

doors could not be used due to other risks posed to children in the centre.

Staff also conducted daily and monthly checks to ensure that effective fire safety systems were maintained. For example; the means of escape, the fire alarm and the emergency lighting were checked on a daily basis. On a monthly basis a fire safety check was also conducted and submitted to the residential manager for review. A review of records from February 2025 to April 2025 showed that no issues had been identified from these checks.

Fire drills had been conducted to assess whether children could be safely evacuated from the centre. A sample of drills completed showed that a drill had been completed during the day ( April 2025) and during hours of darkness ( January 2025). Both records indicated that the children had been evacuated in a timely manner. For example; the fire drill in April showed that 3 children and 3 staff had evacuated the centre in three minutes.

Judgment: Substantially compliant

## Regulation 6: Health care

The inspector found that children who required support with their health care needs, had plans in place to guide staff practice.

A sample of records viewed showed that these plans guided practice. A staff member also went through some of the childrens' medical needs and they demonstrated a very good knowledge of the needs of the children who had more complex medical needs.

As outlined earlier in this report, all of the parents reported in their feedback, that staff kept them up to date with changes that occurred when their child was availing of respite. One parent wrote that communication between staff and families is very good. The parents who the inspector met on the day of the inspection verified this information also. Both of them said they were very happy with the services provided. One parent gave an example of how additional training had been provided to staff in the centre to support their child's health care needs.

Judgment: Compliant

## Regulation 8: Protection

As referenced under regulation 31: Notification of Incidents the inspector observed from review of incidents in the centre, that some negative interactions had occurred between the children which had not been reported as safeguarding concerns to HIQA. For example, there was one incident whereby a child had hit another child.



While the family had been notified of these events and safeguarding measures had been put in place, improvements were required. They were required in order to ensure that the Office of Chief Inspector could be assured of the following going forward:

- all allegations of abuse/adverse incidents/complaints would be dealt with in an open, transparent and effective manner
- there would be evidence of a zero tolerance approach to abuse
- there would be an appropriate level of scrutiny and oversight of the safeguarding arrangements in the centre to ensure the childrens' safety and welfare at all times.
- all allegations of abuse would be reported to the designated safeguarding officer, the relevant State agencies and relevant stakeholders (to include the measures taken to ensure the safeguarding issue was being managed and addressed)

As well as this, a registered provider is required to have a child safeguarding statement in the designated centre to outline the measures they have in place to protect children from harm. The inspector found that while this statement had recently been reviewed some of the information in it was not factually correct in terms of the services provided. In addition, some of the control measures included in this statement; such as ensuring that all visitors to the centre should be logged was not always implemented. This required review.

Staff had received training in relevant government guidance for the protection and welfare of children and were aware of the procedures to be followed in the event of an allegation of abuse being reported.

Overall, while some improvements were required in the reporting procedures and review of safeguarding issues in the centre, the inspector found that family reported that their children were safe, the children looked comfortable in the presence of all staff and of the staff spoken with, including managers, there were no concerns with the childrens safety in this centre at the time of this inspection.

Judgment: Substantially 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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Teach na Coille OSV-0008889

**Inspection ID: MON-0045091**

**Date of inspection: 17/04/2025**

## **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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A review of staff training records has been completed, all outstanding training has been scheduled and will be completed by 26/06/2025. A review of the training matrix will be completed, to ensure all training specific to the location is included on the local training matrix	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The staff meeting schedule has been updated, with meetings scheduled to take place 5 weekly. Minutes of meetings will be complete, and available to all staff to review. Actions from meetings will be identified, outlining person responsible for action and timeframe for completion. A refresher training session will be completed with all staff on carrying out audits, and identifying actions from audits. The issues identified with the location of the sleepover room in the event of staff needing support during night time sleeping hours has been complete with the introduction of a walkie talkie system. A local procedure on its use, checks and operating has been completed.	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>A review of all incidents will be completed by PIC/ PPIM, and all incidents requiring reporting to HIQA will be notified via retrospective notification</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Portable Appliance Testing (PAT) has been completed, certification will issue in the coming week.</p> <p>A walkie- talkie system was implemented on the day following the inspection, for staff on waking night duty to alert sleepover staff in the event of them needing support. A local procedure on its use, checks and operating has been completed. Fire management plans have been updated to include walkie- talkie to alert sleepover staff.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The fire procedure has been updated, the updates includes how staff would evacuate children, identifying those children that require 2:1 support for evacuation are evacuated first.</p> <p>An emergency bag is available in the centre, and is to be used to support fire evacuation, the emergency bag includes an emergency blanket and other necessary items.</p>	
Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
A full review of all incidents in the designated centre will be completed by PIC/ PPIM, and all incidents requiring reporting to HIQA and other relevant stakeholders/ state agencies will be notified via retrospective notification.  
A thorough review of the child safeguarding statement will be completed, displayed and circulated to relevant stakeholders/ state agencies.  
All visitors to the centre will be required to sign in on the visitors book, visitors book placed at the front door.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	26/06/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/06/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	24/04/2025

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	24/04/2025
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	20/06/2025
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.	Substantially Compliant	Yellow	20/06/2025