Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Teach Saoire
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	10 January 2022
Centre ID:	OSV-0001834
Fieldwork ID:	MON-0035199

About the designated centre

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

Teach Saoire respite centre provides overnight care and support to adults with an intellectual disability. The service can accommodate up to four people at a time. Short term respite placements are provided on a scheduled basis, and can be of varying durations. The centre is a two-storey house, with five bedrooms on split levels, a kitchen, dining room and large living area. The premises has a garden to the front and rear, and is located on the outskirts of a large town in Co. Westmeath. Residents who attend the service are support by a staff team of social care workers and support workers. The staff team are managed by a person in charge, who is a registered nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Monday 10 January 2022	12:25hrs to 18:00hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

In November 2021 the provider for this centre was issued with a notice of proposal to cancel their registration. This was following an inspection in October 2021, in which significant levels of non-compliance with the regulations were found. The provider was required to submit representation to the Health Information and Quality Authority (HIQA), outlining the actions they intended to take to ensure residents were safe, the service delivered was of a high standard and the centre operated in compliance with the regulations and standards. This inspection was carried out following receipt of the representation submitted in December 2021.

From speaking with the person in charge, meeting a resident and two staff members, and from reviewing documentation, it was evident that the provider had implemented a number of changes to service provision, which positively impacted on risks which had been identified at the previous inspection. This meant that residents availing of respite in the centre were provided with safe and effective care and support, informed by up-to-date information, policies and procedures.

There were two residents availing of respite services on the day of inspection, and residents returned to the centre in the evening after day services were over. One of the residents was happy to meet with the inspector and told the inspector they enjoyed staying in the centre, and felt safe. They told the inspector the meals provided were good and that they got on well with the other residents in the centre. The resident also indicated that they chose what they would like to do while staying in respite, and would talk to staff about this. The inspector found the rights of residents were protected, for example consent was sought from a resident prior to changing their usual bedroom for respite stays. The person in charge and staff told the inspector the resident was very happy with this change, and enjoyed the more spacious bedroom, and the television which was available in this room.

Staff were observed to interact in a respectful and kind way with the residents, helping them with some infection control precautions as they returned to the centre. It was evident that the staff knew the residents well, and were able to spend the time engaging with residents specific to their communication needs. The inspector met the two staff who were on duty on the day of inspection, and both staff said that there had been improvements to the service since the last inspection, and the centre was now more organised.

Since the last inspection, there had been an increase in staffing levels at key times, and there were two staff in duty on those mornings and evening when additional residents' support needs, and additional infection control measures were required. This meant that the measures outlined in a safeguarding plan were implemented, and a deep clean of the centre was completed once residents were discharged from a respite stay.

The person in charge facilitated the inspection, and showed the inspector the key

changes which had been made in line with the representation and the compliance plan which had been submitted to HIQA. This included a reduction in the delegated responsibilities of the person in charge, resulting in increased direct supervision of the care and support provided to residents in the centre. Significant improvement was identified in infection prevention and control measures, and there was ongoing oversight of these measures to ensure standards were maintained.

A review of the needs of the residents had also been completed, informed by up-to-date annual medical reviews, allied healthcare reviews, and information from residents' families. Care plans were subsequently updated and provided the necessary guidance for staff in providing care and support to residents.

Since the last inspection, one bedroom in the centre was temporarily not in use, due to maintenance issues, and respite services were being provided for up to three residents for any one stay. The provider had initiated a schedule of works to upgrade the premises, and there were some works in progress on the day of the inspection. Some works had been completed in the centre, for example, there were new windows throughout the centre, blinds and curtains in bedrooms, and new flooring in the sittingroom. A new front door was installed on the day of inspection, and more extensive building work was due to be completed in the next two months approximately. At the feedback meeting, the inspector met the registered provider representative, who informed the inspector that once all scheduled work was completed, a review of the fourth bedroom, currently not in use, would be undertaken, and a decision made regarding re-opening this room.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

This inspection was carried out as a follow-up to the inspection completed in October 2021, where it was found that there was ineffective oversight of the services provided, and that residents were not being provided with appropriate and safe support. The governance arrangements had not ensured the service was resourced appropriately, which had resulted in insufficient staffing to ensure residents were safe and were not at risk of harm. Similarly the provider had not ensured the premises was maintained at an acceptable standard to ensure residents were not at risk of infection or injury.

As a result of these findings, HIQA took the step to issue a notice of proposal to cancel the registration of the centre, and the provider was given specific time frames to indicate how they were going to meet the requirements of the regulations. The provider subsequently submitted representation to HIQA which included the actions they were taking to address the issues within specified

timeframes.

The inspector found the provider had addressed all the areas of concern and the actions outlined in the representation were either completed on the day of inspection, or were progressing within the stated timelines.

The provider had increased the staffing levels in the centre, and on specified days during the week there were now two staff working in the morning, and two staff working in the evening. This gave staff the opportunity to complete a deep clean of the centre once residents were discharged, in line with local policy, standard based precautions, and public health guidelines . The additional staff also ensured that the measures outlined in a safeguarding plan could be implemented.

In addition to staffing resources the provider had committed to upgrading the premises to ensure it was safe and well maintained, with some of the work completed to date, and additional work due to be completed in the coming weeks.

The person in charge was in regular attendance in the centre. The inspector reviewed the staffing roster, which demonstrated that the person in charge was in attendance in the centre between 21 and 27 hours a week. Since the last inspection, the workload of the person in charge had reduced significantly, and they now had responsibility for two centres only. This meant that the person in charge was able to effectively oversee the care and support provided to residents, and to supervise staff appropriately on a day to day basis. In addition, training duties, which had been part of the remit of the person in charge on the last inspection, had since been delegated to another staff member in the organisation. Two staff members told the inspector they had good support from the person in charge, as well as the operations manager and chief executive officer (CEO) if needed.

The governance arrangements had been reviewed and there were clear lines of accountability and responsibility within the management structure. The operations manager had been appointed as a person participating in management, and monthly meetings were held between the operations manager and the person in charge. These meetings included a review of staffing, scheduled maintenance work, risks, infection control, safeguarding, documentation, individual residents, and the compliance plan from the last inspection. In addition the operations manager had commenced attending staff team meetings, and a range of issues specific to the centre were discussed, such as health and safety, infection prevention and control updates, and a review of risks in the centre.

Since the last inspection, a compliance manager had regularly met the person in charge, and any outstanding actions required to bring the centre into compliance were reviewed on a weekly basis, in line with the representation submitted. Consequently, the assessment of need and personal planning process, and supporting documentation had been updated, with timely and accurate information of residents' needs and support plans available on the day of inspection. A review of the actions required for behavioural support planning, statement of purpose and the person in charge had also taken place during these meetings.

A report was due to be completed by the end of January 2022 and submitted to the

board of management on the progress of the compliance plan actions. Enhanced monitoring of the centre through infection prevention and control audits and a medicines management audit were either completed or progressing at the time of inspection.

Regulation 14: Persons in charge

The responsibilities of the person in charge had been reduced since the last inspection, and the person in charge was responsible for the management of two designated centre. The inspector found this new arrangement ensured the effective governance and operational management of the centre. The person in charge was employed on a full time basis and worked in the centre approximately 21-27 hours a week.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staffing levels in the centre. Staffing resources had increased since the last inspection, enabling the measures in a safeguarding plan to be implemented, and post discharge cleaning to be carried out. On specified days there were two staff on duty in the morning and two staff on duty in the afternoon and evening. One staff was on duty in a sleepover capacity at night-time.

Judgment: Compliant

Regulation 16: Training and staff development

Since the last inspection, the person in charge was in regular attendance in the centre, and provided appropriate day to day supervision of staff, and of the care and support provided to residents. Staff had also attended refresher training in medicines management, and were scheduled to attend refresher training in positive behavioural support.

Judgment: Compliant

Regulation 23: Governance and management

Improved governance and management arrangements had resulted in improved oversight of the services being provided. The care and support provided was monitored on an ongoing basis through auditing processes. This included monthly reviews and supervision with the person in charge by the person participating in management, a weekly review by a compliance manager on the progress of actions in the compliance plan and representation, and enhanced auditing of infection control and medicines management practices. The inspector found that actions were identified and completed following these reviews. For example, a medicine management audit had identified the need for a more robust auditing tool, which was subsequently developed. Similarly, assessment of need documentation and support plans had been reviewed and updated following review by the compliance manager.

There was a clearly defined management structure, and enhanced oversight procedures meant that the lines of accountability and responsibility were clear. The staff reported to the person in charge, and the person in charge reported to the operations manager, who had also been appointed as a person participating in management. The operations manager reported to the CEO, who reported to the board of management. Monthly respite management meetings had commenced, and there were also monthly staff meetings attended by the person in charge and the person participating in management.

Since the last inspection , the provider had put appropriate resources in place to ensure a safe and effective service. This included increased staffing to allow for a safeguarding plan to be implemented, and post discharge cleaning to be completed. The provider was also in the process of recruiting a psychologist for the service. The provider had also committed to significant building works to be completed, with some of the work completed on the day of inspection, and the remaining work to be completed in the coming weeks.

Judgment: Compliant

Regulation 3: Statement of purpose

An updated copy of the statement of purpose was reviewed by the inspector following the last inspection, and the floor plans and conditions of registration had been included in this document. The statement of purpose also contained additional information on the review of residents' personal plans.

Judgment: Compliant

Quality and safety

The inspector found the provider had responded appropriately to the risks identified on the last inspection, and had put appropriate measures in place to ensure residents' needs were met, and that residents were safe while availing of services in this respite centre.

A review of the assessment of need process and personal plan development had taken place since the last inspection, and the inspector reviewed a sample of records pertaining to residents' care and support. Residents' needs were clearly set out in an assessment document and included a review of health, social, personal, and educational, training and employment needs. Assessments were informed by annual reviews by residents' general practitioners, information from families, and assessment outcomes from allied healthcare professionals if required.

The requirements for a personal plan, risk assessment, or a safety plan were identified at the assessment stage, and plans were in place for those residents who required support. For example, communication plans, behaviour support plan, risk assessments and intimate care plans. Plans clearly guided staff in the support residents required to meet their needs while staying in respite, and in additional measures to keep residents safe.

As mentioned, residents had had an annual review of their healthcare needs with their own general practitioner (GP), and the person in charge told the inspector there was a plan in place to ensure updated information was received relating to residents' healthcare needs at least annually, as part of the admissions process. Since the last inspection, support had been sourced in another centre, for a resident with changing healthcare needs.

A review of medicines management practices relating to PRN (as the need arises) medicines had been completed, and PRN medicine prescription records stated the circumstances under which medicines should be administered. A medicine relating to a resident's behavioural needs had been discontinued since the last inspection. The revised auditing processes for medicines management included enhanced monitoring of PRN medicines, as well as prescription records, storage, medicine errors, and care planning. Assessments for residents to self administer medicines were complete and up-to-date.

The provider had engaged the services of an external psychologist and a resident's emotional and behavioural needs had been assessed. A comprehensive behaviour support plan was developed which guided staff in the proactive and reactive strategies to help the resident manage their emotions, and enhance for example, their communication and social needs. The inspector observed that the plan was put in to practice by staff, for example, a colour coded emotions chart and a visual rewards chart were evident in the resident's bedroom. A staff member told the inspector they had met the psychologist, and had been provided with the necessary support to implement the revised behaviour support plan, which was working well. The CEO told the inspector, a recruitment process was near completion for a psychologist for the service, and in the interim support would continue to be provided by an external psychologist. Refresher training for staff in positive

behavioural support was scheduled for the coming weeks.

Since the last inspection the provider had put the appropriate staffing resources in place to ensure safeguarding plans could be implemented. There had been no further safeguarding concerns since the last inspection.

Improvements in the rights of residents were identified, for example, a resident had been consulted prior to changing to an alternative bedroom in the centre, and residents had also been consulted on the provision of services as outlined in their contract of care. Since the last inspection, a personal goal which had been inappropriately implemented, was no longer in place for a resident, and a healthcare intervention was no longer in use due to a resident transferring. Residents continued to choose their preference of social and leisure activities both in the centre and in the community, and discussed this with staff in the evenings on return to the centre.

There had been significant improvement in infection control practices. The provider had hired contract cleaners to complete a deep clean monthly, and the centre was found to be clean on the day of inspection. A review of infection prevention and control measures had been completed, and a more enhanced cleaning of the centre was completed on an ongoing basis. This included twice daily cleaning of the centre, post discharge cleaning, and scheduling of monthly cleaning tasks. The inspector reviewed records for a month period and found all scheduled cleaning was signed as completed. Up-to-date public health guidance was available as well as revised local procedures for example, COVID-19 response plans, hand hygiene and antigen testing. Residents' support needs and risks relating to COVID-19 had been assessed, and supports were set out in risk management plans.

Residents' and staff temperatures were observed to be recorded on arrival to the centre, and residents were assisted by staff with hand hygiene if needed. Visitors to the centre also had their temperature checked and a record was maintained. Staff were observed to wear FFP2 masks and both staff on duty described how they would respond in the event a resident was suspected of having COVID-19 while staying in the centre. The provider had completed a self assessment relating to COVID-19. An lead infection control person had been appointed in the service and had recently completed an infection prevention and control audit. These had included a review of the facilities, procedures and systems in place, with recommended actions identified, to coincide with premises upgrades. For example, new taps were required on sinks and this was to be completed when bathrooms were upgraded in the coming weeks. Ventilation was also identified as requiring review once all building works were complete.

The provider had a schedule of planned works in place in order to respond to condensation issues, infection prevention and control requirements and premises upgrades. Some of the work was complete on the day of inspection, with the remaining work due to be completed in the coming weeks. For example, new windows, blinds and curtains had been fitted, new flooring was laid in the sittingroom and a new front door was installed on the day of inspection. Remaining works included, internal and external painting, and upgrades to the bathrooms, roofing, attic and ceilings, as set out in the representation submitted to HIQA. As

mentioned, the resident bedroom on the lower level was temporarily out of use, and the provider told the inspector that this would be reviewed regarding the damp issue once all building works were complete.

Risk management practices had been reviewed and the provider had responded to the risks that had been identified on the previous inspection relating to healthcare, positive behavioural support, infection control and the premises. Additionally individual risks had been assessed for residents and management plans outlined the measures in place to mitigate the risk of harm. For example, supervision was provided by staff for residents requiring support with road safety or cooking, and appropriate equipment was provided to prevent falls.

Regulation 17: Premises

The provider had responded to risks identified with the premises and there was a schedule of works in place. Some of these works were completed by the day of inspection, with the remainder due to be completed in the coming weeks. The centre was found to be clean on the day of inspection. A decision to temporarily suspend the use of one bedroom, was due to be reviewed by the provider once all building works were complete.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks relating to the healthcare, positive behavioural support, infection prevention and control, and the premises had been responded to by the provider, with measures implemented to mitigate the risks. Risks were reviewed on an ongoing basis through supervision meetings and team meetings. Individual risks for residents were assessed and control measures were in place to reduce the risk of harm.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable measures were in place for the prevention and control of infection. Improved cleaning procedures included twice daily cleaning, post discharge cleaning, and monthly cleaning tasks, and all scheduled cleaning was complete on the day of inspection. In addition, a deep clean of the centre was completed by contract cleaners on a monthly basis. Up-to-date infection prevention and control guidance was available in the centre. Risks for residents relating to COVID-19 had

been assessed and planned for. Staff were knowledgeable on the response to take in the event of a suspected case of COVID-19 in the centre, and staff were observed to adhere to the latest public health guidance relating to personal protective equipment and hand hygiene. Residents were supported by staff with monitoring their temperatures and attending to hand hygiene, and records of residents', staff and visitors' temperatures were maintained.

A lead infection control person had been appointed in the service, and had completed an infection prevention and control audit. Recommendations were either due to be completed as part of the premises works, or reviewed once these works were completed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe practices relating to the prescribing of medicines were in place. PRN (as the need arises) medicines stated the circumstances under which such medicines should be administered, and the intervals of administration and maximum doses in 24 hours were documented on prescription records. Suitable storage was provided, and all staff had attended refresher training in medicines management

An enhanced medicines auditing tool had been developed, and included medicines errors, care planning, PRN medicines monitoring, prescription records and storage.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An assessment of need was in place for residents and was informed by up-to-date information provided by residents, families, general practitioners and relevant healthcare professionals. The assessment of need and personal plan process had been reviewed on an ongoing basis since the last inspection, and revised documentation had been put in place. The inspector found residents needs and corresponding support plans were clearly set out, and guided staff in the care and support needs of residents, as they availed of respite services in the centre.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs had been reviewed by their general practitioner, and where required there were plans in place to support residents with their healthcare needs. Following the previous inspection, a resident's healthcare needs had been reviewed, and additional support provided in another centre, in order to meet the specific supports requirements of the resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

A behaviour support plan was reviewed and updated following review of a resident's needs by a psychologist. Staff had been provided with up-to-date guidance on the implementation of this plan, which outlined the proactive and reactive strategies to support the resident to manage their emotional and behavioural needs. The resident was observed to be provided with the support in line with the behaviour support plan. Staff were scheduled to complete refresher training in positive behavioural support.

The provider was actively engaged in recruiting a psychologist to support residents in the service.

Judgment: Compliant

Regulation 8: Protection

The provider had increased the staffing levels to ensure the measures outlined in safeguarding plans could be implemented. There had been no new safeguarding concerns since the last inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were identified in the rights of residents specifically relating to consent and participation of residents in decision about their care. For example, a resident had been consulted with and consent sought prior to changing their bedroom in the centre, and residents continued to choose their preferred leisure and social activities while staying in the centre.

A personal goal which had been inappropriately implemented, was no longer in place for a resident, and a healthcare intervention was no longer in use due to a

resident transferring to another centre.
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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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
Regulation 9: Residents' rights	Compliant