



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

Issued by the Chief Inspector

Name of designated centre:	Teach Failte
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	26 January 2022
Centre ID:	OSV-0001521
Fieldwork ID:	MON-0032121

About the designated centre

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

Teach Fáilte is a midlands residential designated centre and transitional home to individuals with acquired brain injuries (ABI). It is home to a maximum of 12 persons. The centre is a large wheelchair accessible building comprising of two floors. There is an outdoor accessible garden area. Each person living there have their own bedroom in the centre. The centres focus is on readjustment to community living following brain injury, the improvement of functional skills, and health and medical management. The service is open and staffed on a 24/7 basis. The clinical team is comprised of a Clinical Psychologist, Local Service Manager, Assistant Psychologist, Senior Occupational Therapist, Basic Grade Occupational Therapist, Case Manager, Team Leader and a team of Rehabilitation Assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 January 2022	09:30hrs to 18:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and that their wellbeing and welfare was actively promoted.

The inspector met with five residents and five staff members, including the person in charge, a team leader and a quality manager on the day of inspection. The residents who met with the inspector voiced their satisfaction with the service and they indicated that staff were nice and that they would go to any staff member if they had a concern. They also indicated that they felt safe and in general there was a pleasant atmosphere in the centre. During the inspection the inspector did hear some challenging behaviour; however, these were short episodes, were managed by staff and did not appear to impact on the provision of care to other residents.

Staff who met with the inspector were found to have a good understanding of residents' needs and also procedures for fire safety and for the administration of medications. A staff member who met with the inspector clearly explained the arrangements for identifying the source of a potential fire and how a phased evacuation was used to move residents to an area of safety. Another staff member demonstrated how medications were administered in the centre and the procedures which were followed for the administration of both regular medications and also rescue medicinal products. This staff member explained how the administration of rescue medication was supported by both a protocol and medication administration sheet and they explained how these documents are used to ensure that the resident receives this medication as and when required.

Residents who met with the inspector indicated that they liked their home. One resident was in the process of preparing to transition to their own independent home and they explained how the provider and staff team had assisted them with life skills to facilitate this move. They also explained that they were moving back to their home town, which was within a short drive of the centre and how they were really looking forward to this move. Another resident discussed their interests in wood art and they showed the inspector a sample which they were very proud of. They explained how they were assisted to have paid employment in a nearby shop and how they really enjoy getting out and about and meeting new people.

The centre was well maintained and each resident had their own ensuite bedroom which was decorated to reflect their own person interests. The centre was a large facility which comprised a multiple bedrooms, central reception area, communal rooms and areas in which residents could relax. There was also a large industrial style kitchen and dining room and also a specific purpose room to assist residents with life skills such as cooking. The dining room had a large display of photos of various residents attending events such as a recent county hurling final and also a Valentine's ball prior to COVID 19. Although the centre was meeting residents' needs, the overall presentation was clinical in nature and did detract from the

centre's overall homeliness.

Overall, the inspector found that residents were supported to enjoy a good quality of life; however' some improvements were also required in regards to fire safety and healthcare planning. These issues will be discussed in the subsequent areas of the report.

Capacity and capability

Overall, the inspector found that the governance arrangements ensured that residents received a service which was safe and effectively monitored.

The centre was supported by the person in charge and a team leader on a daily basis, with both managers having clearly defined roles and responsibilities. Both managers were found to have a good understanding of resident's individual care needs and also of the resources and planning which was required to support these needs.

The provider had completed all required audits and reviews as set out in the regulations with some minor areas for improvement required in recent reviews. The person in charge was also reviewing and trending adverse events for patterns which indicated ongoing issues in the provision of care. The person in charge explained that there was a recent trend in regards to behaviours of concern and plans had been implemented to provide further staff training in response to this issue. The inspector found that the person in charge clearly demonstrated in this situation how information which was available was used to potentially improve the quality and safety of care which was provided.

As mentioned earlier, staff who met with the inspector had a good understanding of residents' care needs. The centre's rota indicated that residents were supported by a regular staff team which assisted in ensuring that a consistent approach to care was provided. A sample of staff files were also reviewed by the inspector and all required information was found to be present, including vetting disclosures which promoted the safeguarding of residents.

Regulation 15: Staffing

The provider maintained an accurate staff rota which indicated that residents were supported by a familiar staff team. All required information, as set out in the regulations was also present in a sample of staff files which were reviewed.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their training needs and additional training, specific to residents' needs, was due to occur subsequent to the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed all audits and reviews as required by the regulations and the person in charge had good understanding of care practices within the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of information indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported to enjoy a good quality of life and that they were supported to attend paid employment and to pursue their personal interests. However, some improvements were required in regards to fire safety, the premises and healthcare plans.

The provider had robust fire precautions in place such as fire doors, fire alarm system, emergency lighting and fire fighting equipment. Staff who met with the inspector had a good understanding of fire precautions and they were participating in regular fire drill exercises. They were also completing regular checks of equipment and the provider had identified that some fire doors required additional maintenance to ensure that were in good working order, with completion of maintenance due to occur subsequent to the inspection. Although, the provider demonstrated that many areas of fire safety were maintained to a good standard, some improvements were

required. For example, fire procedures which were on display gave a general outline of evacuating the centre but they required adjustment to include information such as which staff member would take charge of the evacuation and the arrangements for using compartments when moving residents to an area of safety. As mentioned above, the provider used lines of compartmentalisation to safely move residents to an area of safety, within the centre, should a fire occur. Associated fire drill records clearly indicated that residents could be moved to an area of safety in a prompt manner; however, fire arrangements did not include how residents would be supported to fully evacuate the centre. The provider had personal emergency evacuation plans (PEEPS) in place for each resident which outlined residents requirements to evacuate should a fire occur. Although these documents were reviewed on a regular basis, some improvements were required to a sample of PEEPS which were reviewed. For example, potential behaviours of concern were not referenced and PEEPS for two residents which had high mobility needs did not clearly describe how they would be evacuated from their individual bedrooms.

Residents who met with the inspector spoke warmly about the care which was provided. Staff members, including management of the centre also interacted in a warm manner and had a good rapport and understanding of resident's individual preferences and needs. The person in charge explained how a resident was supported to attend paid employment in a nearby hotel and how another resident's interest in wood art was actively promoted. A resident who met with the inspector also discussed how the provider had supported them with life skills in order for them to move to their own home. Overall, the inspector found that there were very positive examples of how residents' welfare and development was promoted in this centre.

Some residents required support with behaviours of concern and a team leader who met with the inspector had detailed knowledge of a resident's behavioural support needs. They explained how a calm and person centred approach to care benefited the resident and how a prescribed response to behaviours of concern assisted in reducing stress for the resident. The management team had also identified that there was an increase in specific behaviours of concern and additional specific training for staff was scheduled subsequent to the inspection. The resident's behavioural support plan was also reviewed and found to be comprehensive and reflective of staff knowledge. The person in charge also indicated that this plan would be reviewed subsequent to the planned training to include any additional learning which may occur.

Residents had good access to their general practitioner and reviews with medical consultants such as neurologists were occurring as required. Although, the general health of residents was promoted, some improvements were required in regards to healthcare planning. For example, a resident had a history of recurring health condition, but there was no active care plan to guide staff in this area of care. Also, residents with reduced mobility did not have a tissue viability score completed to assist in determining their needs in regards to pressure area care.

Overall, the inspector found that residents were supported to enjoy a good quality of life and that their welfare was actively promoted. Although, this inspection

identified some areas for improvement, adjustment in these areas of care would further build upon the many positive examples of care which were found.

Regulation 13: General welfare and development

Residents were supported to attend paid employment and their personal interests and access to the community was actively promoted.

Judgment: Compliant

Regulation 17: Premises

Although the premises was maintained to a good standard, it was clinical in nature which detracted from the overall homeliness of the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider ensured that risk assessments were in place for issues such as fire safety and COVID 19. individual risk assessments were also in place for issues such as challenging behaviour and specific medical conditions.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had contingency planning in place in response to COVID 19. There was also an enhanced cleaning regime in place and the centre appeared clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that many areas of fire safety were maintained to a good standard; however, improvements were required in regards to:

- The centre's fire evacuation plan
- Residents' personal emergency evacuation plans
- The evacuation of residents from the designated centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate medication storage in place and a review of medication prescription sheets indicated that medications were administered as prescribed.

Judgment: Compliant

Regulation 6: Health care

The provider failed to demonstrate that care plans were in place in response to a specific health condition and that residents with reduced mobility had tissue viability assessments completed.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff had received training in regards to supporting residents with behaviours of concern and a sample of behavioural support plans which were reviewed were found to be comprehensive and kept under regular review.

Judgment: Compliant

Regulation 8: Protection

Residents who met with the inspector stated that they felt safe in the centre and that staff were nice. Staff had also received training in safeguarding and there were no active safeguarding plans required on the day of inspection.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Teach Failte OSV-0001521

Inspection ID: MON-0032121

Date of inspection: 26/01/2022

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Although the premises was maintained to a good standard, it was clinical in nature which detracted from the overall homeliness of the centre.</p> <p>The PIC and the Quality Manager supported by an architect are formulating a plan to re-designating the designated area, the objective being; to create a more homely environment.</p> <p>The Service has begun the process of identifying alternative locations more suited the needs of the residents.</p> <p>Date for Completion by 1st December 2022</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider had ensured that many areas of fire safety were maintained to a good standard; however, improvements were required in regards to:</p> <ul style="list-style-type: none"> • The centre's fire evacuation plan • Residents' personal emergency evacuation plans • The evacuation of residents from the designated centre. <p>PIC met with the Fire Officer on 11th of February 2022, review of the centres emergency evacuation plan was updated on the 24th of February 2022 in line with fire regulations. Residents Personal emergency evacuation plans (Peeps) were updated on the 15th February 2022. The Peeps will be further updated following training on the safe</p>	

evacuation of residents currently scheduled for the 15th of April 2022.

Updated Staff fire training identified and will be completed on Friday 15th April 2022 (including night time evacuation training).

All Fire Drills are currently recorded and filed appropriately. Staff will be supported to ensure accurate completion and reporting of daily and weekly fire checks are in line with regulation standards

Date for Completion by 15th April 2022

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The provider failed to demonstrate that care plans were in place in response to a specific health condition and that residents with reduced mobility had tissue viability assessments completed.

PIC, Quality Manager and Team Leader (TL) met on the 27th of January and completed an Adapted Waterlow Pressure Area Risk Assessment Chart for each resident in service.

The local Public Health Nurse (PHN) advised that the PHNs review these annually and will be repeating these in March. The PHN met with the PIC on the 24th of February 2022, we discussed the client Waterlow scores. The PHN to confirm a date with the PIC on 28th of February 2022 to construct individual care plans for the residents.

The community Occupational Therapist (OT) was informed of the Waterlow scores. OT advised when health care plan has been completed, the OT recommended that a referral be submitted and they will be prioritised as appropriate.

The Waterlow Assessment will be carried out for all new residents as part of our admission protocols for the service.

A protocol and updated Risk Assessment has been put in place to support residents with respiratory concerns.

Date for Completion by 31st March 2022

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	01/12/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	15/04/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in	Substantially Compliant	Yellow	15/04/2022

	so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	24/02/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/03/2022