

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

Issued by the Chief Inspector

Name of designated centre:	Teach Greine
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	07 October 2025
Centre ID:	OSV-0001828
Fieldwork ID:	MON-0039943

About the designated centre

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

Teach Greine provides respite care and support to five adults with disabilities. The house comprises of five large bedrooms (one ensuite), a large living area, a fully equipped kitchen and dining room, a utility room and a relaxation area. The bedrooms available to residents are equipped to support those with additional mobility support needs, and specialist equipment available to residents that need it. There are also two large bathrooms available to the residents. The house is located within walking distance of a medium sized town in Co. Westmeath and transport is available to the residents for social outings and days out. The service is managed by a person in charge (who is a nurse) and is staffed by a team of nurses and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 7 October 2025	11:45hrs to 18:00hrs	Raymond Lynch	Lead
Wednesday 8 October 2025	10:45hrs to 12:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of a group inspection of 6 designated centres operated by this provider. Each centre was inspected independently and findings will be reported under each centre however, training, policies and procedures, staffing files and staff recruitment were reviewed centrally in the providers main offices.

While in the main good practice was observed and residents enjoyed a good quality of life, some improvements were required particularly in relation to governance and oversight, care planning and the quality of audits carried out by the provider. These matters will be discussed further later in this report.

The centre provided respite breaks to adults aged 18 years or over and was registered for five residents. While this inspection found that aspects of the auditing process, care plans, risk assessments and statement of purpose required review, residents were in receipt of a quality-based service when availing of their respite breaks.

At the time of this inspection, there were five residents availing of a respite break and the inspector met with all of them at different times, over the course of this two-day inspection process. Written feedback on the quality and safety of care from residents and family representatives was also viewed by the inspector and this was found to be both positive and complimentary. Additionally, the inspector spoke with one family representative over the phone so as to get their feedback on the quality and safety of care provided in this respite centre.

The person in charge explained to the inspector that the premises, when not in use during the day, also provided a day service option to a number of adults with disabilities. Shared facilities between the respite and day service included a dining/sitting room, a kitchen, bathrooms, a utility room and a relaxation area.

However, the person in charge explained that both services worked independently of each other and there was no cross over between them. For example, day service provision commenced in the building only when the residents availing of respite had vacated the premises. Additionally, the day service finished up in the evening time prior to residents arriving back to the house to continue with their respite breaks.

On the first day of this inspection, the inspector observed that prior to the residents arriving into the centre for their respite breaks in the evening time, staff who worked as part of the day service ensured that all shared facilities were left clean and tidy. Staff working as part of the respite team, also ensured that the same shared facilities were left clean and tidy for the residents availing of the day service option, prior to their arrival each morning. When not in use, all bedrooms were kept locked so as to ensure these rooms were not accessed outside of respite hours.

The person in charge explained that the above arrangement worked very well as it provided an essential service to residents who wished to avail of a respite service in the facility and other people with disabilities who wished to avail of a day service option. However, the statement of purpose required some updating so as to adequately detail and reflect the above arrangements between the respite and day service.

The inspector observed that recently, the person in charge had organised a family day in the centre. This day was to strengthen resident and family connections through shared activities and shared experiences. It was also to showcase some of the activities the residents liked to engage in when on their respite breaks in the centre. It was a very successful event and the inspector saw pictures of both family members and residents enjoying the day.

For example, there were pictures of residents baking, playing games, using the relaxation area in the centre and chatting with the staff and their friends. One family member reported that they really enjoyed the day and it was a great opportunity to meet with and speak to other family members whose relatives used the service. They also commented on how successful the day was and were very complimentary of the person in charge for organising the event.

During the week on their respite breaks in the centre, residents liked to relax and chill out. For example, on the first day of this inspection one resident was observed to be happy listening to music on their own personal computer. They left this computer in the centre on a 24/7 basis (they did not take it home when they finished their respite breaks) and this was their choice. They had their own table for the laptop and when it was not in use, it was stored safely in a corner of the large sitting room. Another resident also went for a walk with one of the staff and they appeared to have enjoyed this activity very much.

One resident spoke to the inspector for a short period of time and reported that they were very happy on their respite breaks in the centre. The resident loved to paint and on the evening of this inspection, was observed to be painting a bird feeder for the back garden. Another resident was observed to be happy relaxing on a large beanbag in the sitting room after their dinner. The inspector met with the fifth resident briefly while they were having their tea and they appeared in very good form for example, they were smiling and giving the staff member supporting them, high-fives. The staff member was also observed to be kind, caring, patient and person centred in their interactions with the resident. The person in charge said that on week nights after their busy schedules in their day services, residents liked to relax however, they were supported to go for walks, drives and go to the shops for ice cream.

However, there were a lot more activities planned with the residents at weekends. For example, the inspector saw pictures of residents on social outings such as going bowling, going to the cinema, taking boat trips, going to the zoo, having a coffee and or meal out. One resident particularly loved horses and they had brought a picture of themselves with a horse to the respite centre and asked for this to be hung on the wall in the sitting room. The inspector saw this photograph and the

resident appeared very happy in it.

During the summer, the resident had a raised vegetable planting bed and grew their own salad and vegetables. The resident took care of the plants ensuring they were tended to and watered. The inspector saw pictures and videos of the resident picking and preparing these home grown fresh garden vegetables to have for dinner with their friends on one evening while they were staying in the respite house.

Some residents also liked to bake and one resident while on their stay in the centre baked a birthday cake and made a birthday card for their mother with the support of staff. The person in charge told the inspector that the resident had brought the cake and card home to their mother the next day as a birthday gift for them. Again the inspector saw pictures of the resident engaged in these activities with staff support and they seemed to be very much enjoying themselves.

The inspector viewed written feedback from five residents on the quality and safety of care provided in this service. All five were supported by a family representative to complete this feedback. The feedback was positive and complimentary with residents reporting that they loved their breaks in the house, they enjoyed the activities on offer, and that they felt cared for and safe. One resident wrote that they absolutely loved their time in the house, while another said that they liked to bring their own blankets and or quilt with them, liked to pick their own room when on respite and these decisions were respected by the the staff team. Another resident wrote that they loved the space available to them and loved the activities on offer in the evening time such as going to the shops, baking, arts and crafts and going for drives. They also said that the staff team were exceptional, the care was exceptional and they were so happy on their respite breaks.

Written feedback on the quality and safety of care from seven family members was also viewed by the inspector. This feedback was also observed to be very positive and complimentary. For example, one family member said that they very much appreciated the care provided to their relative when they were in the respite centre. They said that staff were co-operative and and always very friendly. Another family member said that they would like to acknowledge the great work staff did and that their relative signs (a system of communication using gestures and signs) a lot about the centre when they were at home, which suggested that they enjoyed being there. They also said that they hoped there would be no reduction in the availability of the service due to the level of demand for it. One family member said that it was an excellent service and that the person in charge and staff team were so kind and invested in the work that they did. The also reported that the communication from the respite service was excellent and any query they had, was answered. They expressed gratitude and appreciation for the support provided by the service and said they would be grateful if the service could open for some bank holidays. Another family member said the service was great and one thanked the team for all the love and care their relative received when availing of respite in the centre.

The inspector also spoke to one family member over the phone on the first day of this inspection so as to get their feedback the quality and safety of care. They reported that they had absolutely no concerns about the quality or safety of care

provided and that their relative loved their respite breaks. They said that their relative loved to avail of the sensory area in the centre when they wanted some quiet time and that they had blossomed on their breaks in the service. They also said that the staff team were excellent, the service provided was exceptional and they couldn't fault anything. They informed the inspector that their relatives personal property was very well looked after when they were in the centre (to include their pocket money) and they loved going on outings to the shops, going bowling, going to the cinema and baking in the house. They reported that when their relative spent more than two or three days on respite in the centre, they liked to visit them and were made to feel very welcome on those visits. They spoke about the family day that the person in charge had organised and said it was 'the best idea ever', it was a great way to connect with other family members and to see the activities their relatives got to do when on their respite breaks in the house. When asked had they any complaints about any aspect of the service they said they had none and that overall the service was excellent, it was safe and their relative loved their breaks in the house.

While issues were identified with the auditing process, the statement of purpose, some care plans and risk assessments, residents availing of respite in this centre reported that they were very happy with the service and loved their respite breaks in the centre. Family feedback on the quality and safety of care was also exceptionally positive and complimentary. Additionally, over the course of this two-day inspection, residents appeared very happy and content in the company and presence of the team. Staff were also observed to be kind, caring and person-centred in their interactions with the residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives while availing of respite services in this designated centre.

Capacity and capability

There were clear lines of authority and accountability in this service and residents' needs were being provided for while they availed of their respite breaks. However, the statement of purpose required some updating and the auditing process required review. These issues are discussed and actioned under Regulation 3: statement of purpose and Regulation 23: governance and management.

The service was led by an experienced person in charge who was a qualified nurse. They worked 135 hours per calendar month providing direct care and support to the residents and, had eight hours protected time per week to carry out the role and functions of the person in charge. They were also supported by a senior member of the management team (a person participating in management).

The staffing arrangements were as described by the person in charge and, at the

time of this inspection, the person in charge reported that there were no vacancies.

The person in charge was providing supervision to their staff team and had systems in place to ensure that staff had the required training to meet the needs of the residents availing of respite in the centre.

The person in charge was also aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

It was observed however, that the statement of purpose required some review so as to adequately detail and reflect the arrangements between the respite service and day service and use of shared facilities. Additionally, the auditing process required some review so as to ensure family and resident feedback on the service provided (which was exceptionally positive and complimentary) was captured in the annual review of the quality and safety of care. Additionally, some of the actions arising in the annual review were not specifically relevant to the residents who availed of respite in the service.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application to the Chief Inspector for renewal of the registration of the centre prior to this inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified nursing professional and demonstrated a good knowledge of the assessed needs of the residents who availed of respite breaks with the service. They had also completed a qualification in a management discipline and, demonstrated an awareness of their legal remit to the regulations.

For example, the person in charge was aware that the statement of purpose had to be reviewed and updated annually (or sooner, if required). They were also aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre as required by the regulations.

The person in charge also maintained actual and planned rosters in the centre and had systems in place for the supervision of their staff team.

The person in charge led by example so as to ensure the quality and safety of the

residents was promoted and protected. They had a strong focus on person-centred support so as to ensure each resident enjoyed and looked forward to their respite breaks in the centre. They also supported residents to engage in their preferred interests and hobbies while on respite.

The feedback on the quality and safety of care provided in this service was both positive and complimentary. This was testament to the work and commitment of the person in charge and their staff team in ensuring that each resident while on their respite breaks in the centre, received a high-quality experience that met with or at times exceeded, their expectations. For a review of this feedback, see section one of this report, *'What residents told us and what inspectors observed'*.

Judgment: Compliant

Regulation 15: Staffing

As identified in section one of this report *'What residents told us and what inspectors observed'*, staff recruitment was reviewed centrally in the providers main offices. Inspectors found that all information as required under Schedule 2 of the regulations were in place to include garda vetting for all staff.

This inspection found that the staffing arrangements were as described by the person in charge on the day of this inspection.

For example, on reviewing rosters from August 17, 2025 to September 30, 2025 the inspector observed the following:

- a qualified nurse was available to the residents on a 24/7 basis (on day duty and night duty)
- two support workers worked each day/evening in the centre
- one support worker worked overnight in the centre

This meant that there were always three staff in the centre each day/evening (a qualified nursing professional and two support workers) and two staff in the centre each night (a qualified nursing professional and one support worker).

The person in charge was providing direct supervision to their staff team. This was to support and develop their staff by providing guidance, building confidence and support professional growth. The inspector reviewed two sets of supervision records for two staff members. Staff spoken with said the person in charge was supportive and they could speak with them at any time if they needed to. They also said that the person in charge had a very regular presence in the designated centre.

Staff were also observed to be kind and caring in their interactions with the residents and, feedback on the staff team from numerous family members was very positive and complimentary.

Judgment: Compliant

Regulation 16: Training and staff development

As identified in section one of this report *'What residents told us and what inspectors observed'*, staff training was reviewed centrally in the providers main offices.

This inspection found that the person in charge had systems in place to ensure their staff team had the required training to meet the needs of the residents. For example, from reviewing certificates of training for six staff members, the inspector observed that they had completed the following:

- safeguarding of vulnerable adults
- Children's First
- fire safety
- management of behaviour
- intimate care
- infection prevention and control
- communicating effectively with people with disabilities
- first responder training/first aid (including cardio-pulmonary resuscitation and Automated External Defibrillator)
- manual handling/handling people
- epilepsy awareness and the administration of rescue medication
- food safety.

Bespoke training where require, was also made available to staff. For example, staff had training in a bespoke communication method used by one of the residents. It was observed that two newer staff were to undertake this training however, the person in charge was aware of this and had a plan in place to address it.

Additionally, there were a number of appliances in this centre to support residents with standing and mobility. The inspector observe that staff had undertaken training in disinfecting environments and cleaning equipment. This training provided staff with the knowledge to control the spread of infection through effective cleaning and disinfection practices for both surfaces and equipment used in the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details for the service prior to this inspection process as required for the renewal of the registration of the designated

centre.

Judgment: Compliant

Regulation 23: Governance and management

While there were clear lines of authority and accountability in this service, aspects of the auditing process required review.

The service was led by a full time experienced and qualified person in charge who was supported in their role by a member of the senior management team (a person participating in management)

The person in charge worked 135 hours per calendar month in the centre providing direct care and support to the residents. This meant that they had eight hours per week protected time to carry out the role and functions of the person in charge (as detailed above in Regulation 14: person in charge). They also provided out of hours management on call cover where or if required. Additionally, at the time of this inspection they were providing nursing cover for two days to the day service that operated from the house, but this was only for the month of October 2025. The inspector asked the person in charge was the above arrangements impacting in any way on the provision of the quality and or safety of care to the residents and they reported that there were no issues arising and that it was manageable.

The service was being audited as required by the regulations. An annual review of the quality and safety of care had been completed for 2024 and, an unannounced audit of the centre was facilitated in June 2025. These audits identified a number of areas that required addressing.

For example, the auditing process identified the following:

- the statement of purpose needed to be displayed in the centre
- a personal emergency evacuation plan (PEEPs) needed updating
- the training matrix needed review
- parts of the premises needed cleaning
- the temperature for the fridge was to be recorded.

These issues had been actioned and addressed by the time of this inspection.

However, some issues were found with the auditing process. For example,

- some of the actions in the unannounced audit of the centre from June 2025 were not identified or discussed in the main body of the report. Therefore, it was difficult to ascertain, why they were actioned in the first place
- the person in charge informed the inspector that some of the actions arising in the annual review were generic in nature to the wider organisation and not necessarily relevant to the respite centre. These actions included sourcing

<p>external advocacy for the residents and exploring the involvement of residents in the recruitment process. Neither of these actions were evidenced as being completed for this centre on the day of this inspection</p> <ul style="list-style-type: none"> • there was inadequate evidence of residents and family input and feedback on the service provided in the annual review for 2024 (despite this feedback being positive and complimentary). <p>Additionally, the auditing process did not identify the issues with some of the care plans, risk assessments and statement of purpose as found on this inspection. These gaps indicated that the providers internal auditing systems were not always effective in identifying issues in the centre.</p>
Judgment: Substantially compliant
Regulation 3: Statement of purpose
<p>The statement of purpose required review and updating so as to better reflect the service as discussed and detailed in section 1 of this report <i>'What residents told us and what inspectors observed'</i>.</p>
Judgment: Substantially compliant
Regulation 31: Notification of incidents
<p>The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by the Regulations.</p>
Judgment: Compliant
Regulation 4: Written policies and procedures
<p>The registered provider had prepared written policies and procedures under Schedule 5 of the regulations and these Schedule 5 policies and procedures have been reviewed every three years as required under the regulations.</p>
Judgment: Compliant
Quality and safety

Overall, the residents availing of respite breaks in this centre (and their family representatives) were very happy with the quality and safety of care provided.

As this service provided respite breaks only, residents were mainly supported by their families to attend any healthcare appointments and referrals. However, the residents were supported with their general welfare and development and to maintain links with family and friends when on respite in the centre. Notwithstanding, aspects of some residents' personal plans required review.

There were systems in place to manage and mitigate risk and keep residents safe, however, some individual risk assessments required review. Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre if required.

The centre was observed to be clean and spacious. Each resident had their own bedroom and, requests by residents (and or family members) for a specific bedroom when on respite breaks was facilitated by the person in charge.

All staff had completed training in safeguarding vulnerable adults and one staff member spoken with said they would report any concern (if they had one) about the quality or safety of care to the person in charge

Regulation 13: General welfare and development

Residents were supported to engage in activities of their preference and choosing when availing of respite breaks in this centre.

As detailed in section 1 of this report *'What residents told us and what inspectors observed'* residents liked to engage in activities such as baking, arts and crafts, painting, growing their own vegetables, going to the shops and going on drives. Some also liked to avail of the relaxation area to the back of the house which was a quiet area with soft lighting and bean bags to relax on. The inspector saw pictures and videos of residents engaged in a number of these activities and they all appeared to be enjoying themselves very much.

One the day of this inspection the inspector observed one resident painting a bird feeder for the back garden, one was listening to music on their personal computer and another went for a walk with a staff member.

At the weekend residents liked to avail of social outings such as going bowling, going to the cinema, taking boat trips, going to the zoo and having a coffee or meal out. Additionally, there was a Halloween disco being organised at the end of this month and the person in charge said that residents would be supported to attend this event if they wished to go.

Although on respite breaks, residents were supported to keep in contact with their family members via phone and or visits. As discussed in section 1 of this report above, one family member spoken with over the phone on the first day of this inspection said that when their relative spent more than two or three days in the house, they would visit them. They also said they were made to feel very welcome on these visits. They spoke about a family day that the person in charge had recently organised and said it was the best idea ever, it was a great way to connect with other family members and see the activities their relatives got to do when on their respite breaks in the house.

Judgment: Compliant

Regulation 17: Premises

The premises consisted of five large individual bedrooms (one ensuite), a large living room/sitting room/dining room, a staff room, an office, a relaxation area, a special bathroom, a main bathroom a utility room and a room to store equipment when not in use (such as wheelchairs, and seated weighing scales).

The house was found to be spacious, clean, warm and welcoming on the day of this inspection and, pictures of the residents engaged in various social outings and activities were on display in the centre

The premises also provided a day service when not in use as a respite facility during the day. This arrangement was discussed in detail in section 1 of this report *'What residents told us and what inspectors observed'*.

Judgment: Compliant

Regulation 26: Risk management procedures

As identified in section one of this report *'What residents told us and what inspectors observed'*, policies and procedures were reviewed centrally in the providers main offices. This review showed that there were policies and procedures in place to guide practice which included a centre specific risk register.

This inspection found however, that while policies, procedures and systems were in place to manage and mitigate risk, aspects of the risk management process required review. For example:

- a risk assessment was in place for a resident at risk of choking due to eating too fast. However, the control measures in place to mitigate this risk made no reference to the fact that staff had training in first aid and, there was a qualified nurse on duty on a 24/7 basis who could provide immediate support

to the resident if required.

- a care plan in place for a resident who was insulin dependent identified that the resident could be at risk of experiencing hyperglycaemia (high blood sugar levels) or (hypoglycaemia) (low blood sugar levels). However the signs or symptoms of these were not identified in the care plan and or risk assessment. This was important as early recognition of these conditions would allow staff to provide immediate treatment if required to the resident. However, the inspector did speak with a staff nurse on the first day of this inspection and they were able to identify the warning signs and symptoms of both hyperglycemia and hypoglycemia.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, fire doors, emergency lighting and firefighting equipment, which was being serviced as required by the regulations. For example:

- the fire detection and alarm system was serviced in January, April, July and September 2025
- the emergency lighting system was also serviced in January, April, July and September 2025.

Fire drills were being conducted as required (to include night time drills) and on review of four of those drills, the inspector observed that residents and staff were able to evacuate the building in a timely manner when the fire alarm was sounded. For example:

- a drill facilitated in August 2025 informed that it took three staff and five residents two minutes and five seconds to evacuate the premises and this was deemed to be satisfactory
- another drill facilitated in July 2025 informed that it took 2 staff and four residents two minutes and 55 seconds to evacuate the premises and this drill was also deemed to be satisfactory.

There were a number of fire doors throughout the building. The inspector asked the person in charge to activate the fire alarm so as to be assured all fire doors were operating correctly. It was observed that the fire door connecting the sitting/dining room to the hallway did not close fully. However, the person in charge immediately contacted facilities and this issue was remedied prior to the end of the inspection process.

Each resident had a personal emergency evacuation plan in place. These were individual escape plans for each resident detailing the specific supports they required to evacuate the building safely in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which detailed their needs and support requirements while on their respite breaks in the centre.

Each resident also had an annual medical check with their GP. These check-ups provided a comprehensive snapshot of the residents overall health and informed their personalised individual plans for maintaining wellness and wellbeing.

The individual plans also included an overview of the residents specific support needs with regards to their mobility, behaviour, communication, diet and intimate care. This information was important as it helped guide staff to provide personalised and dignified care promoting each residents independence, health, and well-being. It also identified what supports and or specialised equipment a resident may need so as to ensure their safety.

For example, on review of one resident's individual plan the inspector observed that the resident had mobility issues and needed staff support and the use of a wheelchair on some social outings. This resident also used a specific manual sign system to support their communication. The inspector observed the following:

- a wheelchair was available to the resident if required for social outings
- staff had training in clamping (training so as to ensure staff knew how to secure the wheelchair while using the company's bus for safe transport)
- staff also had training in the specific communication preference of the resident.

This meant that staff could ensure the safety of the resident on social outings and had the necessary knowledge to understand and support the communication preference of the resident. However, aspects of the individual planning process required review. For example and as identified earlier in this report:

- a care plan in place for a resident who was insulin dependent identified that the resident could be at risk of experiencing hyperglycaemia (high blood sugar levels) or (hypoglycaemia) (low blood sugar levels). However the signs or symptoms of these conditions were not identified in this plan
- the individual personal plans also included a section on updates and information pertaining to each resident prior to their admission for respite. However, more information was required in this section of the personal plans. On speaking with a family member over the phone during this inspection process, they reported that there was very good communication between the family and the service. For example, every time their relative availed of respite, a communication book was passed from the family to the respite centre detailing all relevant information and updates about the resident since

their previous admission to the centre. The family member also said that a system was in place to ensure the staff in the respite centre would be aware if there were any changes to their relatives medication since their last respite break in the centre. These assurances and important information were not detailed in the relevant section of the resident's individual care plan.

Judgment: Substantially compliant

Regulation 8: Protection

As identified in section one of this report *'What residents told us and what inspectors observed'*, policies and procedures were reviewed centrally in the providers main offices. The safeguarding policy was up to date and contained relevant information to guide staff in how to maintain residents safety.

This inspection found that systems were in place to promote the residents safety and wellbeing while availing of respite breaks in this centre.

At the time of this inspection there were no current active safeguarding issues. However, the inspector noted the following:

- one staff member spoken with said they would have no issue reporting a safeguarding concern to the person in charge if they had one
- feedback on the service from a number of family representatives was exceptionally positive and complimentary
- a family member spoken with over the phone on the day of this inspection reported that they were very happy with the service and that they felt it was safe
- information on safeguarding was available in the centre
- information on the complaints process was also readily available in the centre however, there were no active complaints about any aspect of the quality or safety of care provided in this service at the time of this inspection

The inspector also noted that staff had training in the following:

- safeguarding of vulnerable adults
- Children's First
- the provision of intimate care
- communicating effectively with people with disabilities.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Teach Greine OSV-0001828

Inspection ID: MON-0039943

Date of inspection: 07/10/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A survey has been carried out for each centre 10/10/25 in order to establish the views of relatives regarding the services and supports provided. The survey results will be attached to the Annual Review as evidence of incorporation of views.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Person in Charge will review and revise the Statement of Purpose to accurately reflect the service provided (10/10/25). The updated Statement of Purpose will encompass activities conducted in-house as well as those carried out within the local and broader community. It will also include information regarding the Day Service that operates in the building during periods when the respite service is closed (January 2026).	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 The Risk Management has been reviewed and updated to incorporate the control measures currently in place. These measures include all staff receiving First Aid Training and the presence of a Registered Nurse on duty 24/7, who can provide immediate support to residents if required (11/10/25).

The Care Plan has been reviewed and updated to include the sign and symptoms of the condition, enabling timely recognition and response if the Resident's health were to deteriorate (11/10/25).

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All Care Plans will be reviewed and updated to include clear methods of communication between the home and respite services (20/12/25).</p> <p>The Clinical Team has scheduled Risk Assessment and Care Planning Training for all staff across the service which is practice based to improve the quality of care planning and understanding of same in the service to begin 7th Jan 2026.</p> <p>The service provider will create an auditing document / tool for reviewing risk and care planning in order to identify actions and monitor outcomes. This will commence after Q1 2026 to allow time for practice training to be implemented.</p>	

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 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	10/10/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/10/2025
Regulation 03(2)	The registered provider shall review and, where necessary, revise	Substantially Compliant	Yellow	11/10/2025

	the statement of purpose at intervals of not less than one year.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	07/01/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	07/01/2026