



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

Issued by the Chief Inspector

Name of designated centre:	Teach Saoirse
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	22 February 2022
Centre ID:	OSV-0003641
Fieldwork ID:	MON-0030497

About the designated centre

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

Teach Saoirse is a purpose built house located in a large walled and gated site. The centre provides a dedicated respite service midweek and at weekends for children, both male and female, from the ages of 0 to 18 years, who have been diagnosed as being on the autistic spectrum or have a physical, sensory or intellectual disability. The centre is comprised of four en-suite bedrooms, two shared and one single room, which can accommodate up to five children. Other facilities in the centre include a kitchen, a utility room, a dining room, a living room, a kitchen, a multisensory room and staff facilities. Staffing in the centre is made up of family support workers and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 22 February 2022	11:00hrs to 17:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

There were two young people availing of a respite break at the time of the inspection, they were both busy and occupied throughout the day supported by staff to engage in activities they had chosen. The inspector did not have an opportunity therefore to meet with either child as they were away from the centre and on arrival back engaged in personal care. However, from review of documentation engaging with the staff and management team and review of family and child feedback it was apparent that the young people were in receipt of a good quality and safe service.

As the inspection was completed while restrictions related to the COVID-19 pandemic remain in place, the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The designated centre comprises one large single storey purpose built premises set within its own grounds. Two young people were availing of their respite break, the inspector found that the bedrooms considered to best meet their needs had been allocated to them. The staff had prepared these in advance of their stay with personal duvet covers and other items available to try and ensure the young person was comfortable in their room.

The house had large accessible communal spaces that were designed so that young people who required mobility aids could freely access the house. In addition there were toys and games available and areas for sensory exploration. An area for sitting had been created in the kitchen separate to the dining area and the staff reported that young people liked to sit here and engage in conversation while meals were being prepared. Externally the young people had access to a large garden and a range of play equipment some of which was new since the previous inspection of the centre.

It was evident that effort had been made to ensure that information was available for the young people in a format that suited their communication styles and preferences. There were picture rosters to show what staff were on duty and photographs of all staff who may be present in the centre displayed on a wall by the kitchen table. There was easy-to-read information on display in relation to complaints, COVID-19, social distancing, using masks, handwashing, fire safety, rights, and safeguarding. There were a number of social stories for young people in relation to areas such as fire safety.

During the inspection, the inspector observed the staff preparing for activities and outings that the children had requested for example a trip to get a favourite food after school collection or a visit to a local swimming pool. The staff were knowledgeable regarding the young peoples assessed needs and their likes and dislikes and were motivated to ensure that all young people enjoyed their respite break. On return to the centre one young person, was facilitated by staff to have a shower, this was part of their routine as they enjoy spending time to explore the sensation of water. The inspector heard warm interactions between staff and the

young person and a relaxed and calm atmosphere was evident. There was a staff vacancy and staff on unplanned leave at the time of the inspection. Regular staff were completing additional shifts and there were regular relief staff also available to cover the required shifts.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the governance arrangements were ensuring that young people were safe and enjoying their respite breaks. The designated centre was well managed and met the requirements of the regulations in many key areas of service provision. The local management team were focused on ensuring each young person enjoyed their respite break and they were proactively driving improvements in the centre.

The person in charge was supported by a person in the role of team leader which was a new position in the centre. They both were found to have an in depth knowledge of the young people's needs and to have systems in place to monitor the quality and safety of care and support in the centre. They were both full-time in their role and were reviewing many of the systems in place to ensure that care practices were maintained to a good standard.

Members of the staff team spoke with the inspector about young people's likes, dislikes and preferences. They were familiar with their communication preferences and how to listen and respond appropriately to young people's requests for support. They were also clear about how they would afford young people the opportunity to complete tasks independently and to spend their time doing things they enjoyed.

There were good systems of auditing and oversight both by the person in charge and the provider. The provider had ensured that both the annual review and six monthly visits had taken place. The recommendations from these formed the basis for improvements and changes within the service. For the most part, the provider was self-identifying areas for improvement and taking the actions to bring about these improvements.

Regulation 15: Staffing

It was evident that every effort had been made by the provider to ensure that young people were in receipt of continuity of care and support despite the small number of staff vacancies in the centre. Members of the existing staff team were completing additional hours and regular relief staff were covering the required shifts.

The inspector reviewed staff rosters and some improvements were required in the maintenance of these to identify who was on duty, as the staff on duty were not identified by their full name. While the person in charge and team leader were on a governance or on-call roster it was not immediately apparent when they may have covered time on duty as they were not named on the duty roster for the centre.

The inspector reviewed a sample of staff personnel files and found for the most part that they contained the information required in Schedule 2 of the regulations. Where there were some documents missing such as vetting by An Garda Siochana these were later provided for review by the providers human resources department however, in one file there was an unsigned contract of employment.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured that staff were in receipt of training and refresher training in line with the organisation's policy and young people's assessed needs. The person in charge maintained oversight of the training needs of the staff and requirements were scheduled for discussion as part of formal supervision.

The staff team were also in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. There was a schedule for the year in place to ensure that all staff received supervision in line with the providers policy. The person in charge also implemented group supervision as part of staff team meetings.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this designated centre with a full time person in charge in place who was supported by a team leader in the centre and by persons participating in the management of the centre. There were effective management systems in place that supported and promoted the delivery of a safe, quality service. The quality of care and the experience of

young people was being monitored and developed on an ongoing basis. For the most part, the provider was found to be self-identifying areas for improvement and there was a clear focus on person-centred care and quality improvement in this centre.

The provider had ensured that both the annual review and six monthly visits had taken place in line with the requirements of the regulations. These were found to contain the views of the young people who availed of respite and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the incident and accident register for the centre and found that if required all notifications had been made to the Chief Inspector in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the governance and management arrangements in the centre were ensuring that young people were in receipt of a good quality, person-centred and safe service. Young people were being supported to make choices during their respite breaks about how and where they spent their time.

The house was found to be clean, warm and comfortable during the inspection. Young people had access to sufficient private and communal spaces to spend their time during the their respite break. There were outside areas available for young people around the house and play equipment available to them. Some areas for improvement were required in the premises, the provider was aware of these and some plans were in place to complete the required works although areas such as the laundry room and storage required further review.

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Regulation 17: Premises

This centre comprises a large purpose built single storey house set it it's own grounds. Internally there were wide corridors and a number of communal areas for the young people to use in addition to spacious en-suite bedrooms. The house was warm and comfortable and the staff team endeavoured to ensure it was individualised for each young person throughout their stay in respite. The provider was reviewing the areas of the centre used as office space and for the administration of medication and some internal reconfiguration was proposed. Aspects of the centre also under review included the cramped laundry facilities and the storage for cleaning equipment.

Externally the provider had new play equipment installed and the large area of lawn was well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that a risk management policy was in place that met the requirements of the regulations. This was seen to guide the development of local protocols and processes in place to protect the young people who stayed in the centre from harm arising from risks. There was a risk register for the centre in place that required named persons to be responsible for identified risks as well as a risk assessment specific for the area reviewed. Each individual young person had risk assessments completed that were pertinent to them and these were regularly reviewed and updated. There was evidence of positive risk taking to ensure that the young people were supported to enjoy activities they chose to partake in.

There were health and safety audits completed by the provider and the specialist equipment in place such as hoists and electric profiling beds were serviced by specialists as indicated.

Judgment: Compliant

Regulation 27: Protection against infection

Young people were protected by the policies, procedures and practices relating to infection prevention and control. The provider had adapted their polices and procedures and developed contingency plans for use during the COVID-19 pandemic. The provider had established a national bank of staff for use as part of contingency planning. The premises was clean and there were systems in place to ensure that the house was cleaned regularly. There was personal protective

equipment (PPE) available and systems in place to order more as required.

Staff had completed a number of infection prevention and control related trainings. Staff who spoke with the inspector could describe the procedures to follow for the management of soiled laundry, carrying out personal care or the management of spills. There were regular infection prevention and control audits being completed and actions arising from these were found to have been completed such as recovering the sofas in wipe clean fabrics. Young people were being kept up-to-date in relation to COVID-19 and how the levels of restrictions would impact on their lives.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate arrangements for detecting and containing fires in the centre and systems to ensure fire equipment was regularly serviced, tested and maintained. The centre evacuation plans were on display and the evacuation procedures were updated for each stay according to the young people staying at any given time. There was emergency lighting in place which had been serviced in addition to fire extinguishers and fire blankets.

The young people's personal emergency evacuation plans were detailed in relation to the supports they may require to safely evacuate the centre. Fire drills were occurring on a regular basis and the person in charge ensured that all young people and all staff had participated in a fire drill. The drill records contained details of actions arising and there was evidence of structured outcomes for staff arising from these actions.

The provider had commissioned an external specialist overview report of the fire safety systems within the centre which had identified a number of areas requiring works, including fire stopping where pipes travelled through the ceiling and replacement of the fire resistant glass in some of the doors. The provider had completed the majority of this work and had a clear schedule in place for the outstanding works.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that there were policies and procedures in place for the safe receipt, storage and administration of medicines in the centre. The inspector

reviewed a sample of prescription records and found these were up-to-date for each young persons stay and had been signed by a medical professional as required. Clear protocols and guidance were in place for staff in the use of 'as needed' medicines or for administration of medication via tube feeding systems and there were accurate administration records kept.

The person in charge had a system in place for the transition of a young persons medicine as they arrived and left the centre for their respite stay.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Young people had an assessment of need and personal plan in place. There were records kept of a young persons usual routines to try and ensure a seamless transfer of important routine for their respite stay. Personal plans were found to be person-centred and to clearly identify young peoples' care and support needs, their talents and their preferences. They were being regularly reviewed to ensure they were reflective of their current support needs.

The system of goal setting and review of goals had been identified as requiring review as it was unclear how some of these related to activities in respite or the young persons aims for their stay. The inspector found that these goals rolled over from one stay to another with no evidence of having been reviewed or of what had been done to ensure the goals were met.

Judgment: Substantially compliant

Regulation 8: Protection

Young people were also protected by the safeguarding policies, procedures and practices in the centre. Staff had completed training for safeguarding children and adults. Staff who spoke to the inspector were aware of their roles and responsibilities should there be a suspicion or allegation of abuse. Allegations were recorded, reported, and followed up on in line with the organisation's and national policy.

There were detailed care plans in place when the young people required support with intimate care and these were seen to guide staff practice. Some improvement was required in the completion of admission documentation and of body maps or charts that are used to record if a young person presents with a mark, bruise or injury. For the most part these were completed as required however, the inspector found that in the sample reviewed one body map did not give assurance that a mark

identified had been followed up as required. In another instance the admission documentation had not been completed as required and did not indicate if any money or other personal items had been sent into respite. The management of finances and the procedures around these to safeguard the young people was currently under review by the provider.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Teach Saoirse OSV-0003641

Inspection ID: MON-0030497

Date of inspection: 22/02/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Post for 2 full time permanent staff will be advertised on 11-04-2022. Staff full names are now indicated on the roster and where PIC and Team lead are working on the floor directly covering a shift they are named. The PIC and Team lead are on site daily for their contracted hours and cover an on call roster which staff are aware of. A full review of all staff files has been completed and all documents required are now present. Administration staff to check the staff files on a quarterly basis to ensure compliance.</p>	
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: Goals are reviewed with each client and their family on an annual basis and staff are required to review the goal set on a monthly basis and to record this update on the goal sheet. This has been discussed with staff during staff meeting and during respite break for individual clients. PIC and Team lead to complete quarterly file reviews to ensure compliance.</p>	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Staff improvements have been made around recording and documentation. Online training is currently being arranged for all staff to complete in effective record keeping & report writing and the importance of same to ensure compliance. This will be completed by the end of April 2022. PIC and Team lead to complete quarterly file reviews to ensure compliance.</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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	21/03/2022
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	28/02/2022
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	Substantially Compliant	Yellow	01/04/2022

	assess the effectiveness of the plan.			
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Substantially Compliant	Yellow	01/04/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	29/04/2022