



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

Issued by the Chief Inspector

Name of designated centre:	Teach Saoirse
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	03 February 2021
Centre ID:	OSV-0004662
Fieldwork ID:	MON-0030641

About the designated centre

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

Teach Saoirse is a residential home for five adult residents, both male and female with severe to profound intellectual disability who require full time nursing interventions. The centre is located in Co.Wexford. Residents may also have additional care needs including support with behaviours that challenge. The centre comprises a single story house located in rural village. It is accessible to services and all local amenities. The premises has its own safe gardens and all areas and facilities are easily accessible to the residents and meets their current and changing needs. Residents attend day services attached to the organisation and to other outside organisations as they choose. The centre has two service vehicles.

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 - 2015 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 3 February 2021	10:00hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with five residents on the day of inspection. Residents used both verbal and non verbal methods to communicate their thoughts and the inspector aimed to determine the resident views and experience living in the centre through observations and through speaking with staff and management supporting the residents.

The inspection took place during the COVID-19 lockdown period and therefore some measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities including wearing personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

The centre was clean and homely on arrival. Some residents were observed doing table activities like colouring and sensory boxes in the living area in the morning. A cake was being baked on the morning of the inspection and there was a smell of fresh baking in the house. Following a walk around the centre, the inspector observed some artwork which had been completed by residents and lots of pictures of residents attending activities together. The centre had a garden and an area of this had been developed into a sensory garden. The inspector also noted a car parked in the garden and the person in charge communicated that this belonged to a resident who had a particular interest in cars and liked to sit out in their vehicle sometimes. The inspector also observed some residents enjoying listening to music during the day and some residents heading out of the centre for a drive and a walk.

Each resident had individual activation plans in place which had been adapted to reflect activities that could be completed during the COVID -19 lock down period. These included country walks, garden activities, house chores, feeding the birds, doing puzzles, sensory baths, and going for drives. Two service vehicles were available to the centre at all times for residents preferred activation and daily routines. Staff communicated that some residents appeared to enjoy their new routines since COVID-19 restrictions have been in place.

The inspector found that measures were not always in place to ensure that residents rights were upheld at all times in the centre. Residents were subject to hourly nightly checks by nursing staff. This impacted residents right to privacy during the night and did not promote conditions for a restful nights sleep. Rationale for this practice was not clear in residents documentation, including personal plans or risk assessments. Furthermore, two residents continued to share a bedroom in the designated centre. This also impacted these residents rights to privacy, choice and control in their daily lives. The provider communicated that COVID-19 had delayed plans to address this issue. Furthermore, residents did not have access to a private space in the centre, separate to their bedrooms, to facilitate visitation from friends and family, when COVID-19 restrictions allowed this.

Some residents presented with behaviours that challenge and some residents were heard vocalising loudly numerous times during the inspection day. This environment was contrary to two residents most current positive behavioural support plans which identified the need for a low stimulus environment. The inspector observed one resident appear to express with non verbal methods that they did not like the noise.

Some meals were facilitated using a communal central kitchen which was located some distance away from the designated centre. This meant that residents were not always supported to buy, prepare and cook their own meals in the designated centre with residents dinners always coming from the central kitchen. Staff did facilitate breakfasts and supper in the centre. Residents all had nutritional folders in place with pictures of menus and food choices. Residents were being consulted regarding their choices of meal for the week ahead.

There were appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents living in the designated centre during the day and night. The centre had a mix of nursing staff and support workers. Staff appeared aware of residents needs and warm and familiar interactions were observed between staff and resident during the day.

There were no complaints communicated with the inspector on the day of inspection. Residents and their family members were issued with feedback questionnaires annually and generally these communicated satisfaction with the service provided. One family member did express in their feedback form that they would like their family member to have their own bedroom. Management were advocating for residents who could not communicate verbally and had logged complaints on their behalf regarding the shared bedroom.

Inspection findings suggested that residents were safe living in the centre. Residents were safeguarded from peer abuse and risk management systems in place were robust. Potential risks had been thoroughly assessed and mitigated where possible. Additional risk assessments and measures had been completed and implemented due to risks associated with COVID-19.

Overall, findings found that while there were positive aspects noted on the inspection day, improvements were needed in the centre to ensure higher levels of compliance in areas including residents rights, food and nutrition and positive behavioural as detailed in other sections of this report.

Capacity and capability

There was a clear management structure in place in the service, with the staff team being nurse lead. A new person in charge had recently been appointed to the centre. This person was also a clinical nurse manager and this person was found to have the skills and experience necessary to meet the requirements of the regulation and effectively manage the designated centre. The person in charge was

also supported by a senior staff nurse in the centre.

Regular meetings were held with other persons in charge within the service and these were used as a platform for shared learning and discussion regarding the service and ongoing issues, for example COVID-19. Other persons in charge also completed regular thematic audits within the centre. These identified actions with clear time lines and persons responsible. Findings from these audits informed outcomes for the annual review of the care support provided. This was completed by the service director of nursing who was also the registered provider representative. While there was a clear management structure and lines of accountability in place, the registered provider had failed to address all actions identified during the centres most previous inspection which included reducing the shared bedroom in the centre to a single occupancy room.

There were appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents living in the designated centre. The staff team consisted of nursing staff and support workers. A staff rota was maintained and this reflected staff and duty during the day and night. Management was also available on-call to support staff outside of normal working hours.

Staff had access to appropriate training, including refresher training. Training was provided in areas including fire safety, manual handling, food hygiene, safeguarding behaviour management and infection control. Following a review of training records, all staff mandatory training appeared to be up-to-date on the day of inspection. This was regularly reviewed by management. Line managers were completing regular one to one supervisions with all staff members

There was a clear procedure in place for the management of complaints and a designated person identified for the management of any complaints received in the centre. The complaints procedure was prominently displayed in the designated centre. Management were advocating for residents who could not communicate verbally and had logged complaints on their behalf regarding the shared bedroom.

Regulation 14: Persons in charge

A new person in charge had recently been appointed to the centre. This person was found to have the skills and experience necessary to meet the requirements of the regulation and effectively manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate staffing levels and skill mixes in place to meet the assessed

needs of the residents living in the designated centre.
Judgment: Compliant
Regulation 16: Training and staff development
<p>Staff had access to appropriate training, including refresher training. All staff mandatory training was up-to-date on the day of inspection. This was regularly reviewed by management.</p> <p>Line managers were completing regular one to one supervisions with all staff members</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>While there was a clear management structure and lines of accountability in place, the registered provider had failed to address all actions identified during the centres most previous inspection.</p> <p>There was evidence of regular auditing and review of the service provided with a six monthly review and an annual review completed.</p>
Judgment: Substantially compliant
Regulation 34: Complaints procedure
<p>There was a clear procedure in place for the management of complaints and a designated person identified for the management of any complaints received in the centre. The complaints procedure was prominently displayed in the designated centre.</p>
Judgment: Compliant
Quality and safety

Overall, the inspector found that while a safe service was being provided, some improvements were needed to ensure a higher quality of care and support to comply with the regulations.

The registered provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of actual and potential risks in the designated centre. Measures and plans were identified for in the event of adverse incidents in the centre. Residents all had individualised risk management plans in place. A centre specific risk register was in place which identified all actual and potential risks in the designated centre and control measures in place to mitigate these risks. Some restrictive practices were in place and rationale for their use was identified in individual risk assessments. This included residents at risk of absconsion..

The registered provider, members of management and staff working in the designated centre had adopted procedures for infection prevention and control and the management of the COVID-19 pandemic, which were consistent with national guidance for residential care facilities. Staff were observed wearing PPE throughout the inspection day. Regular temperature checks were being completed and hand washing faciliites and alcohol gels were noted around the centre. Residents had individual risk assessments in place which assessed the impact that COVID-19 may have on their physical and psychological health.

The registered provider had ensured that safe and effective fire management systems were in place in the designated centre. Following a walk around the premises, the inspector observed containment measures, detection systems and fire fighting equipment. A weekly fire safety checklist was completed by staff and there were weekly checks completed on detection systems. Staff and residents were regularly completing evacuation drills and these were completed in an efficient manner and these simulated both day and night time conditions. Staff were completing daily checks on escape routes and evacuation routes were prominently displayed in the centre. The service had access to a fire specialist engineer when required and for regular servicing of equipment. All staff had completed training in fire safety.

All residents had assessments of need and personal plans in place which were subject to regular review. Each resident had individual activation plans in place which had been adapted to reflect activities that could be completed during the COIVD19 lock down period. These included country walks, garden activities, house chores, feeding the birds, doing puzzles, sensory baths, and going for drives. Goals observed in residents plans were repetitive at times and overlapped with goals set in previous years. Goals set in one residents personal planning meeting did not always appear to be implemented into the residents most current plan of care. Some goals had not been reviewed in the three monthly time line identified in their plans.

Mealtimes in the centre required improvements to ensure residents were always supported to buy, prepare and cook their own meals. The registered provider continued to facilitate some meals, mainly dinners, through the use of a communal central kitchen, located some distance away from the designated centre. Residents

all had nutritional folders in place with pictures of menus and food choices. Residents were being consulted regarding their choices of meal for the week ahead.

Resident had appropriate access to multi-disciplinary professional guidance to support them manage their behaviors. It was noted that two residents positive behavioural support plans highlighted the need for a low stimulus environment. This was not always supported when living in the centre with other peer residents vocalising and shouting regularly.

Residents in the centre were safeguarded. All staff had received up-to-date training on the safeguarding and protection of vulnerable adults. Any safeguarding concerns were treated in a serious and timely manner and in line with national safeguarding guidance. Intimate care plans were in place for all residents and these were subject to regular review. One safeguarding incident occurred in 2020 and this was appropriately addressed and a safeguarding plan was implemented to reduce the risk of re-occurrence.

Two residents continued to share a bedroom in the designated centre and this affected the residents right to privacy and dignity at all times. The provider had plans to reduce this to a single room prior to the inspection, but communicated that these plans had been delayed due to COVID-19. Some building works were also planned in the centre including extending the centres kitchen and a new laundry area.

It was noted that residents did not have access to a private space in the centre, separate to their bedrooms, to facilitate visitation from friends and family, when COVID-19 restrictions allowed this.

Regulation 11: Visits

Residents did not have access to a private space in the centre, separate to their bedrooms, to facilitate visitation from friends and family, when COVID-19 restrictions allowed this.

Judgment: Not compliant

Regulation 18: Food and nutrition

Mealtimes in the centre required improvements to ensure residents were always supported to buy, prepare and cook their own meals. The registered provider continued to facilitate some meals, mainly dinners, through the use of a communal central kitchen, located some distance away from the designated centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of actual and potential risks in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider, members of management and staff working in the designated centre had adopted procedures for infection prevention and control and the management of the COVID-19 pandemic, which were consistent with national guidance for residential care facilities.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that safe and effective fire management systems were in place in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had assessments of need and personal plans in place which were subject to regular review.

Goals observed in residents plans were repetitive at times and overlapped with goals set in previous goals set in residents personal planning meetings did not always appear to be implemented into the residents most current plan of care.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Resident had appropriate access to multi-disciplinary professional guidance to support them manage their behaviors.

It was noted that two residents positive behavioural support plans highlighted the need for a low stimulus environment. This was not always supported when living in the centre with other peer residents vocalising and shouting regularly.

Judgment: Substantially compliant

Regulation 8: Protection

Residents in the centre were safeguarded. All staff had received up-to-date training on the safeguarding and protection of vulnerable adults. Any safeguarding concerns were treated in a serious and timely manner and in line with national safeguarding guidance.

Judgment: Compliant

Regulation 9: Residents' rights

All residents were subject to hourly nightly checks by nursing staff. This impacted residents right to privacy during the night and did not promote conditions for a restful nights sleep. Rationale for this was not clear in residents documentation, including personal plans or risk assessments.

Two residents continued to share a bedroom in the designated centre. This also impacted these residents rights to privacy, choice and control in their daily lives.

Judgment: Not 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Teach Saoirse OSV-0004662

Inspection ID: MON-0030641

Date of inspection: 03/02/2021

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Additional property owned by HSE has been sourced, this will require minor works to achieve compliance and to be registered. This will be achieved by 30.09.2021 and will allow for 1 resident from Teach Saoirse to relocate thereby eliminating the current shared bedroom and providing all 4 residents remaining with their own individual bedrooms.</p> <p>Variation Order completed and submitted for short term extension to Condition 8.</p>	
Regulation 11: Visits	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The progression of the modular extension has been delayed due to the minor capital funds been reallocated due to Covid-19. Funding has now been approved, planning permission approved and work is gone out for tendering of project. Works to be completed by February 2022.</p>	
Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Trial period of cooking all meals in house for a period of one month (June 2021) Staff identified to undergo Food Hygiene Level 2 training and trainer secured. Menus under review and budget transfer agreed. ADON held a meeting with catering department to discuss same and to plan engagement to ensure residents are provided with nutritional balanced diet. All meals will be prepared and cooked on site from July 2021.

18 (1)(A) During Covid 19 restrictions weekly grocery shopping is delivered to Teach Saoirse. Once restrictions are lifted and residents are risk assessed to safely go shopping again, residents will be supported to so..

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Vacant staff nurse lines have been filled. New keyworkers and associate keyworkers appointed. A large amount of work is currently being taken on all individual assessments and personal plans, medical and running files. Will be regularly reviewed and audited as per policy. Champion appointed in unit to support CNM1 with auditing of care plans going forward.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The modular extension includes a visitor’s room which can be accessed when not in use to provide additional quieter space to ensure residents are afforded an alternative low stimulus space as recommended in FR03 and DH15 Behaviour support plans. At present the garden area or walking in the local community is utilized if noise levels are undesirable. The extension work to be completed by February 2021, planning permission has been granted on final designs and the work is currently at tendering stage.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>1) Decongregation plan to eliminate use of shared bedroom. Additional property owned by HSE sourced, this will require minor works to achieve compliance and to be registered. This will be achieved by 30.09.2021 and will allow for 1 resident from Teach Saoirse to relocate thereby eliminating the current shared bedroom. 2) Risk Assessments completed to assess Resident safety overnight. Successful trial period conducted re same: 3 out of 5 residents not being hourly checked. The two residents sharing a bedroom were not hourly checked prior to inspection, the individuals were checked three hourly however the PIC is reviewing and reducing same.</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
11 (3) (b)	Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.	Not Compliant	Orange	28/02/2022
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Not Compliant	Orange	30/06/2021
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	30/09/2021
Regulation 05(7)(a)	The recommendations	Substantially Compliant	Yellow	31/05/2021

	arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	28/02/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	01/05/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications,	Not Compliant	Orange	30/09/2021

	relationships, intimate and personal care, professional consultations and personal information.			
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