



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:	24 September 2021
Centre ID:	OSV-0004662
Fieldwork ID:	MON-0034254

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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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
Friday 24 September 2021	09:30hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

There were five residents living in the centre on the day of inspection and the inspector had the opportunity to meet with three residents. Residents used both verbal and non verbal methods to communicate their thoughts. The inspector endeavoured to determine residents thoughts about the service provided through engaging with residents, speaking with staff, observing the residents living environment, observing staff and resident interactions and reviewing residents documentation.

The inspection took place during the COVID19 pandemic and therefore, precautions were taken by both the inspector and the staff. This included social distancing, hand hygiene, temperature checking and the wearing of personal protective equipment in line with national guidance for residential care facilities.

This was a short term announced risk based inspection. The provider was operating outside of conditions attached to registration on the day of inspection. This meant that two residents continued to share a bedroom in the centre. In general, the inspector found that while improvements were noted since the centres most previous inspection, further improvements were still required to promote higher levels of compliance and to ensure residents were receiving a person-centred service.

The house was a detached bungalow located in a rural area. The premises was well maintained internally and externally and appeared homely with pictures of residents observed around the centre. The provider had some plans to increase the size of some of the communal areas in the centre, and floor plans had been drafted for this.

The inspector noted four out of the five residents were out partaking in different activities on the morning of the inspection. Some residents had gone for drives, walks, coffee and to the local church. The one resident remaining in the centre, told the inspector they were good, when asked, and spoke about a meal they might be having later in the day.

The staff team comprised of nursing staff and assistant support workers. Staff spoken with appeared friendly in manner, and familiar with residents needs and plans of care when asked. Staff were observed joking with residents and offering them support and cups of tea in the afternoon. There was a new person in charge in place since the centre most previous inspection. This person was familiar to the residents and staff and appeared competent to effectively manage the centre and responsive to the inspection process.

The centre had recently introduced the cooking of meals in the centres own kitchen and in doing this, had discontinued the use of a central kitchen. This appeared to be a positive experience for residents. Staff and the person in charge told the inspector

that this had been working well to date. The centre had also reviewed staff numbers and had increased staffing levels at specific times during the day to accommodate meal times. The inspector observed some baking being done in the centre in the afternoon.

Some restrictive practices were observed in use in the centre, and the inspector noted that some restrictive practices had been reduced and removed since the centres previous inspection. Following a review of residents documentation, it was clear that any restrictive practices were in place secondary to identified risks and to ensure the safety of the residents.

The environment appeared busy and loud at times. Some loud noises were heard at lunch time in the centre. Staff and the person in charge told the inspector that one resident often becomes anxious at meal times and may vocalise loudly and shout or scream until the other peer residents finish their meals and drinks.

The following sections of the report will outline areas reviewed to determine the providers capacity and capability and how this impacted the quality and safety of the care and support provided to residents. Some areas requiring improvements continued to be noted in the centre.

Capacity and capability

This registered provider was operating outside of conditions attached to registration on the day of inspection. This was secondary to the provider not adhering to the plan submitted to HIQA in 2018 which stipulated that the provider would reduce overall numbers in the centre from 5 to 4 and discontinue the use of shared bedrooms in the designated centre by the 31 May 2021. An extension to this date had already previously been granted and the provider had again failed to adhere to the plan submitted. The provider identified COVID-19 as a contributing factor to a delay in addressing this. As part of this plan, the provider was planning to register a new designated centre and one resident living in Teach Saoirse was scheduled to transition to this new centre.

The provider, HSE Wexford Residential Intellectual Disability Services (WRIDS), used a nursing management structure. The registered provider representative was the director of nursing who was supported by assistant directors of nursing and clinical nurse managers (CNM's). There was a new person in charge in the centre who had a full time role and had the skills and experience to manage the centre effectively. The inspector found appropriate staff numbers and skill mixes in place on the day of inspection to meet the residents needs. Staff had all received mandatory training and refresher training.

There was evidence of regular audits and reviews of the service provided. This included an annual review of the care and support and unannounced six monthly audits. The provider had self identified a number of ongoing issues in these audits.

and reviews, including the continued use of the shared bedroom the centre. However, the provider has continuously failed to adhere to their own action plans and time lines to address this issue on two occasions since 2018.

The inspector noted some improvements since the centres previous inspection, this included the discontinuation of the use of a central kitchen and a reduction in some restrictive practices including locked wardrobes and nightly hourly checks on residents. Further improvements were required in areas including governance and management, residents rights and personal planning.

Registration Regulation 5: Application for registration or renewal of registration

Prescribed information for the renewal of registration of the designated centre was not submitted to HIQA within the required time lines outlined by the Chief Inspector. This meant that the centre did not have Section 48(3) protection. The centre's registration end date was imminent on the day of inspection.

Judgment: Not compliant

Regulation 15: Staffing

There were appropriate staff numbers and skill mixes in place in the centre to meet the assessed needs of the residents. The staff team comprised of nursing staff and support workers. A staff rota was in place which reflected staff on duty. There were no staff vacancies on the day of inspection. Staff spoken with on the day of inspection appeared knowledgeable regarding the needs of the residents and action plans in place following the recent inspection.

The inspector reviewed a sample of staff personnel files and found that all Schedule 2 documents were in place as required, including Garda vetting, staff references and photo identification.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided in areas including safeguarding, manual handling, fire safety, behaviour management, infection control and the donning and doffing of personal protective equipment. While staff supervision had previously always not been completed consistently in line with service policy, the inspector found on the day of inspection that all staff had recently received one to one formal supervision with a

member of management and a schedule was in place for this to be completed in the months ahead.

Judgment: Compliant

Regulation 23: Governance and management

The centre was operating outside of a condition attached to registration on the day of inspection. The registered provider had failed to adhere to a plan submitted to HIQA in 2018 which stipulated that Teach Saoirse would reduce overall numbers in the centre from 5 to 4 residents and discontinue the use of a shared bedroom in the centre. The centres registration end date was imminent on the day of inspection and inspection findings were informing a renewal decision.

Management had attended a warning meeting earlier in the year and a warning letter had been issued to the provider stipulating that a notice of proposal to cancel the registration of the centre would be issued to the provider, if the centre did not comply with the regulations and adhere to the plan to discontinue the use of the shared bedroom and therefore operate within conditions attached to the centres registration. The provider submitted a plan to HIQA following this meeting and the provider outlined their intention to register a new designated centre where one resident would move from Teach Saoirse, the move was planned to completed by 01 November 2021. Work was underway on the day of inspection to complete this plan within the required time lines.

There was evidence of regular senior management and provider audits and reviews and some recent audits had effectively flagged some deficits in recording of tasks completed in the centre. The management team in the area met regularly to discuss different ongoing issues and inspection outcomes. However, at times it was evident that the provider was failing to meet actions and time lines identified in action plans for the centre. There was a clear management structure in place with lines of accountability. There was a full time person in charge who had the skills and experience to effectively manage the centre. Persons in charge in the providers other designated centres in the area regularly reviewed each others centres and completed unannounced inspections and audits.

Judgment: Not compliant

Regulation 31: Notification of incidents

Quarterly notifications had not been submitted to the chief inspector as required by regulation 31, in a timely manner or within the time frames required. This included a report of restrictive practices used in the centre. Notifications had been submitted

for quarter one and quarter two of 2021 during the week prior to the inspection day.

Judgment: Substantially compliant

Quality and safety

The inspector reviewed a number of areas to determine the quality and safety of care and support provided to the residents. This included a review of the residents assessments and personal plans, risk documentation, fire safety documentation, audits and reviews and behavioural support plans. In general, the inspector noted that residents appeared happy living in the centre and staff working with them were familiar with their needs and preferences. However improvements continued to be required to ensure that the residents were always receiving a safe and high quality service.

Systems were in place for risk management in the centre. This included systems for fire safety, systems for safeguarding the residents and behavioural support measures. There was a risk register in place which was regularly reviewed and staff appeared aware of mitigating measures in place to reduce risks. Plans were in place to appropriately respond to adverse incidents including loss of power, loss of water, fire, or flooding. Measures were in place for infection prevention and control and the management of COVID-19 in the designated centre.

Residents had access to a range of multi-disciplinary supports and recommendations made by allied healthcare professionals were reflected in the residents care plans. However areas in need of improvements were required with developing some residents social goals as detailed under regulation 5.

Residents were now enjoying their meal being cooked within the centre and staff and the person in charge communicated that this was working well. Residents were enjoying going out grocery shopping and were afforded choice at meal times in the centre.

Two residents in the centre continued to share a bedroom, this affected both of these individuals choice and control in their daily lives and was in breach of the providers registration conditions. Furthermore compatibility of residents continued to be an issue in the centre with a loud and busy environment noted at times.

Regulation 18: Food and nutrition

Marked improvements were noted in the area of residents food and nutrition since the centres most previous inspection. The centre had discontinued the use of a central kitchen and had begun cooking fresh meals in the centre. Staff spoken with

discussed improvements in this area and how residents appeared to be enjoying going out to shops and buying groceries for their home. The inspector observed a resident sitting in the centres kitchen in the afternoon and watching their meal being prepared.

A menu folder was maintained and evidence was observed that different meal choices was being offered to residents. Some pictures of meals had been developed to promote offering residents choice in an accessible manner. Management communicated that work was still ongoing in this area.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate risk management systems were in place in the centre. A log was maintained of any accidents and incidents in the centre and any adverse incidents were responded to appropriately. Individualised risk assessments and risk management plans were in place.

A system was in place for the management and review of falls. Any falls were treated seriously and mitigating measures were implemented where required to reduce the risk of falls, including referral to physiotherapy. Individual assessments were also in place to determine risks associated with malnutrition and skin integrity. Manual handling risks posed secondary to supporting residents had also been considered and assessed. Risk assessments were subject to regular review. Risks associated with the COVID-19 pandemic were being continually assessed. This included risks associated with visitation and community access.

Judgment: Compliant

Regulation 27: Protection against infection

Measures were in place for protection against infection in the centre. The centre was visibly clean on the day of inspection. Handwashing facilities and alcohol gels were noted around the centre. Clear systems were in place for the management of COVID19 and all residents had individual COVID19 support plans in place. Temperature checks were being completed on arrival to the centre.

All staff had received training in infection control, hand hygiene and the donning and doffing of personal protective equipment (PPE). The provider had developed a contingency plan for in the event of a COVID19 outbreak in the centre and individual risk assessments had been developed for residents which considered different risks associated with COVID19 posed to them.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were observed in place in the centre. Containment systems were in place around the centre. During a walkaround the centre, the inspector also observed emergency lighting, detection systems, and fire fighting equipment. These were subject to regular servicing and review with a fire specialist.

Staff and residents were taking part in regular evacuation drills. These simulated both day and night time conditions and were demonstrating that a full evacuation could be completed in an efficient manner. Clear evacuation routes were noted around the centre. Daily, weekly, monthly, bi-annual and annual fire safety checks were being completed by staff and management and these were clearly recorded. Resident all had personal emergency evacuation plans in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents all had individual assessments of need and personal plans in place. Assessments of need incorporated a full review fo residents abilities to carry out activities of daily living. Separate assessment tools were used to determine particular needs including skin integrity risks, communication needs and nutritional needs.

There was evidence of regular mutli-disciplinary input input and staff appeared to be making relevant referrals on behalf of the residents when appropriate. Recommendations made by any allied healthcare professionals were included in the residents plans of care. Hospital passports had been developed for all residents which reflected information about the residents for in the event of transfer to an acute setting. A transitional plan had been developed for the resident who would be moving to the providers new designated centre in the coming weeks. All residents had annual reviews of their plans of care.

However, the inspector found that residents social goals required review for some residents. Goals appeared repetitive at times, not person-centred and did not promote the development of resident independent living skills. Some goals included family contact and going to the church which were activities that residents were doing already on a weekly basis.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents all had regular input from a behavioural nurse specialist in the service and behavioural support plans were in place where required which were subject to regular review. These included proactive and reactive strategies to support residents. Behavioural monitoring charts were maintained and reviewed by the behavioural nurse specialist regularly.

Some restrictive practices were noted in use in the centre, and the inspector noted that restrictive practices had been reduced and removed since the centres previous inspection. Following a review of residents documentation, it was clear that any restrictive practices were in place secondary to identified risks and to ensure the safety of the residents. Checking systems were in place to ensure that restrictive practices were implemented for the shortest duration necessary and their use was clearly recorded. A rights committee was in place which considered and reviewed the use of all restrictive practices in the centre.

Judgment: Compliant

Regulation 8: Protection

Residents appeared to be safe in the centre. Staff had all received up-to-date training in the safeguarding and protection of vulnerable adults. All residents had up-to-date intimate care plans in place. Individual safeguarding plans had been developed for all residents which considered general and specific safeguarding risks posed to the residents. Safeguarding incidents were minimal in the centre and any safeguarding concerns which did occur were treated seriously by staff and management.

Judgment: Compliant

Regulation 9: Residents' rights

Two residents in the centre continued to share a bedroom, this affected both of these individuals choice and control in their daily lives. This was in breach of the providers condition attached to registration which had stipulated that this would be discontinued by 31 May 2021. Compatibility of residents continued to be an issue in the centre at times. The environment was busy and noisy and this impacted residents right to choice and control in their home.

The inspector acknowledges that improvements were noted in this area since the

centres most previous inspection. Some restrictive practices had reduced. Residents were now enjoying home cooked meals in the centre and the practice of hourly checks during the night had discontinued, unless a specific risk was identified. Details of advocacy services and the providers complaints procedure were prominently displayed in the centre and residents and their families were regularly consulted about the service provided.

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	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 18: Food and nutrition	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Teach Saoirse OSV-0004662

Inspection ID: MON-0034254

Date of inspection: 24/09/2021

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>Registration Regulation 5: Application for registration or renewal of registration: A new PIC has been assigned to the centre and has been assessed as qualified by the Lead Inspector.</p> <p>A new governance structure has been put in place to ensure all renewal of registrations are completed and submitted in accordance with guidance. PPIM oversees completion of documentation for renewal of registrations. There is an excel document available to identify timelines for submission of renewal of registration applications with dates for all designated centres within the service.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The shared bedroom has now been eliminated and the number of residents has reduced from 5 to 4. A variation order has been submitted to change maximum capacity from 5 to 4 residents and also to remove Condition 8 from registration.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>A PIC Monitoring tool has been completed and disseminated to all PIC to record their responsibilities and the time lines for same.</p> <p>A declaration has been developed and is signed at each monthly Senior Nurse Management Review meeting by the PIC to declare they have completed required tasks.</p>	

The PPIM checks the Portal prior to the deadlines for quarterly notifications to be submitted to ensure compliance with regulatory body.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

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

The PIC has arranged for a thorough overview and audit of all personal files for residents. The PIC has also sourced additional support to develop an educational component for all staff in the required recording standards, the importance of relevant documentation and the whole area of Goal development for residents in Individual Assessments and Personal Files. A procedure is being developed in relation to identifying goals individual to the residents, recognizing the difference between a goal and activities offered and the appropriate recording of goal progress notes. The procedure will also include when to acknowledge a goal is not achievable and when a goal is achieved that this should be ongoing for the resident and new goals identified and worked on.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The use of a shared bedroom has been eliminated with the reduction of residents in the centre from 5 to 4. Each resident now has their own bedroom with adequate space for their personal items and to spend time alone if wished.

As part of the thorough review of all resident's personal files a whole new Activation schedule is being developed which will provide lots of choice for residents but also reduce the amount of time in the centre that all residents are present.

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	03/11/2021
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	Not Compliant	Orange	11/11/2021

	monitored.			
31 (3) (a)	Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	01/11/2021
Regulation 05(4)(b)	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 outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	11/11/2021
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	03/11/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not	Not Compliant	Orange	03/11/2021

	limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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