



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

Issued by the Chief Inspector

| | |
|----------------------------|--------------------------|
| Name of designated centre: | Teach Solas |
| Name of provider: | Health Service Executive |
| Address of centre: | Longford |
| Type of inspection: | Unannounced |
| Date of inspection: | 05 December 2025 |
| Centre ID: | OSV-0008674 |
| Fieldwork ID: | MON-0048063 |

About the designated centre

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

Teach Solas provides full time residential care to five adults with intellectual disability, some of whom may require support with their emotional well-being and health care needs. Teach Solas is situated on the outskirts of a busy town and is a five bed roomed bungalow style house. Transport is provided for leisure activities and to support residents with attending appointments. The centre is nursing led, and nursing and support staff are available day and night. Some residents do not attend formal day services. They are supported by staff in the centre to having meaningful activities during the day in line with their personal preferences. Other residents attend day services of their choice.

The following information outlines some additional data on this centre.

| | |
|------------------------------------------------|---|
| Number of residents on the date of inspection: | 5 |
|------------------------------------------------|---|

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 |
|------------------------|----------------------|-------------|------|
| Friday 5 December 2025 | 12:15hrs to 18:00hrs | Mary McCann | Lead |

What residents told us and what inspectors observed

Teach Solas is a designated centre which is registered to provide care and support to five residents. It was registered as a designated centre by the Chief Inspector of social services in 2023. This was an unannounced inspection carried out over one to monitor compliance with regulations relating to the care and welfare of people who reside in designated centres for adults and children with disabilities. Teach Solas is located on the outskirts of a busy town in close location to the train station and within walking distance of the town which offers facilities such as shops, leisure centre, swimming pool, bowling alley, cafes and other amenities.

This inspection was carried out to monitor the provider's compliance with regulations relating to the care and support of people who reside in designated centres for adults and children with disabilities. The inspector was welcomed into the centre by staff on duty. Staff were warm and helpful assisting the inspector with a review of the premises and providing any information requested by the inspector walking around the centre

The inspector met with all residents, some of which were non verbal but could make their needs known by signs, gestures or pictures. The inspector also met with four staff and the assistant director of nursing who was the person participating in the management of the centre. The person in charge was on leave at the time of inspection and the staff nurse on duty and the assistant director of nursing facilitated the inspection. The inspector observed staff chatting with residents about their day as they activities and chatting with residents as they assisted them with nutritional care and activities throughout the inspection.

From engagement with the residents and observations in the centre by the inspector and reviewing information, the inspector found that the residents were supported to enjoy a good quality service by an established consistent staff team who were familiar with the resident's preferences and assessed needs. Some staff working in the centre had worked with the residents when they were in a congregated setting and knew the residents and their families very well. Staff were observed to interact in a compassionate caring way with residents chatting with them as they offered support and care. One resident went Christmas shopping with staff during the inspection and was delighted to show the inspector their purchases on return. They told the inspector the "staff were brilliant and helped them in anything they wanted and they they loved living in this centre". They confirmed that they attended day services two days per week in a local town supported by staff and transport from the centre, which they also enjoyed.

Another resident went to the gym on the day of inspection, and was observed to prepare a drink and crisps independently and watch a movie from a comfortable sofa in the evening in the second sitting room. They told the inspector that they were happy living in the centre and staff treated them well,. They confirmed they enjoyed going home every Sunday night and returning on Monday directly to day

services and back to the centre on Monday evening supported by centre transport and staff. Staff confirmed that they welcome working with families to ensure residents wishes were respected and visitors could attend as they wished. There were two sitting room areas and one of these could be used as an appropriate area for residents to spend time in private with their loved ones.

The house is a bungalow style house with parking to the front. The design and layout of the house supported accessibility. For example, the kitchen and dining area was open plan with good turning space for wheelchair users and residents could spend time together or have privacy away from other residents. It also assisted staff with supervision of residents while they were cooking. A large garden is available to the back of the centre which has landscaped pathways which are accessible for wheelchairs users . An external sensory room had just been completed and staff spoke of how happy they were with this addition and voiced the view how much some of the residents like sensory activities. An office was also located at the end of the garden.

Each resident was provided with their own bedroom and two of these bedrooms had ensuite sanitary facilities. Two of the bedrooms have overhead hoists and specialist beds to meet the needs of the current residents . The house comprises of five bedrooms. The inspector observed that bedrooms were personalised and living areas were homely clean and bright with personal items of residents displayed. A large accessible bathroom with a bath and shower and a separate toilet was also available.

In summary, from what residents indicated and told the inspector and what the inspector observed, coupled with reviewing documentation, speaking to and observing staff, the inspector was assured that residents enjoyed a good quality of life and were well cared for by consistent staff in the centre.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care and support provided to the residents.

Capacity and capability

The findings from this inspection supported that this was a well-managed and well-run centre. Clear governance and management structures were in place which ensured that the running of the centre was monitored to protect the safety and welfare of residents and a high level of compliance was found on this inspection. Staff were aware of their reporting responsibilities and support systems were in place for staff to seek advice when the person in charge was on leave or not available.

The provider had a system where they were alerted of incidents, accidents and complaints as these occurred. These were reviewed by the provider and person in charge at regular meetings to assess for trends and enacted preventative measures to decrease the likelihood of reoccurrence. An auditing calendar was also in place which included, health and safety audits, restrictive practices audits, medication management audits and financial audits. These assisted the person in charge and provider to identify trends and review areas as required according to the outcome of the audits.

There were regular meetings between the person in charge and assistant director of nursing who was their line manager.

Regulation 15: Staffing

The staffing arrangements in place were adequate to meet the assessed needs of residents living in the centre.

The inspector reviewed the actual and planned rota from the 1 November 2025 to 19 December 2025. The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. There were three staff members on duty by day and two staff by night. A nurse was on duty at all times. The person in charge maintained the staff duty rota and the assistant director of nursing confirmed that while agency staff were employees these were long term agency staff who knew the residents well.

The inspector observed residents received assistance and support in a timely and respectful manner during the inspection. The inspector also observed that residents could do individual activities with a staff member, for example going shopping and staff were available to do other activities with residents. An on call out of hours support and advisory service was available to staff from 17:30 pm to 20:00 hrs. Outside these hours the person in charge or a senior staff member were on duty. Staff described to the inspector how they got on well and were happy working in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had ensured that all staff had undertaken all mandatory training as required to meet residents' needs and the regulations.

Training undertaken by staff included, safeguarding, best practices in positive behaviour support and fire safety, manual handling, best practices in GDPR and safe clamping of wheel chairs. Where refresher training was required, this had been

identified by the person in charge and a plan was in place for delivery of this training .Staff received supervision from the person in charge on a regular basis. This allowed staff time to discuss any areas of concern they had and the person in charge to assess any areas they wished to address. The person in charge had a staff training matrix in place

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre. These included auditing systems and a clear organisational structure with clear lines of authority and accountability. This ensured that a good quality and safe service was provided to the residents who lived in this centre. Regular meetings between the person in charge and their manager were occurring. Discussion at these meetings included a review of residents' assessed needs and general running of the centre. A comprehensive review of accident and incidents was completed by the person in charge and any trends identified were discussed. The assistant director of nursing had an overarching quality improvement plan for the centre which included any actions from audits, the annual review and the provider visits.

Six monthly unannounced visits were being completed, the inspector reviewed the last one which was completed on the 5 June 2025. A comprehensive annual review of the quality and safety of care provided to residents was completed on the 3 October 2025. This was also reviewed by the inspector. This annual review included the views of residents and families. An out of hour's management on-call staff roster was in place and staff spoken with were aware this. All staff had up to date training as required by the regulations. Two staff members confirmed to the inspector that the person in charge was approachable and freely available and there was no barrier to raising concerns regarding residents' care with them and were confident if they raised a concern this would be investigated.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and found that it required minor review with regard to personnel changes. This was in the process of revision by the Assistant Director of Nursing .Once completed it will be in compliance with regulation 3.

Judgment: Compliant

Quality and safety

Overall the residents were provided with safe and person-centred care and support which met their individual assessed needs.

This section of the report details the quality and safety of the service for residents who lived in the designated centre. The inspector reviewed three residents' personal plans. There was good background information available of the residents, which assisted staff with person centred care and a knowledge of the life of the resident to date. This meant that staff could chat with residents about their past lives and their friends and families and engage positively with them. Details of what the resident enjoyed, what upset the resident and how to manage this were detailed in personal plans. Goals were identified. One area that required review related to archiving out of date information in the individual assessments and care plans, to ensure that only the most up to date information was in place, as the folders were very bulky and hard to find active information on some occasions.

Regulation 17: Premises

As discussed in the first part of this report, Teach Solas is a spacious bungalow which was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was purposefully designed to meet the needs of the residents accommodated. The centre was clean, neat and tidy and provided a comfortable home to residents, Bedrooms were of a good size and well furnished with a TV and adequate storage and were personalised. The centre was clean and pleasantly decorated with personal items of residents choices which enhanced the homeliness of the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individual assessments and personal plans were person-centred and provided guidance to staff on how residents liked their care to be delivered .There was evidence in care files reviewed that families were provided with updates regarding the care and support needs of residents and attended annual reviews. Care plans contained person centred care, for example one care plan documented I like drinking tea and decaffeinated coffee. One area that required review was the organisation of the files to assist with ease of accessibility of information and ensure where for example, where a mobility care plan was updated, the previous care plan

would be archived to ensure that staff were accessing the most recent care plan.. Goals were identified and there was good evidence of goals being achieved for example going out on day trips, The assistant director of nursing stated they would meet with the person in charge and commence a review of the care files.and ensure information was easier to access.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the medical records relating to three residents and found that the health needs of residents were well managed. There was good access to a range of health and social care specialist advice. Good person centred health assessments were completed detailing past and present medical issues. Where a resident attended their general practitioner the rationale for attendance and outcome of this visit was documented. Any recommendations made by the general practitioner for example prescribing an antibiotic were enacted.Regular blood analysis was completed by the general practitioner Residents were facilitated and supported to avail of health screening programmes appropriate to their age, for example breast screening or bowel screening.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was one resident who had a positive behaviour support plan in place at the time of the inspection. The inspector reviewed this and found that it clearly outlined the approach to manage the behavior of concern. Signs of responsive behaviours (how persons may communicate or express their physical discomfort or discomfort with their social or physical environment or care needs. The inspector observed that there were no episodes of responsive behavior throughout the inspection.Staff told the inspector that there was access to behaviour specialist staff and psychology services.

Judgment: Compliant

Regulation 8: Protection

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best

practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of a personal intimate care plan to guide staff in the delivery of care, staff were aware of the contact details of the designated officer and the centre had a comprehensive safeguarding policy. One safeguarding incident had been reported in the last year. This was still under review by senior management. Measures were in place to protect all residents at the time of this inspection. The inspector requested, the assistant director nursing inform the office of the Chief Inspector when this matter had been completed and if there are any recommendations as a result of this investigation, to submit the plan as to how these recommendations will be enacted to ensure learning from the incident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|-------------------------------------------------------|-----------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |