



Office of the Chief Inspector

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

Name of designated centre:	Teach Greine
Name of provider:	St Hilda's Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	11 February 2019
Centre ID:	OSV-0001828
Fieldwork ID:	MON-0022092

About the designated centre

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

Teach Greine provides full-time respite care and support to adults and children with a primary diagnosis of intellectual disability and who require mild to severe support needs. Residents in this house are facilitated to remain at home during the day in-line with their wishes and others are able to attend day services or school services as scheduled. The house is located within walking distance of a medium sized town and is provided with transport, which is wheelchair accessible. Residents are supported by a combination of Nurses, social care workers and care assistants in the centre. At night waking night staff are provided with an additional staff on sleep-in arrangement.

The following information outlines some additional data on this centre.

Current registration end date:	17/04/2020
Number of residents on the date of inspection:	5

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
11 February 2019	09:00hrs to 16:30hrs	Catherine Glynn	Lead

Views of people who use the service

The inspector met with five residents in the morning and again in the afternoon during the inspection. Residents due to their assessed needs were unable to tell the inspector about the care and support they received while at the centre. However, throughout the inspection, residents appeared both relaxed and comfortable with the support they received from staff. The inspector observed that staff ensured that residents received assistance in a timely and dignified manner with supports provided being in-line with interventions as described in their personal plans.

Capacity and capability

The governance and management arrangements in place ensured that the service received by residents living in the centre was safe and of a good quality.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of safety, care and support being provided to residents living at the centre. Six-monthly audits of the service were being carried out on behalf of the provider. These indicated a high level of compliance and any identified issues had been addressed to improve the service, or were in progress.

There was a clear and effective management structure in place in the organisation. The person in charge was supported by her line manager and support structures such as quality and compliance personnel. In addition, there were out-of-hours on-call management arrangements in place to ensure that staff were supported at all times.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. There was a training schedule in place to ensure that training was delivered as required.

The provider had not ensured that staff were provided with supervision in the centre. This is a requirement of the regulations and an important mechanism for ensuring that staff are supported to provide the best possible care to residents. At the time of inspection, there were sufficient staff on duty to care for and support residents, and staff rosters indicated that this was the usual case. The provider was currently completing recruitment for the centre, to ensure that sufficient staffing

levels were maintained due to planned and unplanned absences in the centre.

The person in charge was based in the centre and worked closely with staff and residents. The inspector found the person in charge to be very familiar with residents' care and support needs. There were effective cover arrangements in place to ensure that staff were adequately supported in the absence of the person in charge.

There was a process for the admission of residents to the centre, and a service agreement had been finalised with all residents attending the centre. The provider had made efforts to ensure that the information in this document could be understood by the residents. For example, the document included the terms of residing in the centre and was also provided in an accessible format. The statement of purpose was up-to-date and included all information as specified by the regulations, however, it was not provided in an accessible format for the residents.

Regulation 14: Persons in charge

The person in charge worked full-time and was an experienced professional involved in the operational management of the centre. The person in charge was suitably qualified and had the required management experience.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place to meet residents' assessed needs in a timely manner and as described in their personal plans. The provider was currently completing recruitment for the service to ensure that consistent staffing levels were maintained.

Judgment: Compliant

Regulation 16: Training and staff development

A log was maintained of all staff training. Staff were supported to avail of training relevant to the needs of residents who they were providing support to. On review of training records, staff were found to be up-to-date with all mandatory training. However, the provider had failed to ensure that all staff had opportunity for supervision while working in the centre. This is a requirement of the regulations and an important mechanism for ensuring that staff are supported to provide the

best possible care to residents.
Judgment: Substantially compliant
Regulation 19: Directory of residents
The person in charge had maintained and ensured that the directory of residents contained the information specified in the regulations.
Judgment: Compliant
Regulation 23: Governance and management
Governance and management arrangements ensured that residents were protected from harm and received a high standard of care.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
Residents had a written agreement with the provider which informed them and their representatives of the care and support they would received when at the centre.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose was subject to regular review, reflected the centre's services and facilities and contained all required information under regulation. Improvement was required, as the statement of purpose was not available in an accessible format for the residents.
Judgment: Substantially compliant
Regulation 31: Notification of incidents

Notifications were submitted to the health Information and Quality Authority as required by the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents' representative were aware of their right to make a complaint and the provider ensured that all received complaints were appropriately recorded and investigated.

Judgment: Compliant

Quality and safety

The provider's practices ensured that each resident's well-being was promoted at all times and that residents were kept safe. Residents in the centre had opportunities for community involvement, and to take part in activities that they enjoyed while at the centre.

The centre's premises was well maintained and decorated throughout. In addition, the premises' design and layout ensured it was fully accessible to residents. Residents' bedrooms were spacious and equipped appropriately.

A sample of residents' personal plans were reviewed and the inspector found that they were comprehensive and contained the information as specified by the regulations. The person in charge had a clear plan to ensure that the plans were reviewed as scheduled and in a coordinated manner to ensure continuity of all care needs required. In addition, the person in charge had also ensured that that all aspects of residents' support plans were reviewed and updated in-line with recommendations from multi-disciplinary professionals. Improvement was required as the personal plans were not available in an accessible format.

Residents during their stay at the centre accessed a range of activities both at the centre and in the local community which reflected their assessed needs and interests. Staff told the inspector that residents enjoyed activities such as shopping, volunteer work, baking, and local cinema.

The provider had systems in place to protect residents and to safeguard them; for example, staff had attended all safeguarding training and were aware of their responsibilities to report any areas of concern. A designated officer was allocated to the centre. The provider responded appropriately and implemented its safeguarding

procedures when any concerns were brought to their attention.

The provider had reviewed and revised the risk policy for the centre since the last inspection, however, the inspector found that it did not include information as specified in the regulations. For example, arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents, arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Regulation 17: Premises

The centre's premises were well-maintained and facilities were provided to ensure it was accessible to residents and met their assessed needs such as providing adequate facilities for play.

Judgment: Compliant

Regulation 20: Information for residents

Residents and their representatives were made aware of the services and facilities provided through access to the centre's resident's guide.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements kept residents safe from harm and reflected changes in individuals' needs to ensure continuity of care. However, improvement was required as the risk management policy did not contain all required information as specified in the regulations.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable fire safety arrangements were in place, however a fire drill was not completed with the minimal levels of staffing in the centre. Therefore it was not

evident that the provider had assured themselves that they could evacuate the centre effectively and in a timely way under these staffing conditions.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider's medication practices ensured that medication was securely stored and administered by suitably qualified staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive and the person in charge had effective arrangements in place to ensure they reflected residents' current needs and agreed support interventions.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access health care professionals as and when required when at the centre and supports were subject to regular review and reflected current health care professionals' recommendations.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with the management of behaviours that challenge were supported by staff who had up-to-date training in this area. In addition, residents received support from appropriate multidisciplinary professionals, which ensured that all interventions were clear in personal plans.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse which included clear reporting protocols and staff access to regular training to ensure their knowledge was in-line with current practice developments.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Teach Greine OSV-0001828

Inspection ID: MON-0022092

Date of inspection: 11/02/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge has commenced one to one Supervision with staff which commenced on the 10th March 2019. Going forward these Supervision Meetings will take place BI-Annually.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose and Function will be distributed to Parents and Guardians on 13th of March 2019. The Easy Read Version (see attached) will be made available to all Clients on the 13th of March 2019.</p>	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
A new Risk Management policy has been developed and approved by the Board on Tuesday 19th February 2019. This new policy contains information relating to 26(1) (b), 26(1) (d) and 26(1) (e).

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A Fire Drill has taken place with the minimum of staff (two) this was carried out on the 24th of February 2019. This can be viewed on site in the centre.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	10/03/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	19/02/2019
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of,	Substantially Compliant	Yellow	19/02/2019

	and learning from, serious incidents or adverse events involving residents.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	19/02/2019
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	24/02/2019
Regulation 03(3)	The registered provider shall make a copy of the statement of	Substantially Compliant	Yellow	13/03/2019

	purpose available to residents and their representatives.			
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