



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

Issued by the Chief Inspector

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| Name of designated centre: | Teach Sasta |
| Name of provider: | St Hilda's Services |
| Address of centre: | Westmeath |
| Type of inspection: | Announced |
| Date of inspection: | 22 November 2022 |
| Centre ID: | OSV-0001833 |
| Fieldwork ID: | MON-0029126 |

About the designated centre

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

Teach Sasta Services is a seven day service, which is run by St. Hilda's services. The centre provides residential accommodation and support for six male and female adults over the age of 18 years, with mild to moderate intellectual disability and autism. There are staff available to support the residents at all times and nursing support is available as needed within the organisation. The residents can avail of a number of day support / training services from within the organisation. The centre comprises of a large two storey house which is located in a large town in Co Westmeath. All residents have their own bedroom, some with en suites , there are also shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. The centre is in close proximity to the all local facilities, amenities and transport

The following information outlines some additional data on this centre.

| | |
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| Number of residents on the date of inspection: | 6 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------------|-------------------------|---------------|------|
| Tuesday 22 November 2022 | 10:20hrs to 18:20hrs | Karena Butler | Lead |

What residents told us and what inspectors observed

Overall, residents were receiving a service that met their needs. Some improvements were required in relation to staffing, training and staff development, premises, records, and the application for renewal of registration. These areas are discussed further in the next sections of the report.

The inspector had the opportunity to meet all six residents living in the centre. Two residents were supported to have their day programme from their home as per their choice. These residents participated in art projects and a mindfulness session during the course of the inspection. Four residents were attending external day service and returned to the centre at the end of their day. The inspector briefly got the opportunity to meet with the last resident before the end of the inspection. They had attended their day programme and afterwards went out for food with a member of their family.

The four residents that returned from their day service communicated to the inspector that they had a nice day. One resident said they went swimming and out for lunch. Some residents told the inspector that they planned to relax watching the television later that night and others said they were yet to decide what their evening plan was. Residents appeared relaxed and at ease in their home. They comfortably used their environment and communicated their needs to staff. Residents appeared contented in each others company. Residents spoken with said they enjoyed living in the centre and were complimentary of the staff team. Residents told the inspector knew how to raise concerns if they needed to.

In addition to the person in charge, there was one staff member on duty during the day of the inspection and two other staff members on for the evening. The person in charge and the staff members spoken with demonstrated that they were very familiar with the residents' support needs and preferences.

From a walkabout of the premises, the house appeared tidy and for the most part clean. There was adequate space for privacy and recreation for residents. There were suitable in-house recreational equipment available for use, such as televisions, art supplies, jigsaws, and games. Personal pictures and homemade artwork were displayed in different areas of the house.

Each resident had their own bedroom and there was sufficient storage facilities for their personal belongings. Residents' rooms had personal pictures, certificates and medals displayed. Each room was personally decorated to suit the personal preferences of each resident. They were supported to complete a life map of social goals they wanted to complete for the year and each resident displayed their personal goals on their bedroom walls.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA).

Feedback from the questionnaires returned was provided by way of staff representatives. They indicated that they were happy with all aspects the care and supports provided in the centre.

The provider had also sought resident and family views on the service provided to them by way of six-monthly unannounced visits to the centre. Feedback received indicated that residents and families communicated with were satisfied with the service provided. Residents spoken with had indicated that they felt relaxed in their home. In addition, the centre had received compliments from a family stating that, staff members go beyond the call of duty where their family member was concerned and that staff always have the residents' best interests at heart.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in November 2021 where it was observed that some minor improvements were required to ensure the centre was operating in full compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). Actions from the previous inspection had been completed by the time of this inspection.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents. However, as previously stated, improvements were required in staffing, training and staff development, records and the application for renewal of registration.

A statement of purpose had been prepared that contained the information as per Schedule 1 of the regulations.

There was a defined management structure in place which included the person in charge and in addition the residential services manager, who was the person participating in management for the centre. The person in charge was a social care professional, who provided good leadership and support to their team and knew the residents well.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas such as finance, medication management, and health and safety.

A planned and actual roster was in place. A review of the rosters demonstrated that

the skill-mix of staff was appropriate to meet the assessed needs of the residents. However, from speaking with the person in charge, a staff member and from a review of records, the staffing levels were not adequate in assuring one resident could leave the centre during the day to take part in external activities for four out of five days. A sample of staff personnel files were reviewed and they contained all the necessary information as required to ensure safe recruitment practices.

There were established supervision arrangements in place for staff as per the organisation's policy. The person in charge ensured that staff had access to necessary training and development opportunities. For example, staff had training in fire safety and positive behaviour supports. However, staff had not received training in certain areas in order to support residents and or in relation to some infection prevention and control training.

Improvements were required to the accuracy of records and the recording of information within the centre. For example, with regard to the fees to be charged to residents set out in their contracts of care.

The inspector reviewed two recent admission transition plans and there was evidence of the residents being supported to visit the house before their admissions. One transition plan had been adapted into a largely picture based plan in order to support the resident's understanding. The inspector found that there were no compatibility issues at the time of inspection.

The provider had suitable arrangements in place for the management of complaints. There had been a low level of complaints in the centre and any complaints made had been suitably recorded and resolved.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre. However, some of the information required in the application was inaccurate, such as the floor plans for the centre.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. The person in charge worked in a full-time role and demonstrated a good understanding of residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements, such as recruitment and workforce planning, took into consideration any changing or emerging needs of residents and facilitated continuity of care. However, a review of daily notes, and discussions with staff, found that the centre was inadequately resourced to ensure one resident could leave the premises approximately four out of five days each week during which time they received a day service programme from their home.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were established supervision arrangements in place for staff as per the organisation's policy. The person in charge ensured that staff had access to a suite of training and development opportunities. For example, staff had training in food hygiene and some training in infection prevention and control (IPC), such as hand hygiene.

However, staff had not received training with regard to eating, drinking and swallowing training or training in relation to Autism. In addition, staff had not received training in respiratory hygiene and cough etiquette or training in transmission-based precautions (contact, droplet and airborne), including the appropriate use of personal protective equipment (PPE) for each situation as per public health guidance.

Judgment: Substantially compliant

Regulation 21: Records

Records for the most part were maintained and available for inspection, and were found to be accurate and up to date. However, contracts of care had inconsistencies recorded for fees to be charged to residents. In addition, some information was found to be out of date, such as information in relation to COVID-19 IPC precautions. For example, stating staff were to wear FFP2 masks while on shift or that family visits were advised to take place outdoors.

Also, the assessment of need document was not the most up-to-date version in

operation within the organisation.

Furthermore, there was no documented evidence to demonstrate to the inspector that a fire evacuation drill had taken place with minimum staffing levels and maximum resident numbers. From speaking with a staff member and the person in charge this appeared to be a documentation error as they communicated that two such drills had taken place.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had ensured that the centre was adequately ensured against risks to residents and property.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and the residential services manager, who was the person participating in management for the centre. The person in charge was a social care professional, who provided good leadership and support to their team and knew the residents well.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas such as finance, medication management, and health and safety.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

From a sample of two recent admission transition plans reviewed, there was evidence of the residents being supported to visit the house before their admissions. One transition plan had been adapted into a largely picture based plan in order to support the resident's understanding. The inspector found that there were no compatibility issues at the time of inspection.

Each resident had a contract of care that was signed by the resident or their

representative. While there were issues with the breakdown of some fees to be charged to residents, and the clarity of the information as laid out in their contracts of care, this is being actioned under Regulation 21: Records. There was other evidence to suggest that residents were familiar with the fees charged to them which suggested that this issue was more of a documentation and records issue.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available that was updated as required. It contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints, for example, there was a nominated complaints officer and a complaints policy in place. There had been a low level of complaints in the centre in 2022 and any complaints made had been suitably recorded and resolved.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. However, as previously stated improvements were required with the premises.

The provider had ensured that assessments of residents' health and social care needs had been completed. These assessments, along with residents' support plans, were under regular review and demonstrated that multidisciplinary professionals were involved in the development of care being provided. Care and support was provided in line with their care needs and any emerging needs. In addition, each resident had attended an annual medical review in the last 12 months.

The person in charge was promoting a restraint-free environment and there were no restraints used within the centre. Where necessary, residents were referred for specialist support to understand and alleviate the cause of any behaviours that may

put them or others at risk.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. In addition, there were clear lines of reporting for any potential safeguarding risks and a staff member spoken with was familiar with what to do in the event of a safeguarding concern.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were being offered the opportunity to engage in activities of their choice. There were weekly residents' meetings and residents were supported to make a complaint if they were unhappy about any aspect of the service provided to them.

Visits were facilitated with no visiting restrictions in place in the centre. Furthermore, a private area for entertaining visitors was available.

There was a residents' guide in place and a copy was available to each resident which contained the required information as set out in the regulations.

The premises was homely and for the most part found to be clean. Some areas required a more thorough clean, for example residue was observed on a sink. Additionally, some areas were not conducive to cleaning, for example, the inner surfaces of the microwave were badly damaged. Furthermore, some touch ups of paintwork were required in some areas, such as one resident's bedroom wall had black marks on it.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

The inspector reviewed matters in relation to infection control management in the centre. The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, there was colour-coded cleaning equipment used in the centre in order to minimise cross contamination.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal emergency evacuation plans (PEEPS) in place which outlined how to support residents to safely evacuate in the event of a fire.

Regulation 11: Visits

Visits were facilitated with no visiting restrictions in place in the centre. Residents were supported to maintain contact with their family and friends. Furthermore, a

private area for entertaining visitors was available.

Judgment: Compliant

Regulation 17: Premises

The premises was homely and for the most part found to be clean. Some areas required a more thorough clean, for example slight mildew was observed in a resident's ensuite and some rubber seals around windows required cleaning. From a sample of residents' mattresses viewed one was stained in places. The person in charge purchased mattress and pillow protectors on the day of inspection and assured the inspector that the mattress would either be cleaned or a new one purchased.

Additionally, some areas were not conducive to cleaning, for example, there was a slight build up of limescale or residue in some areas. Furthermore, some touch ups of paintwork were required in some areas, for example the sitting room door paintwork was scuffed and the side of a resident's bedroom door required painting.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide in place and a copy was available to each resident that contained the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. Incidents were discussed as part of team meetings and learning from the incidents was prioritised.

There was a risk register in place that captured environmental and social risks. The review of residents' information also demonstrated that individual risk assessments had been developed from the sample of residents' information reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, there were risk assessments and control measures in place with regard to IPC within the centre. In addition, the provider had commissioned their clinical lead to complete an IPC audit in this centre.

While some improvements were required in relation to some aspects of the cleanliness of the property and to ensure all surfaces were conducive for cleaning, these issues are being actioned under Regulation 17: premises.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management, for example the centre had suitable fire safety equipment in place which was serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date PEEPS in place which outlined how to support residents to safely evacuate in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness. However, the assessment of need document was not the most up-to-date version in operation within the organisation. This is being actioned under Regulation 21: Records.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident. For example, each resident had attended an annual

medical review in the last 12 months.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge was promoting a restraint-free environment and there were no restraints in operation within the centre at the time of this inspection. Where necessary, residents were referred for specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained in adult safeguarding. There were no open safeguarding issues within the centre. Staff spoken with were familiar with the steps to take should a safeguarding concern arise. In addition, there were systems in place to safeguard residents' finances in the centre, for example, the person in charge completed a weekly audit of residents' finances including their online banking.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected. One method by which the centre was demonstrating this was by conducting weekly residents' meeting to ascertain their feedback on the service and choose meals and activities for the week ahead.

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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Substantially compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 20: Information for residents | 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 | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Teach Sasta OSV-0001833

Inspection ID: MON-0029126

Date of inspection: 22/11/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Registration Regulation 5: Application for registration or renewal of registration | Substantially Compliant |
| Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The current floor plan identified as inaccurate in the report has been revised to reflect the correct location of a resident's bedroom. 11/1/23 | |
| Regulation 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: The Operations Manager who is in charge of day service provision in the centre will review how this service is resourced in relation to supports for one resident availing of outings regularly if she so wishes. This review will be completed 10/2/23 and a plan will be put in place. | |
| Regulation 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: FEDS Training re eating, drinking and swallowing will be completed 27/1/23. Training in transmission based precautions, respiratory hygiene and cough etiquette including the appropriate use of personal protective equipment (PPE) for each situation as per public health guidance will be completed by all staff on HSEland by 30/1/23. An eLearning training module on Autism will be carried out by all staff and will be completed by 5/2/23. | |
| Regulation 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records: The tenancy agreement / Contract of care has been revised to reflect the exact amount | |

paid for diesel cost to residents 25/11/22. The information in relation to IPC precautions for example staff having to wear FFP2 Masks while on shift and family visits outdoors has been revised to reflect current guidelines on covid 19 7/1/23. The assessment of need will be reviewed and updated by 30/1/23. Fire drills have been reviewed 6/1/23 and drills will be documented correctly going forward to ensure that fire drills have taken place with the minimum and maximum resident numbers.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The mildew identified in one residents en-suite has been treated and rubber seals around windows identified on the day of inspection have been cleaned 23/11/22. The stain on the mattress identified on the day of inspection has been cleaned 23/11/22. Limescale and residue have been treated 24/11/22 And all areas identified for painting will be completed by 30/1/23.

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(2) | A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2. | Substantially Compliant | Yellow | 11/01/2023 |
| Regulation 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 10/02/2023 |
| Regulation 16(1)(a) | The person in charge shall | Substantially Compliant | Yellow | 05/02/2023 |

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| | ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | | | |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow | 30/01/2023 |
| Regulation 17(1)(c) | The registered provider shall ensure the premises of the designated centre are clean and suitably decorated. | Substantially Compliant | Yellow | 30/01/2023 |
| Regulation 21(1)(c) | The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector. | Substantially Compliant | Yellow | 30/01/2023 |