



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

Issued by the Chief Inspector

Name of designated centre:	Teach Shingán
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	08 February 2021
Centre ID:	OSV-0002125
Fieldwork ID:	MON-0031801

About the designated centre

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

Teach Shingán aims to provide respite for five service users with intellectual disabilities varying from low support needs to high support needs to aid service users to achieve their full potential. Teach Shingán is a bungalow located on the outskirts of a busy town in Co.Wexford. The respite team, comprising of the respite team leader, nursing and care staff, are committed to the provision of a quality driven respite service under the ethos of the County Wexford Community Workshop. The respite team leader and staff endeavour to build up a relationship with people who attend respite and their families in order to provide the best possible service to suit the needs of all.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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
Monday 8 February 2021	10:00hrs to 15:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This centre provides respite services for residents, however, during the COVID-19 pandemic the centre was identified by the provider as a location to be used as needed for isolation purposes. While the respite service was initially closed for a number of months in 2020 it has been available to residents again since September 2020. Currently, both respite and isolation services can be accessed in this centre.

The inspector was scheduled to be present during a respite stay for three residents however, when the inspector arrived the residents had already returned home. As such the inspector completed this inspection with a documentary review, including resident files from recent respite stays and linked with staff who were present while adhering to infection prevention and control guidance at all times.

For residents who avail of respite services they access the centre via the front door into a hallway where the goal of the respite service is displayed, highlighting the aims of having fun and a stay in respite being a positive experience in a home from home. This is also reinforced by a number of framed photograph collages displayed in the hall where the inspector saw residents engaged in a wide range of activities and outings. All residents outline their goals for their stay in respite as they arrive and efforts are made to try novel activities and to support daily activities. The positive experiences of residents were illustrated in paintings and drawings by them, displayed on the notice board in the kitchen, these included messages of thanks to staff.

Where the centre had been used for planned isolation purposes, for example, residents staying in the centre following a hospital admission the person in charge ensured that the resident had received a personalised social story and easy read explanation of why they were not returning directly to their home. The inspector noted that the provider and person in charge had thought about the physical layout of the centre so that if an isolation bed was required at short notice while there were residents availing of respite, the house could be subdivided with residents using separate entrances until such time as residents could return home from their respite stay.

Overall, the centre was warm and inviting and while bedrooms remain neutral in decoration the communal rooms were homely and comfortable. The staff and person in charge spoke knowledgeably of all residents who availed of respite services and they linked with residents in their day service, spoke to family and to the residents themselves to ensure they had up to date information that would ensure a meaningful stay in the centre. The team leader had devised a quick reference guide for staff to refer to if they accompanied a resident to the centre at short notice for isolation purposes this contained instructions on practical matters such as the heating, alarm or laundry systems. Additionally the team leader and person in charge had a system for identifying that a room was cleaned and ready for occupation with information posted in each room such as the eircode in case the

staff member needed to call a doctor or an ambulance or important numbers to call.

Capacity and capability

This inspection found that the registered provider and the management team in place had ensured that each resident staying in this designated centre received a good quality service. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of residents. A high level of compliance was demonstrated.

The centre had a clearly defined management structure in place which identified lines of accountability and authority. The person in charge was supported in the centre by a full time team leader. An annual review had been completed for 2019 and the one for 2020 was being finalised. As required by the regulations the provider had ensured that six monthly unannounced visits had taken place and these were seen to have identified action plans. There was a suite of audits being completed and evidence that these had been expanded to include aspects of the service that had changed during the COVID-19 pandemic. There was evidence of follow up and completion of actions following these audits and evidence of improvements being made as a result of these actions. A number of meetings were occurring such as respite meetings, management meetings and staff meetings. Residents' care and support needs were central on the agenda of all of these meetings. A meeting was held with the staff team who had worked in the centre each month whether stays were for respite or isolation. If there was a resident in the centre for isolation then staff were asked for their reflection on the stay and identification of scenarios that the management team needed to consider and plan for.

The staff who spoke to the inspector were knowledgeable in relation to residents' needs and their likes and dislikes. There were sufficient staff to meet the assessed needs of residents. The inspector reviewed rosters for the centre when respite stays had occurred and when isolation stays had occurred. An on-call system was in place at all times even when the centre was not occupied to ensure if an isolation stay began at short notice the staff member accompanying the resident from another centre could receive support and a staff team could be put in place as required. Rosters were designed around three teams over two week periods and the team leader and person in charge were available daily. A review of staff files found that the information required under Schedule 2 of the regulations, for example, a Garda vetting disclosure and a full employment history, had been obtained for all staff.

On reviewing training records staff had completed training and refreshers in line with residents' assessed needs. In addition they had completed additional training in line with current requirements to manage the COVID-19 pandemic such as hand hygiene, donning and doffing personal protective equipment (ppe) and breaking the

chain of infection. Staff were in receipt of regular formal supervision to support them to effectively carry out their duties and the inspector noted this was happening in line with the providers policy. In addition, the team leader and person in charge had clear induction systems and shadow support systems for staff that may be less familiar with the centre.

All residents who attended for respite stays had signed contracts which outlined the terms and conditions of their stay and there was evidence that these were reviewed and updated as required. Clear processes were in place for the receipt and return of residents' belongings and their medication and if required safe systems were in place to support residents with their money on arrival and discharge.

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents.

Contingency plans were in place to ensure that in the event of a shortfall of staff, additional staffing support would be available, and that in the event of a stay in isolation that a staff team could be configured.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with relevant training to assist them in supporting residents. Training provided included, safeguarding of vulnerable adults, fire training, manual handling, positive behavioural support, the safe administration of medication (where required) and infection control. The person in charge had also taken steps in relation to staff training to prepare for a possible outbreak of COVID-19.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place consisting of a person in charge supported by a full time team leader.

The provider and person in charge had also taken the necessary steps in relation to the governance and management of the centre in preparation for a possible outbreak of COVID-19. The provider was in regular contact with public health officials and control measures were in place to mitigate the risk of infection.

The inspector was also satisfied that the quality of care and the experience of residents when staying in the centre was monitored and evaluated on an ongoing basis.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had policies and practices in place relating to admissions for the respite service and there was evidence that for residents who had to avail of an isolation stay as a result of suspected or confirmed COVID-19 that every effort was taken to engage and discuss with residents the reasons for them moving into this centre.

A sample of residents contracts for the provisions of services in respite were reviewed. These were seen to be signed by residents or their representatives and to be reviewed and updated as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There were policies, procedures and systems in place to report, manage and respond to a complaint arising in the centre. Residents were aware of how to make a complaint and information on independent advocacy support form part of the service provide.

Two complaints had been received since the last inspection and there was evidence that they had both been investigated and resolved ton the satisfaction of the complainant. There were no active complaints on the day of inspection. The centre had received a substantial number of compliments with for example, 17 thank you cards on file for the last year.

Judgment: Compliant

Quality and safety

Overall, the inspector found from the documentation reviewed and discussion with the person in charge and team leader that the quality of service provided to residents availing of respite was good. In addition, the centre had been used on six occasions for isolation purposes and the level of and quality of support provided to residents during these stays was person centred and supportive.

The inspector found that the premises was clean and homely. There was adequate private and communal space for residents. Rooms were of a suitable size and layout to meet residents' needs. Residents had suitable storage to store their personal belongings and access to laundry facilities should they wish to launder their own clothes. There are two en-suite bedrooms identified for isolation purposes and they can be accessed via a separate entrance door. As previously stated the house can be cordoned into two self contained sides if required and this ensured no cross over with bathroom, circulation space or bedroom use.

The inspector reviewed a number of residents' personal plans and found them to be person-centred. Plans were updated on each admission to respite following a meeting with residents. Residents had life goals recorded and it was clear that the staff team and person in charge considered ways they could contribute to achieving these goals. The inspector noted that for one resident they were supported to cook their own breakfast and to make food selections, which was progress against the life goals of developing independent living skills. There were records kept of activities that took place during a stay in the centre and these activities were audited to ensure variety was offered as well as determining preferred activities for residents. For residents who used the centre for isolation purposes, their support plans and care plans were reviewed on arrival and attempts made to ensure that the resident had a variety of daily activities to choose to participate in while maintaining their health and ensuring infection prevention and control guidelines were followed.

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being and these were updated on each admission. Review of all risks pertaining to the centre took place quarterly. A suite of risks relating to COVID-19 were in place for the centre and for individual residents.

The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of Covid-19 to residents and staff working in the centre. All staff accessed the centre via the conservatory to the rear of the centre and it acted as an ante room for checking of staff temperature, changing footwear if required and engaging in hand hygiene prior to entering the centre. The provider was in regular contact with public health, the premises were observed to be clean, there was sufficient access to hand sanitising gels and hand-washing facilities and all staff had adequate access to a range of personal protective equipment (PPE) as required. The infection control policy had been updated to include a guidance document to prevent/ manage an outbreak of COVID-19. Staff were clear about the measures in place to prevent an outbreak.

For sudden admissions for isolation purposes as stated, a set up list and quick guide was available. In addition to areas already identified this included online shopping

details, emergency GP and pharmacy information as well as the wipe clean signage that may need to be displayed. There was a comprehensive cleaning schedule in place and a disinfection and deep clean schedule also in place. Specific laundry protocols were in place and clear procedures were in use should a resident require hospitalisation or if there was a need to evacuate for fire purposes.

There were policies and procedures in relation to medicines management and suitable practices in relation to receipt, storage, and return of medicines. The inspector noted that a number of documentation errors had been recognised and reported by the team leader to the person in charge. The inspector reviewed these errors with the person in charge during the inspection and assurances were provided that the errors did not reach the residents involved and were in fact documentation errors and errors that had occurred in day services on the day of admission for example. Audits were completed regularly and there was evidence of review of these incidents including discussions relating to learning following incidents at staff meetings. All medication is checked on arrival to the centre, cross referenced with the resident kardex or prescription record and these checks are repeated nightly and on discharge.

Regulation 12: Personal possessions

There were inventory checklists and systems in place to record personal belongings on arrival to the centre for both respite and in the case of an admission for isolation. Laundry protocols were in place for residents with suspected or confirmed COVID-19 and for residents staying for respite they had access to laundry facilities if they wished. Clear protocols were in place for the management of resident finances or support was given to residents to manage their own finances based on support levels required.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal space for residents and the physical environment was welcoming and clean.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through appropriate risk assessment and the implementation of the centres' risk management and emergency planning policies and procedures. There was evidence of incident review in the centre and learning from adverse incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge and provider had taken steps in relation to infection prevention and control in preparation for a possible outbreak of COVID-19 in this centre or to support other centres run by the provider. The infection control policy had been updated to include up to date guidance and the team leader had a comprehensive folder available for reference including systems for testing, self care, guidance documents and preparation plans.

The person in charge ensured regular cleaning of the premises, sufficient personal protective equipment was available at all times and staff had adequate access to hand-washing facilities and or hand sanitising gels. Mechanisms were in place to monitor staff and residents for any signs of infection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate policies, procedures and practices relating to the receipt, storage and disposal of medicines. Audits were completed regularly in the centre. However, there were a number of documentation errors all of which were being picked up on and review of systems in particular on transfer from day service to respite services was being carried out.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of need had been carried in collaboration with each residents day service, and appropriate support plans were developed for their time

in respite. There were adequate arrangements in place to ensure that residents needs were effectively reviewed by a multidisciplinary team.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant