

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

Issued by the Chief Inspector

Name of designated centre:	Teach Saoirse
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	29 March 2023
Centre ID:	OSV-0003641
Fieldwork ID:	MON-0030487

About the designated centre

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

Teach Saoirse is a purpose built house located in a large walled and gated site. The centre provides a dedicated respite service midweek and at weekends for children, both male and female, from the ages of 0 to 18 years, who have been diagnosed as being on the autistic spectrum or have a physical, sensory or intellectual disability. The centre comprises five en-suite bedrooms which can accommodate up to five children. Other facilities in the centre include a kitchen, a utility room, a dining room, a living room, a kitchen, a multisensory room and staff facilities. Staffing in the centre is made up of family support workers and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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
Wednesday 29 March 2023	09:30hrs to 17:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor levels of compliance with regulations to inform the upcoming decision in relation to the renewal of the centre's registration.

The service provided respite residential care and support to a maximum of five children with disabilities at any one time. The designated centre comprises one large single storey purpose built premises set within its own grounds. The large garden to the rear of the property included play equipment such as swings, trampoline, zip wire and a large climbing net. Children were observed enjoying the play equipment on the day of inspection. A sensory pod had also been installed in the centre which was reported to be well accepted by the children attending respite.

Two young people were availing of their respite break. The inspector met briefly with the two children on their return from school. Both children appeared content in the presence of staff and to be enjoying their stay. The inspector observed the children and staff engaging in and preparing for activities and outings for example, one child had helped with grocery shopping for dinner and another child was going to visit a pet farm. The staff were knowledgeable regarding the children's assessed needs and their likes and dislikes.

Written feedback on the quality and safety of care from both children and family members was also reviewed by the inspector. The feedback received was positive and complementary of the services provided. Children were reported to enjoy the social activities, meals and hospitality of the centre. Family members also noted that staff were supportive and accommodating.

In summary, it was evident that children received a good quality of care and support. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the designated centre was well managed, and that this was resulting in the delivery of high-quality, person-centred care and support for the children attending the centre. The children appeared happy and content on the day of inspection. They were supported by a staff team who were very familiar with their needs and preferences. Oversight and monitoring were carried out routinely by the provider and person in charge.

The provider had employed a person in charge who had the qualifications, skills and experience to fulfill the role. They were employed on a full-time basis and supported by a team leader. They were found to be knowledgeable in relation to each child's wishes and preferences and motivated to ensure they were happy and safe during their stay at respite. On the day of this inspection there were adequate staffing levels in place to support the children and, the person in charge explained that the staffing arrangements were flexible in order to meet the assessed needs of the children attending respite.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge and skills to meet the children's assessed needs.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the children's needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The number, skill mix and qualifications of staff were found to be suitable to meet the assessed needs of children. There were two vacancies within the centre which were currently being recruited for. Regular relief staff were covering the required shifts and where agency use was required there was evidence regular agency staff were sought. Schedule 2 files were reviewed for three staff and were found to contain the information as required by the regulations.

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the children. The service ensured staff ratios were flexible to respond to children needs also.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff were in receipt of training and refresher training in line with the organisation's policy and children's assessed needs. The person in charge maintained oversight of the training needs of the staff and requirements were scheduled for discussion as part of formal supervision.

The staff team were also in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. There was a schedule for the year in place to ensure that all staff received supervision in line with the providers policy. The person in charge also implemented group supervision as part of staff team meetings.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems in place in the centre. The provider and person in charge were ensuring oversight through regular audits and reviews. The provider had completed six monthly reviews and an annual review of care and support in the centre.

Staff meetings were occurring regularly and the staff team were in receipt of regular formal supervision.

The provider and local management team were found to be self-identifying areas for improvement and to be taking the necessary steps to bring about the required improvements.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The statement of purpose clearly described the model of care and support delivered to children in the service. It reflected the day-to-day operation of the designated centre. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established and implemented effective systems to address and resolve issues raised by children and or their representatives. There was a suitable nominated person to deal with all complaints. A review of complaints received to the centre indicated that all complaints were recorded and fully and promptly investigated.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as well maintained and provided person-centred care to children. A number of key areas were reviewed to determine if the care and support provided to children was safe and effective. These included meeting children and the staff team, a review of personal plans, healthcare plans, risk documentation, fire safety documentation, and protection against infection. The inspector found good evidence of children being well supported in the areas of care and support.

The inspector reviewed a sample of children's personal files. Each child had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and suitably guiding the staff team in supporting the children with their needs. While availing of respite the children's health care needs were supported and monitored. The staff met were very aware of the supports in place. The system of goal setting and review of goals required review, the inspector found that goals were not specific and rolled over from one stay to another without clear progression against the goal.

The children were protected by the policies procedures and practices relating to safeguarding in the centre. Staff had completed training in safeguarding, including Children First. Staff spoken with were knowledgeable regarding safeguarding and their roles and responsibilities in identifying and reporting any incidents of abuse. The children were observed to appear comfortable and content on their respite stay.

The inspector found that the service provider had systems in place for the prevention and management of risks associated with infection. The designated centre was visibly clean and well maintained on the day of the inspection.

Adequate fire-fighting equipment was available in the centre and was being serviced as required. Fire drills were being conducted on a regular basis and each child had a

personal emergency evacuation plan in place detailing the supports they needed during an evacuation of the centre.

Regulation 17: Premises

The centre was a purpose built single story dwelling set on its own grounds within a town in Tipperary. At the entrance to the building there was a reception and office area. This area was separated from the main respite house by a set of double doors which are locked but can be opened with a keypad. The provider is in the process of reviewing the internal layout of this area with a plan to relocate the current staff sleep over and office area to this space.

The centre was observed to be well maintained and presented as warm and comfortable. There was a large living room which had soft furnishing and sensory equipment for children to enjoy. In addition the service had obtained a sensory pod in an additional room which was reported to be enjoyed by the children on their short breaks. Each bedroom had its own en-suite with varying sources of equipment to suit individual needs for example shower trolleys or walk in showers. Bedrooms were also equipped with adequate storage facilities.

Externally the provider had developed the patio area to the side and also had installed play equipment in the back garden. This included a zip wire, swings, large climbing frame and a trampoline. Children were observed playing and enjoying the space on the day of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of children was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had effected policies and procedures to reduce the risk of children contracting a healthcare associated infection. The centre was clean and tidy, staff were wearing appropriate PPE and there was adequate supply of hand washing and hand sanitising facilities. The provider had an up-to-date COVID-19 contingency plan in place as well as enhanced cleaning schedules to ensure thorough cleaning subsequent to each respite break.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire-fighting equipment was available in the centre and was being serviced as required. Fire drills were being conducted on a regular basis and each child had a personal emergency evacuation plan in place detailing the supports they needed during an evacuation of the centre.

The provider had commissioned an external specialist overview report of the fire safety systems within the centre which had identified a number of areas requiring works. The provider had scheduled for the external specialist to return to the centre in early April to review the works completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each child had a personal plan which included an up-to-date assessment of need. The centre had procedures in place including a pre-admission checklist to ensure that the child's file was kept up-to-date and that staff were informed of any changes to care plans.

A number of recreational activities were available to the children while on their respite breaks. For example, social outings were provided for and the children were supported to engage in age appropriate activities and games. Additionally, a large garden area was available to the children with a playground area.

The system of goal setting and review of goals required review, the inspector found that goals were not specific and rolled over from one stay to another without clear progression against the goal.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support children to manage their behaviour.

There were systems in place to identify, manage and review the use of restrictive practices. Restrictive practices were subject to review by representatives and the appropriate professionals involved in the assessment and interventions with the child.

Judgment: Compliant

Regulation 8: Protection

Children were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Children had intimate care plans in place which detailed their support needs and preferences.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Teach Saoirse OSV-0003641

Inspection ID: MON-0030487

Date of inspection: 29/03/2023

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>In order to become compliant with Regulation 5: Individual assessment and personal plan staff supervision will be scheduled throughout April and May to review each clients personal care plan and goal. Staff will be given support and guidance to complete these areas in order to meet with regulation 5.</p> <p>Tracker sheet in place for staff to review each clients goal on a monthly basis and personal care plan on an annual basis.</p> <p>Quarterly audit by PIC and team lead of goals and personal care plans for all clients to ensure personal plans are being reviewed and goals reviewed and outcomes measured by staff. Individual performance will be addressed as per Enable Ireland Performance Management Policy and a performance improvement plan will be put in place if required.</p>	

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 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/05/2023
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Substantially Compliant	Yellow	31/05/2023