



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

Issued by the Chief Inspector

Name of designated centre:	Teach Greine
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	15 November 2021
Centre ID:	OSV-0001828
Fieldwork ID:	MON-0029127

About the designated centre

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

Teach Greine provides respite care and support to adults and children with an intellectual disability. The house, which has five bedrooms, a large living area, kitchen and dining room is located within walking distance of a medium sized town in Co. Westmeath. The bedrooms available to residents are equipped to support those with additional mobility support needs, and there is specialist equipment available in the two large bathrooms. Residents are supported by a team of nurses, social care workers and care assistants, and the centre is managed by a person in charge who is a registered nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 15 November 2021	10:30 am to 6:30 pm	Julie Pryce	Lead

What residents told us and what inspectors observed

This centre offers a respite service to 13 service users, and can accommodate five people at any one time. The centre is registered to offer a service to both adults and children on an alternate basis, but currently the service is only offered to adults.

On the day of the inspection four service users were spending their first night of a short break in the centre. They began to arrive at the centre mid afternoon, and were greeted by staff members. Some residents greeted staff with smiles, and some showed items such as a new coat. They all settled in very quickly, and it was clear that they were familiar with their surroundings, and were comfortable with the staff supporting them. Residents quickly settled onto their preferred areas of the centre, and were soon engaged in activities of their choice. Some engaged in sensory activities, some went to their rooms to settle in and others prepared for an outing.

The centre was roomy and bright, although it had quite a clinical appearance. Bedrooms were hospital like, however this met the physical and nursing needs of residents, some of whom required specialised equipment to meet their identified needs. Residents brought their own items to personalise their rooms for their stay, including their own bedding if they chose. The communal areas, however, lacked a homely atmosphere, and had the appearance of a hospital setting. Some items of décor such as pictures and lamps had been added to improve the appearance, but further improvements were required to make a comfortable and homely setting.

A day service was operated from two of the rooms in the building, and people availing of the day service also used the kitchen and living room of the centre, however there was no overlap, and some of the people attending the day service also availed of the respite service.

The inspector met all four residents. None of them communicated verbally, and some of them made it clear in their individual ways that they did not wish to engage with the inspector, and this was respected. They did, however, interact with staff members who were clearly familiar with their preferred methods of communication. The inspector observed interactions with staff, some of which were fun for residents, and giggles and gestures indicated that residents were enjoying their interactions.

The inspector spoke to family members of some residents, and those spoken with expressed satisfaction with the service offered to their family members and were very complimentary about the staff and the care and support offered to their relatives. They said that the staff were very caring, and that they felt that their relatives were safe and well cared for. They said that their requests for respite were facilitated as much as possible, and in particular that they were facilitated in any emergency situation.

In summary, the inspector found that this respite service was run effectively, and

that residents enjoyed their breaks. Families were involved in the planning of breaks, and were complimentary about the service offered.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was an appropriately skilled and qualified person in charge at the time of the inspection, but the management structure was not clearly defined and improvements were required in some of the management processes.

The person participating in management was a manager within the organisation, but did not have a role in the management and oversight of this centre. While there were some strategies in place in relation to oversight and monitoring of care of residents, these were insufficient to ensure clear oversight and quality improvements. While there was a clear and detailed audit and method of record keeping in relation to residents' finances, other areas of the auditing system were not sufficiently detailed or accurate, and there was a lack of monitoring that required actions were implemented.

Regular team meetings were led by the person in charge, and a review of the minutes of these meetings indicated that these were effective meetings at which multiple issues were discussed.

All required notifications had been made to HIQA as required, and the person in charge was familiar with the requirements.

Staffing numbers and skills mix were appropriate to meet the needs of residents and there were sufficient staff on a daily basis. A planned and actual roster of staffing was maintained, including a newly introduced roster for the person in charge who had responsibility for two designated centres.

Staff were appropriately supervised, and a sample of staff files was found to contain all the information required by the regulations.

There was a clear complaints policy, and although there were no current complaints, there was evidence of continual communication with the families of people who availed of a respite service.

Regulation 14: Persons in charge

The person in charge was appropriately experienced and qualified. They were full time and in charge of two designated centres. A recently introduced roster ensured that they were present in the centre for two full days each week, and available to be contacted by staff on a daily basis.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information, including detailed records of when residents were present or absent from the centre.

Judgment: Compliant

Regulation 23: Governance and management

The management structure and strategies in place were insufficient to ensure oversight and monitoring of the care and support offered to residents. The person identified to HIQA as the person participating in management was not involved in the management of the centre.

The annual review of the safety and quality of care and support offered to residents was inaccurate in parts, and the implementation of required actions was not monitored. Some of these actions had not been implemented within their required

timeframe, and some of them had not been completed. The annual review described the centre as being homely, but this was not consistent with the findings of the inspection.

There was no effective method of auditing. Those audits which were presented included data analysis across the organisation or checklists which did not involve the required checks on the quality of care delivered.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There were clear contracts of care in place which outlined the services offered and any charges incurred.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. There were no current complaints logged.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required in Schedule 5 of the regulations were in place, and some of those including the risk management policy and the policy relating to the management of medications had just been reviewed and updated. However several other policies had not been reviewed within the last three years as required.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents included all the required information including a detailed record of when the residents were present or absent from the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by the regulations, and accurately described the service provided.

Judgment: Compliant

Quality and safety

Residents who were all availing of regular respite breaks were receiving appropriate care and support. The centre was being operated in a manner that recognised the needs of residents and their families.

There were personal plans in place for each resident, and health and social care was continued during stays at the centre. Some sections of the personal plans were detailed and provided guidance for staff, but overall the personal planning system was inadequate in that the information was disorganised or incomplete. This had been identified, and a system had been developed to address the issue, but at the time of the inspection had not been fully implemented with only one of the 13 people availing of the service having their personal plans reviewed.

Medication was well managed, and there was safe storage for medications, together with an effective system of managing medications in and out of the centre as people arrived for short breaks, and left for home again. Clear prescriptions and recording of administration were evident, and 'as required' medications were well managed.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety equipment and self closing fire doors. There was a detailed personal evacuation plan in place for each resident, and the plans of those currently availing of a service were kept in an easily retrievable fire safety

folder. Regular fire drills had been held, and all residents had been involved in these which demonstrated that all residents could be effectively evacuated in a timely fashion in the event of an emergency.

There were effective infection control and prevention measures in place. There was a detailed and current infection control policy in place, together with a contingency plan to be implemented in the event of an outbreak of an infectious disease. The inspector observed throughout the inspection that current public health guidelines were observed.

There was a recently reviewed and updated risk management policy in place, and a risk register was maintained in which all identified risks were recorded and risk rated appropriately. There were more detailed risk assessments and management plans for each identified risk. Accidents and incidents were reported and recorded in a timely manner, and appropriate actions were taken and recorded.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences.

Judgment: Compliant

Regulation 12: Personal possessions

A record was kept of residents' personal possessions and valuables when they arrived for their respite breaks, and these were rechecked as they left.

Judgment: Compliant

Regulation 17: Premises

The premises were spacious and well equipped to meet the needs of residents. However the shared living spaces were clinical in feel and appearance, not homely as would be required for a respite break.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk register in place, and there was a risk assessment and management plan in place for all identified risks.

There was a recently updated and reviewed risk management policy in place which included all the requirements of the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place, there were adequate facilities and the centre was visibly clean.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Structures and procedures were in place to ensure the safe management of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident. However the information was difficult to retrieve for the most part. The disorganisation of information had been

identified in a recent inspection of another centre of the organisation, and the person in charge presented a personal plan for one of the residents which had been reorganised, the inspector found this to be an appropriate system of personal planning, however only one of the 13 people availing of a service had this system in place.

Some sections in the personal plans for some residents were clear, but others either lacked detail or guidance.

Judgment: Not compliant

Regulation 6: Health care

Provision was made for appropriate healthcare.

Judgment: Compliant

Regulation 8: Protection

Appropriate systems were in place in relation to safeguarding of residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Teach Greine OSV-0001828

Inspection ID: MON-0029127

Date of inspection: 15/11/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Operations Manager is now identified to HIQA as the person participating in management. The documentation re same has been sent to HIQA on the 10/12/2021, the Statement of Purpose has been changed and sent into DCD on the 16/12/2021. The Person in charge attends monthly PIC meetings, has supervision on a 6 monthly basis with her line manager the Operations manager. These Supervision meetings are held monthly for the next 6 months which commenced on the 1st November to bring the centre into compliance.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The current policy review tracker outlines the policy schedule review for the service. All policies have been updated with the exception of 2 that are currently under review. Documentation, restraint and diabetes management.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The shared living space was painted on the 26th of November, we have a sofa and arm chair ordered from a local furniture store, however there is approximately a 3 months waiting time for same. We hope to have the new furniture installed by the 1st April 2022.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
All individual assessments and personal plans are currently in the process of being reviewed and updated these will be completed in the new format by the 31st January 2022.

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	01/04/2022
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	16/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Not Compliant	Orange	01/12/2021

	to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/04/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/01/2022