



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Cairdeas
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	01 November 2022
Centre ID:	OSV-0001831
Fieldwork ID:	MON-0029125

## About the designated centre

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

Teach Cairdeas designated centre run by St. Hilda's provides services to five adults of a mixed gender whose primary diagnosis is an intellectual disability who have a level of independence such that waking night cover is not required. The service can accommodate those with a range of medical and physical issues. Teach Cairdeas is a seven day service. Residents generally attend day services during the day and in cases of short term illness arrangements are made for residents to return home. The service has fixed and planned dates for closures throughout the year in line with the operations of the day service. There is one sleepover staff at night and a second staff for hours each day. Teach Cairdeas consists of five double bedrooms and one single bedroom with a combined kitchen and dining area with a separate sitting room and it is located in large town with easy access to all amenities. Residents avail of organised transport for day services and local bus services and taxis outside of these times.

**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 (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 1 November 2022	10:15hrs to 18:05hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

Overall, from what the inspector was told and what was observed, the inspector was assured that residents living in the centre enjoyed a good quality of life. Some improvements were required in relation to governance and management, premises, risk management, and fire precautions. These areas are discussed further in the next sections of the report.

The inspector met with two of the four residents that lived in the centre on the day of the inspection. The two residents returned to the centre after attending their day services and visiting family for the bank holiday weekend. The other two residents were on home visits with family members and the plan was for them to return to the centre the following week.

Both residents were observed to relax upon their return to the centre. They had dinner together and one resident planned to watch a movie and the other resident chose to relax in their room after dinner to watch soap operas on their television. Both residents commented that they were happy living in the centre. One resident informed the inspector that they would be comfortable voicing any concerns they had to a staff member or the person in charge if needed. They said that staff that worked in the centre were lovely. They said that if they did not like what was on offer for dinner that they could choose an alternative option.

Upon entering the premises the house appeared clean and tidy. There was sufficient space for privacy and recreation for residents. There were suitable recreational equipment available for use, such as art supplies, jigsaws, musical instruments, and games. Each resident had their own bedroom and there were adequate storage facilities for their personal belongings. Residents' rooms had personal pictures and items displayed.

The provider had plans to reconfigure the back garden space as it was currently shortened in length due to a large shed taking up a large portion of the garden. The person in charge spoke of some of the plans and how the plans should create a more welcoming and larger space for residents to use.

In addition to the person in charge, there was one staff member on duty on the day of the inspection. The person in charge and the staff member spoken with demonstrated that they were familiar with the residents' care and support needs and preferences. They were observed to engage with residents in a manner that was friendly and interactive.

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 three residents themselves and one by a staff representative. They indicated that they were happy about the majority of aspects of their environment, care and supports. Two

residents ticked that were unhappy with their room. One of these residents was in the process of moving into a new room and had picked paint colours for it. The other resident was unhappy with their room due to the temperature of it in cold weather. The provider had a date scheduled in December 2022 to upgrade the insulation of the property.

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. Residents spoken with had indicated that they felt happy and safe. In addition, the centre had received compliments from a family to include the communication with staff and management.

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 providers application to renew the registration of the centre. This centre was last inspected in December 2021 where it was observed that some minor improvements were required to ensure the centre was operating in full compliance with the 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.

The findings of the inspection indicated that the provider had the capacity and capability to operate the service in compliance with the regulations while ensuring the delivery of care was safe and person centred. The centre was adequately resourced to meet the assessed needs of residents.

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 employed in a full time capacity and had the necessary experience and qualifications to fulfil the role. They were responsible for the running of two designated centres and split their time evenly between the two centres.

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 medication management, and infection prevention and control. However, the last six-monthly visit to the centre in May 2022 had not reviewed the most recent months leading up to the visit.

There had been on-going delays in maintenance works being completed in the

centre, some of which impacted on a resident's comfort levels in their room. While there now was a date scheduled for the work to be completed in December 2022, this issue had been reported in November 2021. Other outstanding works to fix the external steps had yet to have a scheduled date. The uneven external steps may impact on the safe fire evacuation from one fire exit.

From a review of the rosters and speaking with the person in charge, there was a planned and actual roster maintained. There were sufficient staff available with the required skills and experience to meet the assessed needs of residents. The staffing arrangements were found to provide continuity of care to residents. Staff personnel files were not reviewed on this inspection.

The person in charge monitored staff training and development needs and there were adequate arrangements in place to ensure that staff had the required training to carry out their roles. Formal supervision was occurring in-line with the organisational policy.

#### Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge of the designated centre. They were responsible for the running of two designated centres and split their time evenly between the two centres.

Judgment: Compliant

#### Regulation 15: Staffing

There was a planned and actual roster maintained by the person in charge. There were sufficient staff available with the required skills and experience to meet the assessed needs of residents. The staffing arrangements were found to provide continuity of care to residents. Staff personnel files were not reviewed on this inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge ensured that staff had access to necessary training and development opportunities. The provider had identified some areas of training to be mandatory, such as fire safety management and safeguarding. Staff had each received training in these key areas as well as additional training specific to

residents' assessed needs. There were established supervision arrangements in place to monitor staff development. The person in charge received supervision from the residential services manager.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had ensured that there was an appropriate contract of insurance against injury to residents and insurance against other risks in the centre including loss or damage to property.

Judgment: Compliant

## Regulation 23: Governance and management

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 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 medication management, and infection prevention and control. However, the last six-monthly visit to the centre in May 2022 had not reviewed the most recent months leading up to the visit. Instead it had focused up until December 2021.

In addition, there had been on-going delays in maintenance works being completed in the centre, some of which impacted on a resident's comfort levels in their room. While there now was a date scheduled for the work to be completed in December 2022, this issue had been reported in November 2021. Other outstanding works to fix the external steps had yet to have a scheduled date. The uneven external steps may impact on the safe fire evacuation from one fire exit.

Judgment: Substantially compliant

## Quality and safety

The governance and management arrangements in the centre were found to facilitate good quality, person centred care and support to residents. The care



provided was being monitored and reviewed to ensure their needs were being met. However, some improvements were required in relation to premises, risk management, and fire precautions.

Residents' needs were assessed on 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.

Residents were supported with their healthcare needs and appropriate healthcare was made available to each resident. Residents had access to a range of allied health professionals which included a general practitioner (G.P), chiropodist, and occupational therapist (O.T) as required.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. The person in charge was found to be promoting a restraint free environment and there were no restrictive practices used in the centre.

There were arrangements in place to protect residents from the risk of abuse. Staff had received appropriate training and there were established procedures in place to manage and respond to any safeguarding concerns in accordance with national policy. There were no open safeguarding issues within the centre. Staff spoken with were familiar with the steps to take should a safeguarding concern arise.

The inspector found that there were adequate mechanisms in place to uphold residents' rights. For example, there were weekly residents' meetings and residents were supported to make a complaint if they were unhappy about an aspect of the service provided to them. In addition, the person in charge had arranged for an independent advocate to meet with the residents.

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

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

From a walkabout of the centre the inspector found the house to have adequate space which was laid out to meet the needs of the residents. While the centre was generally clean and in a good state of repair, some improvement was required. For example, the steps out from an exit of the staff bedroom required repair. Some mildew was observed, for example, on the window frame of a resident's bedroom. In addition, the centre's cleaning checklist was not documenting the cleaning of all aspects of the environment, for example, skirting boards.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The centre had a risk register and risk assessments in place with regard to the centre and individual risk assessments for residents were all reviewed within the last six months. However, some risk assessment control measures were no longer applicable, some risks had not been risk assessed and

some risk assessments were not risk rated correctly.

The inspector reviewed arrangements in relation to infection control management in the centre. There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. For example, the centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease, it contained the majority of information required to adequately guide staff in all applicable areas. Any omitted information was included by the person in charge and evidence shown to the inspector. There were colour coded cleaning equipment used in the centre to help prevent cross contamination.

There were for the most part suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which were regularly serviced, and staff had received training in fire safety. Each resident had a personal emergency evacuation plan (PEEP). However, one fire exit did not have emergency lighting in order to facilitate safe exit in the event of an emergency.

The inspector observed that there were structures and procedures in place to ensure the safe management of medications. For example, all open medications were observed to have the date of opening recorded on the packaging and all medications were labelled for the correct person.

### Regulation 11: Visits

Visits were encouraged in the centre with no visiting restrictions in place. A private areas for entertaining visitors was available.

Judgment: Compliant

### Regulation 17: Premises

Generally, the premises was found to be in a state of good repair although the steps out from an exit of the staff bedroom required repair and there were areas of the concrete missing making the steps uneven. In addition, some mildew was observed, for example, on the window frame of a resident's bedroom. Furthermore, the centre's cleaning checklist was not documenting the cleaning of all aspects of the environment, for example, the extractor fan.

Judgment: Substantially compliant

## Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The centre had a risk register and risk assessments in place with regard to the centre and individual risk assessments for residents were all reviewed within the last six months. However, some risks had not been risk assessed.

For example, the use of the utility room as an area to prepare medicines and do laundry had not been risk assessed to ensure that the risk of cross contamination had been mitigated. In addition, some risk assessments control measures were no longer applicable, such as a risk assessment for COVID-19 stated that they had put a stop to community participation and large groups.

Furthermore, some risk assessments were not risk rated correctly, for example, the risk assessment that related to burns and scalds.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to Covid 19. The centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease, it contained the majority of information required to adequately guide staff in all applicable areas. The person in charge included any omitted information and evidence shown to the inspector.

The centre was found to be clean and there were a range of hygiene checklists in place to ensure that this was maintained. There were hand washing and sanitising facilities available for use.

Judgment: Compliant

## Regulation 28: Fire precautions

There were for the most part suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which were regularly serviced, and staff had received training in fire safety. Each resident had a personal emergency evacuation plan (PEEP). In addition, fire safety drills were practiced monthly and they had included minimum staffing levels with maximum resident participation.

One fire containment door had required alteration to ensure it closed fully by itself. It was fixed prior to the end of the inspection and evidence shown to the inspector. However, one fire exit from the staff room did not have emergency lighting in order to facilitate safe exit in the event of an emergency.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were structures and procedures in place to ensure the safe management of medications. For example, all open medications were observed to have the date of opening recorded on the packaging and all medications were labelled for the correct person. Medication stock control counts were completed each week. In addition, each resident had a self-assessment of capacity for self-administration completed with them.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on 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.

Judgment: Compliant

## Regulation 6: Health care

Residents' health care needs were assessed and appropriate healthcare was made

available to each resident. For example, residents had access to a range of allied health professionals which included a G.P, chiropodist, and O.T as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge was found to be promoting a restraint free environment and there were no restrictive practices used in the centre. Residents who required support to help them to manage their anxieties had a clear care plan in place and a new referral was submitted for a resident to receive input from a psychologist.

Judgment: Compliant

### Regulation 8: Protection

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. There was a safeguarding policy and there were clear lines of reporting any potential safeguarding risk. There were no active safeguarding risks at the time of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that there were adequate mechanisms in place to uphold residents' rights. For example, there were weekly residents' meetings and residents were supported to make a complaint if they were unhappy about an aspect of the service provided to them. In addition, the person in charge had arranged for an independent advocate to meet with the 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Teach Cairdeas OSV-0001831

Inspection ID: MON-0029125

Date of inspection: 01/11/2022

## 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
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will ensure that the six-monthly unannounced inspections of the centre covers all six months and will detail information correctly going forward 2/11/22. Maintenance discussed at the feedback meeting re insulation has been completed 29/11/22. Going forward all maintenance issues will be correctly and promptly reported to the relevant person 2/11/22.</p> <p>The steps on the outside of the staff bedroom will be repaired to ensure safety of egress 30/12/22,</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Mildew has been treated in the resident's bedroom and a procedure for cleaning and safely treating mildew has been drawn up and displayed in the centre 2/11/22. The steps on the outside of the staff bedroom will be repaired to ensure safety of egress, 30/12/22. The cleaning checklist has been amended to include extractor fan and any other aspect of the environment as discussed at the feedback meeting 2/11/22.</p>	



Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge will carry out a risk assessment on storing and administering medication in utility room area by 2/11/22. Additional control measures will include moving medication to a new staff room press 11/12/22. A review of covid risk assessments has taken place and control measures that no longer apply e.g. large groups, Community participation etc and any other measure discussed at feedback has been removed 4/11/22. The Person in Charge is currently reviewing all risk ratings in the centre and in particular individual risk in order to ensure a correct risk rating is applied to each assessment 11/12/22.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Emergency Lighting will be installed both interior and exterior above the exit of the staff room door 20/1/23.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/12/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/12/2022
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 to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/12/2022

Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/12/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/12/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	20/01/2023