



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

Issued by the Chief Inspector

Name of designated centre:	Teach Saoirse
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	20 April 2022
Centre ID:	OSV-0004662
Fieldwork ID:	MON-0036489

About the designated centre

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

Teach Saoirse is a residential home for five adult residents, both male and female with severe to profound intellectual disability who require full time nursing interventions. The centre is located in Co.Wexford. Residents may also have additional care needs including support with behaviours that challenge. The centre comprises a single story house located in rural village. It is accessible to services and all local amenities. The premises has its own safe gardens and all areas and facilities are easily accessible to the residents and meets their current and changing needs. Residents attend day services attached to the organisation and to other outside organisations as they choose. The centre has two service vehicles.

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
Wednesday 20 April 2022	10:00hrs to 14:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and regular hand hygiene.

The centre was a four bedroom bungalow located in a rural area in Co.Wexford. The premises was designed and laid out to meet the needs of the residents. The centre presented as a warm and homely environment decorated in accordance with the residents' personal interests and preferences. The centre was surrounded by a garden area. This was well maintained and the person in charge communicated that one resident had recently undertaken a project to develop their garden as part of their social goals. An area of the garden had been identified as a sensory garden and the resident had recently added some items to this with support from staff. The resident had also recently planted some herbs and flowers.

The purpose of the inspection was to follow up on actions identified during the centres most previous inspections. The centre had been in escalation in recent months secondary to the continued use a shared bedroom in the centre and the providers continued failure to adhere to an additional condition attached to registration. However, the provider had addressed this issue since the previous inspection and had reduced overall numbers in the centre from five to four. On the day of this inspection all residents had their own individual bedrooms.

The inspector met with two residents living in the centre on the day of inspection and residents appeared happy and comfortable living in their home. The inspector observed both residents sitting together in the centres living area getting ready for the day ahead. One resident had just enjoyed a sensory bath and was finishing drying their hair with support from staff. Residents appeared relaxed in each others company and in their home. Two residents were out attending activities during the inspection and the inspector did not have the opportunity to meet with them.

The staff team comprised of nursing staff and multi-task workers. Residents appeared comfortable in the company of staff on the day of inspection. Staff demonstrated that they were aware of their individual needs and were observed to communicate with the residents in a kind and respectful manner.

Residents enjoyed regular individual activation. Residents all had individual daily activation schedules in place. Accessible picture versions of different daily activity choices were displayed in an area of the centre and residents had the option to choose their preferred daily activities. Care records evidenced that residents regularly enjoyed walks, trips to the beach, meals out, gardening, arts and crafts and sensory activities. Residents all had personal goals that they were working towards, which staff were supporting them with.

In summary, based on what the residents and staff communicated with the inspector and what was observed, it was evident that the residents received good quality care and support. The next two sections of this report outline the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found high levels of compliance with the regulations reviewed. The registered provider had ensured the designated centre and provision of care and support was in line with residents' needs and individual preferences. This was a focused risk inspection to review actions taken by the provider since the centre's most previous inspection. The inspector found that the provider and person in charge had appropriately addressed all actions since the previous inspection. The provider had discontinued the use of a shared room in the centre, which reduced overall numbers in the centre from 5 to 4.

There was a clearly defined management structure. The provider appointed a full time, suitably qualified and experienced person in charge who had regular oversight of the centre. This person was responsible for one other designated centre and divided their time evenly between the two centres. The person in charge was supported by a clinical nurse manager in the centre.

There was an effective governance system in place ensuring a good quality service was being provided. Regular audits and reviews of the service being provided were taking place. An annual review of the care and support provided had been completed and appropriate actions had been identified and addressed. In addition to this, the provider conducted six-monthly unannounced provider audits as required by the regulations, along with their own internal quality assurance audits.

Regulation 23: Governance and management

There were appropriate governance arrangements in place to ensure effective management, oversight and monitoring of the service provided. There was a full time person in charge who was supported by a clinical nurse manager in the centre. The provider, staff and management had supported one resident to move to a new home since the previous inspection and this had ultimately discontinued the use of a shared bedroom and had reduced overall numbers in the centre from five to four. This also subsequently meant that the provider was now operating within conditions attached to registration.

There was evidence of regular oversight and monitoring of the service provided. The

person in charge had their own regular auditing schedule in place which included reviews of areas such as medication management, finances, health and safety, fire safety, personal plans, food hygiene, staff training and restrictive practices. Senior management also regularly attended the centre to complete audits. These included the centres unannounced six monthly audit and the annual review of care and support. Other persons in charge within the service met regularly at management meetings and these were used as an opportunity for shared learning.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included meeting residents and staff, observing care and support practices and conducting a review of residents personal care plans and a review of managements audits. Overall, the inspector found that the centre provided a comfortable home and person centred care to the residents. The management systems in place ensured the service provided appropriate care and support to the residents. The premises was designed and laid out to meet the needs of the residents and there was appropriate staff supports and resources in place to ensure a safe service was provided.

The inspector found that residents rights were respected in the centre. Residents experienced regular meetings with staff and were regularly consulted regarding the service provided. It was evidenced that choice and control was offered in their daily lives through routines, meal times, personal goals and activation. Clear support plans were in place to guide staff on how best to support resident and how to meet their needs. In summary, inspection findings indicated that Teach Saoirse was operating a safe and effective service to the residents living there.

Regulation 17: Premises

The centre was a four bedroom bungalow located in a rural area in Co.Wexford. The house also has a kitchen, living/dining area, accesible bathrooms and a staff office. The premises was designed and laid out to meet the needs of the residents and well maintained internally and externally. Residents all had their own bedrooms and these were individualised to suit the residents preferences. One shared bedroom in the centre had been discontinued since the previous inspection and therefore overall numbers had reduced from five to four residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had individual assessments of need and personal plans in place. These were subject to regular review. Assessments of need included a review of residents healthcare needs, assessing the residents abilities for activities of daily living and risk assessments. All residents also had individual daily activation schedules. These were readily available in picture versions to the residents and had a number of choices of activities for residents to chose from on a daily basis.

Marked improvements were noted in residents social goals since the centres most previous inspection. Work had been done by staff and management to ensure goals were individualised, person centred and in line with residents preferences. One resident was working towards goals such as attending a festival and re-decorating their bedroom. Another resident was improving their gardening skills and had recently purchased an allotment. Goals identified clear time lines and persons responsible.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were well supported to manage behaviours that challenge in the centre. High staffing levels were in place in the centre and this allowed for one to one support for residents for periods during the day in line with their assessed needs. The person in charge communicated that this facilitated staff to support residents with individualised activities daily. The also facilitated a low arousal environment for periods during the day.

All residents had individual behavioural support plans in place and these were regularly reviewed with the service behavioural specialist. Plans included therapeutic ways to support residents during periods when behaviours escalated. Staff communicated that, in general, the residents were a compatible group living together.

There were some restrictive practices regularly in use in the centre secondary to identified risks. These were reviewed on a regular basis. The least restrictive measures were implemented for the shortest duration necessary when appropriate. For example, staff only locked the kitchen door during times when cooking food posed a risk to residents.

Judgment: Compliant

Regulation 9: Residents' rights

Marked improvements were noted in this area since the centres most previous inspection. Overall the inspector found that residents rights were respected. One shared bedroom had been discontinued in the centre and this promoted the residents privacy and dignity, along with their choice and control. High staffing levels were noted in the centre and residents were regularly afforded one to one support for daily activation. Residents experienced regular meetings with staff and residents and their representatives were regularly consulted regarding their views on service provided.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant