



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

Issued by the Chief Inspector

Name of designated centre:	Teach Sona
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	18 August 2023
Centre ID:	OSV-0005873
Fieldwork ID:	MON-0035967

About the designated centre

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

Teach Sona is a centre run by St. Hilda's services. The centre is located on the outskirts of Athlone town and provides residential care to two residents over the age of 18 years, who present with a moderate intellectual disability. The centre comprises of one bungalow dwelling with residents having their own bedroom, along with access to communal bathrooms, sitting rooms, kitchen and dining area and a large garden area. Staff are on duty during the day and sleep-over staff is provided at night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Friday 18 August 2023	10:10hrs to 16:40hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From what a resident told the inspector, and from observing practices, speaking to the person in charge and a staff member, the inspector found residents were enjoying a good standard of care and support, in which their choices on how they wished to live their life were respected and supported. It was evident that the centre was very much the residents home, and they lead how the centre was organised and run on a day to day basis.

The inspector had the opportunity to meet the two residents who lived in the centre, and both residents appeared very happy in their home. The inspector observed that staff were kind and respectful in their interactions with residents and that residents appeared very comfortable in the presence of staff. From speaking with the person in charge and a staff member, it was evident that staff knew the needs of the residents, and described some of the supports in place to meet the needs of the residents. These included, for example, social goals, healthcare supports, and how residents are supported with consent.

Staff had been provided with training in human rights, and a staff member told the inspector how this had increased their awareness of the rights of people with a disability, and the importance of advocating for residents in the centre.

The inspector met a resident on arrival to the centre, who was supported by a staff member to communicate with the inspector. Shortly afterwards, the resident brought the inspector around the centre, showing the inspector the facilities, as well as some of the activities they liked to do, and some centre procedures they took part in. For example, a fire evacuation plan was displayed in the hall in an accessible format, which the resident pointed out to the inspector, as well as indicating where they evacuate to in the event of a fire. The resident also showed the inspector their daily activity plan, their person centred plan, and the meal plan for the week which they had organised with their peer during the weekly residents' meeting.

It was clear that the resident took great pride in their home, and particularly enjoyed doing gardening work and household chores, as well as answering the door to visitors, and reminding visitors to sign the visitor's book. They also showed the inspector some art work they had displayed in their home, as well as pointing out that they enjoyed colouring, which they were observed to choose during the morning.

The inspector spoke briefly to the other resident, who was spending time in their room while listening to music. The inspector observed that staff provided support to the resident when they requested, and were cognisant of the need for the resident to spend time resting, in line with their stated wishes and needs.

Residents were supported to maintain links with their loved ones and with the wider community. Each of the residents had their own phone and could ring their family if

they wished. Residents also regularly visited their families at home for weekends, or for family occasions.

The centre was fully accessible, and residents could access all parts of the centre, including the front and back garden. A handrail was provided at the back step to the garden, and the inspector observed that a resident who had a particular interest in gardening could access the back garden with the use of the handrail. Residents had requested not to have pictures or photos hung on their bedrooms walls, and this was respected.

Overall the inspector found residents were being provided with a good standard of care and support, and were enjoying a fulfilling life, based on what was important to them, their hobbies, their interests and their needs.

Capacity and capability

Overall the inspector found there were robust management systems in place to ensure residents were supported to live a life of their choosing, and to support the residents with their specific needs.

There was a clearly defined management structure in the centre, and a full-time person in charge was employed to oversee the care and support provided to residents in the centre. Sufficient resources had been provided, and a knowledgeable team was in place, with sufficient staff on duty to meet the needs of the residents at all times. Similarly the provider had ensured appropriate training was provided to staff to meet the needs of the residents and to keep them safe.

The centre was monitored on an ongoing basis, and in the main responsive action was taken to issues identified through auditing process. Since the last inspection the provider had addressed all the actions which had been submitted as part of their compliance plan.

Regulation 14: Persons in charge

There was a full-time person in charge appointed to the centre, who also had responsibility for one other centre. The person in charge was supported in their role by the person participating in management and one staff was nominated as a point of contact in the event the person in charge was not in the centre. Since the last inspection the provider had reviewed the arrangements for the person in charge to manage two centres, and from a review of rosters and an attendance book, it was evident that the person in charge attended the centre frequently every week.

The person in charge also had 16 hours protected time for administration and

management duties, as well as working an average of two shifts a week in the centre. This arrangement was found to be effective in ensuring the administration and operational management of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff employed in the centre, and continuity of care and support was provided to residents.

The staff team consisted of the person in charge and support workers. At the time of the inspection residents were on holiday from the day service, and a day activation programme, and two staff were on duty during the day, and one staff at night time in a sleepover capacity. When the residents resumed their day programmes, one staff was on duty during the day, two staff in the evening time, and one staff at night time in a sleepover capacity.

The inspector reviewed rosters for a two month period, and found regular staff were provided meaning continuity of care was maintained for residents. Throughout the inspection the inspector spoke to the person in charge and the staff member, who clearly knew the needs of the residents, and outlined their support requirements.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of training as part of continuous professional development, and in line with residents' needs. Mandatory training included, managing behaviour that is challenging and therapeutic interventions, safeguarding and fire safety. Additional training had included medicines management, first aid, manual handling, assisted decision making, children first, person centred planning and a suite of infection prevention and control (IPC) training.

Since the last inspection all staff had completed training in dysphagia. All staff had completed training in human rights and further detail of this has been included in the 'What residents told us and what inspectors observed' section of the report.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and contained all of the required information as per schedule 3 and schedule 4 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records as per schedule 3 and schedule 4 were available in the centre. Schedule 2 documents were not reviewed as part of this inspection

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the centre was resourced to meet the needs of the residents, and the management systems had ensured the service provided to residents was safe, effective, and was monitored on an ongoing basis.

There were sufficient resources in the centre in terms of staffing, staff training, centre transport and a household budget, and overall the premises were satisfactorily maintained.

There was a clearly defined management system in place. Staff reported to the person in charge, who reported to the residential services manager, also nominated as a person participating in management. The person participating in management reported to the operations manager, and on to the chief executive officer. The chief executive officer reported to the board of management.

The person in charge described the systems in place to ensure the centre was safe, and included monitoring of the services provided, assessing risks and an escalation process in the event a risk could not be dealt with locally, and quarterly reports to the board of directors. Supervision was provided to the person in charge every six months, facilitated by the person participating in management, and monthly meetings took place with the senior management team and persons in charge within the organisation.

The inspector reviewed a sample of audits that had been completed for the preceding year including medicine management, health and safety, person centred planning, and IPC, and in general any actions identified had been completed, for example, staff training, and the identification of an IPC lead. However, two required actions identified both on a health and safety audit in March 2023, and in the most recent six monthly unannounced visit had not been completed. One action related to the requirement for the installation of a ramp to the side of a property following an

assessment by an occupational therapist, and the other action related to overhanging trees from the neighbouring garden. This is discussed further in regulation 26, risk management procedures. An annual review of the quality and safety of care and support had been completed for 2022.

The inspector reviewed the most recent quarterly report to the board of management that included, for example, a report on the choices for residents, residents' inclusion in the community, how residents' independence is promoted, and personal and social developments. The person in charge had also reported on the plan for the next quarter, and the inspector noted some of these objectives were achieved by the day of inspection, for example, day trips, a holiday and introducing a resident to a new activity in the special olympics.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a contract of care for one of the two residents in the centre. The contract of care outlined the services to be provided and the fees to be charged. Since the last inspection, the additional fees the residents may need to pay were now outlined in the contract of care.

Judgment: Compliant

Quality and safety

Residents' wellbeing and welfare was maintained, and residents were provided with a good standard of care and support. The care and support provided reflected residents' preferences and needs, while respecting their rights to make choices and decisions about how they wished to live their life.

Residents' needs had been assessed, and staff were supporting residents to achieve their health, social and personal goals as outlined in personal plans. Similarly where residents required additional support with their communication, staff were knowledgeable on these supports, and ensured that communication aids were part of the day to day communication interactions used with residents. Residents had a full and active day of their choosing, and where a resident chose to change their plans for the day this was facilitated.

Residents were protected in the centre, and where residents required support with their emotional needs, this had been provided.

Overall there were systems in place to support residents and keep them safe. Some

improvement was required to ensure the measures outlined both in risk assessments and actions in provider audits relating to improvements to the premises were implemented in a timely manner.

Regulation 10: Communication

The communication needs of the residents had been assessed, and there were detailed guides available in personal plans on how residents communicate, including verbal and non-verbal modes of communication. A behaviour support plan also set out the communication preferences of a resident in order to support them with their emotional needs.

The residents used verbal, gestural and pictures to support their communication, and the inspector observed that the staff provided support in line with these needs. For example, a staff member was observed to support a resident to communicate to the inspector about how they make choices, and showed the inspector the weekly meal plan which was on display in the kitchen in picture format.

Residents had their own phones, and enjoyed accessing music and videos on the internet. Residents also had access to a house phone and to a television.

Judgment: Compliant

Regulation 13: General welfare and development

Each resident was provided with the appropriate care and support, as per their wishes and assessed needs.

Residents had access to a range of activities, and social opportunities, and one of the residents attended day services five days a week, while the other resident was supported by a full-time activation staff in the centre. A resident showed the inspector their plan which contained photos of a range of activities they had taken part in as part of their day activation programme. For example, going to the cinema, visiting an agricultural show, gardening, helping out around their home, mini golf, and playing bocce. The resident was also planning to go to Knock the following day, and had recently been on holidays, with the support of a staff member.

As mentioned residents were supported to develop goals, and the inspector reviewed records of some social goals which residents had achieved, for example, day trips to the zoo, attending discos and parties, and taking part in special olympics. Residents were supported to maintain links with their families and with their friends in the community, and visited their families regularly, and met up with their friends in the community.

Judgment: Compliant

Regulation 17: Premises

The inspector was shown around the premises by one of the residents, and later the person in charge. Overall the premises was clean and well maintained. Since the last inspection, the provider had installed a new bathroom, including new flooring, tiling, and a bathroom suite. Equipment was provided to promote residents' accessibility including handrails at entrances, and a shower chair.

There was a kitchen which was suitably equipped with cooking and food storage facilities, and an adjoining dining room. The residents had access to a sitting room with a television, and each of the residents had their own bedroom, which were decorated to their preference.

There was some work required to the external of the property, and this is discussed further in the report.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents were provided with a varied and nutritious diet, and could avail of snacks and drinks as they wished. A resident showed the inspector the food storage and cooking facilities which were clean and well organised. The resident also pointed out the food choices which were displayed on a picture meal plan for the week. With the support of staff the resident outlined how they chose their meals at a weekly meeting with their peer. On the day of inspection the person in charge was planning a grocery shop and was heard to ask the residents about their preference of food and snacks to be purchased.

Records of all meals provided to the residents were maintained, and a resident was supported to help with weekly grocery shopping. Residents needs had been assessed by a speech and language therapist, and where required modified diets were provided.

Judgment: Compliant

Regulation 26: Risk management procedures

While the provider had for the most part ensured risks were appropriately managed,

some risks identified through auditing processes, were not wholly managed in a timely manner. Specifically, the provider had identified the need for a ramp to be installed to the side of the property, and for trees from the adjoining property to be cut back, and at the time of the inspection there were no definitive timeframes for these works to be completed.

Since the last inspection, a number of issues that were identified had been dealt with, for example, developing a management plan where there was a risk of choking, removing combustible material from the boiler press, installing a new bathroom, and repair work to the path at the entrance gate to the centre.

The person in charge maintained a risk register, and on review, there had been a number of risks identified in the centre. Each risk assessment included control measures to mitigate the risks identified, and in the main these control measures were implemented. For example, a handrail was in place at the back exit which a resident was observed to use, chemicals were kept in a locked press, staff had been provided with training in dysphagia and in the management of epilepsy, and staff were adhering to IPC measures such as regular daily cleaning of the centre.

The inspector reviewed records of incidents for the preceding nine months, and three incidents related to behaviours of concerns had been reported.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed, and there were arrangements in place to ensure these needs were met.

The inspector reviewed records for two residents living in the centre and found, residents had an up-to-date assessment of their health, social and personal care needs. Assessments were guided by the wishes and preferences of residents, and assessments by staff, resident's general practitioner and hospital consultants, and allied health care professionals, for example, a speech and language therapist and occupational therapist.

Personal plans were developed based on these assessed needs, and guided the practice for staff in supporting residents. For example, healthcare plans related to feeding eating drinking and swallowing, pain management plans, intimate care plans, and communication guides. Personal plans were regularly reviewed.

Residents had been supported to develop goals in line with their interests and wishes, and progress of these goals were maintained in written records, and in photo albums.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had been assessed as to their emotional needs, and where required, a behaviour support specialist had assessed and developed a plan to support a resident. An up-to-date behaviour support plan was available, and outlined the supports to guide practice for staff in supporting the resident with their behavioural needs. As recommended records of incidents of behaviour were recorded. Staff had been provided with training in positive behaviour support and in therapeutic techniques.

There had been two restrictive practices reported to HIQA in quarterly notifications since the last inspection, and both of these restrictions had been reviewed, and since discontinued.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and all staff had up-to-date training in safeguarding.

Since the last inspection the person in charge had developed a safeguarding plan in the event a resident may be affected by the behaviour of another resident; however from a review of incidents and behaviour records, there had been no evidential risk since the last inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured the centre was operated in a way that respected each residents' individuality and wishes, as well as their privacy and dignity.

Residents made decisions about their care and support, and these choices guided the organisation of the centre on a day to day basis. For example, where a resident chose to say at home from day services, staff were available to provide support in the centre on the day of inspection, adapting the plan for the day and caring for the resident when they were feeling unwell. The inspector observed that staff sensitively provided support to residents to manage their personal care, and ensured their

privacy and dignity was maintained at all times.

Similarly the day to day activation plan for one resident was guided by their preferences, and personal goals, for example, meeting up with friends and day trips. It was important for residents to be involved in the day to day running of the centre, and a resident showed the inspector photos of them doing jobs in the garden and in the house.

Residents met every week, and decided on activities they would like to do for the upcoming week, and also chose their meals for the week. As mentioned, on the day of inspection, the person in charge was also planning the weekly grocery shopping, and ensured they consulted with residents about any additional purchases they needed or would like. From a review of minutes of residents' meetings, it was evident that residents had been informed of their rights, and human rights was discussed every week at these meetings. For example, the right to freedom of choice, the right to dignity, and their right to say what happens in their home had been talked about. Information was available on an external advocate, and advocacy was also discussed as part of weekly residents' meetings.

A staff member described how residents are supported with consenting to supports, for example, explaining a procedure before it happens, and seeking verbal consent. Consent had also been sought from residents as part of their personal planning process with regards to care planning, and emergency medical care.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Sona OSV-0005873

Inspection ID: MON-0035967

Date of inspection: 18/08/2023

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 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 provider will commit resources to cutting trees on the property with consent of other parties 30/11/23.</p> <p>On the ramp, the provider will have discussions with the engineer to see how it can be done and then discuss this with other parties to seek permission. The provider will seek the minor capital required if the ramp can be done - 30/11/23.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	30/11/2023