



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Inisfree
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	13 September 2023
Centre ID:	OSV-0008289
Fieldwork ID:	MON-0038133

## About the designated centre

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

Teach Inisfree provides full-time residential care for male and female adults with an intellectual disability. The centre comprises one purpose built building which is located on the outskirts of a busy town. Staffing is provided by a team of nursing and healthcare assistants. Waking night support arrangements are in place.

**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 13 September 2023	10:00hrs to 17:00hrs	Úna McDermott	Lead

## What residents told us and what inspectors observed

This inspection was the first inspection of a newly registered centre. It was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013). The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. From what the inspector observed, it was clear that the residents living at this designated centre were enjoying a good quality life where they were supported to be active participants in the running of their home and to be involved in their communities.

Teach Inisfree is a purpose-built bungalow which opened in May 2023. It is located in a residential area close to busy seaside town. The property was bright and spacious and suitable to the assessed needs of the residents. The entrance hall was welcoming. A safety pause station was provided. The kitchen and dining room were well-equipped with accessible areas provided for residents with physical disabilities. The sitting room was warm and comfortably decorated with doors that opened to the garden. Each resident had their own bedroom with a spacious en-suite shower room. They were brightly decorated with personal items displayed. Ceiling hoists were provided for residents with physical disabilities. A utility room was provided for the storage of cleaning products and the laundering of linens and clothing. It was a well organised room. At the rear of the house there was a garden with outdoor furniture and a shed for the storage of equipment.

The person in charge was on leave on the day of inspection. On arrival, the inspector met with the assistant director of nursing. Residents were observed preparing for their day. They smiled and interacted briefly with the inspector but due to their assessed needs no conversations were held. One resident returned from an early morning medical appointment and was preparing for breakfast. A second resident was at a day service. The remaining two residents were planning a day trip to a multi-sensory facility in the transport provided. The assistant director of nursing told the inspector that if the remaining residents required transport that day, that an accessible taxi service was available.

Contact with residents' families was supported by the staff team. This included telephone calls and visits home if appropriate. In addition, residents' family members visited the centre in accordance with residents' wishes. This was observed on the afternoon of inspection when a family member visited. They told the inspector that they were very happy with the new home provided for their relative. They said that the property was very spacious and that staff were very caring and had more time to spend with residents. For example; they told the inspector that the staff arranged trips to an accessible swimming pool for their relative which they were reported to enjoy. In addition, they said that they always felt welcome when they called to visit and that it was a happy home.

The inspector met with four staff members on the day of inspection. They praised

the new service highly. They said that the extra space made a difference to the lived experience of residents. In addition, they said that as additional staff resources were provided and they had more time to spend with residents and to offer increased activity options. Residents were described as smiling and laughing more often and one resident had started to sing again.

When asked, staff spoke with the inspector about using a human rights approach to their work. They said that they completed training modules in human rights and the information gained acted as a reminder of the importance of using a person centred rights based approach in their work. They told the inspector that they had increased opportunities to promote human rights since the move to the new centre. They spoke about offering choice, positive risk taking and advocating for rights on a daily basis. This was observed on the day of inspection. Interactions between residents and staff were kind, caring and respectful.

Overall, the inspector found that Teach Inisfree was a welcoming home with a warm, relaxed atmosphere. The residents were provided with a good quality, person-centred and rights based service where they were active participants in their community. Staff employed were familiar with residents' support needs and attentive to their requirements.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service provided.

## Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to residents met their needs and was under ongoing review.

The provider had a directory of residents which was up to date and available for review in the centre. It included the information required under schedule 3 of the regulation. The provider had an insurance contract in place which was up to date and met with the requirements of the regulation.

The statement of purpose was available to read in the centre. It had been revised recently and contained the information required under Schedule 1 of the regulation. The policies and procedures required under Schedule 5 of the regulation were prepared in writing and were stored in the centre. They were up to date.

The management structure consisted of a person in charge who reported to the assistant director of nursing. The person in charge had responsibility for the governance and oversight of two designated centres which were located close to each other. They worked full-time and had the qualifications, skills and experience

necessary to manage the designated centre and for the requirements of the role.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. Agency staff were used. They were reported to be consistent and familiar with the assessed needs of residents. When the person in charge was not available the assistant director of nursing was available to provide support. An on-call system was used, which staff said worked well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when staff had attended training. All training modules from the sample reviewed were up to date. In addition to mandatory training, autism support modules and training on legal issues for nursing staff was offered to staff. New staff members were employed in this centre. They told the inspector that an induction programme was provided and they were supported in their role. A formal schedule of staff supervision and performance management was in place, with meetings taking place in accordance with the provider's policy.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used, ensured that the service provided was appropriate to the needs of residents and was being effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. Team meetings were taking place on a regular basis. They were well attended and the minutes were available for review. A review of incidents occurring, found that they were documented in accordance with the provider's policy. The Chief Inspector of Social Services was informed, as required in line with the requirements of the regulation.

Overall, the inspector found that staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and for the care provided

#### Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had a directory of residents what was up to date and available to read in the centre. It included the information required under schedule 3 of the regulation.

Judgment: Compliant

### Regulation 22: Insurance

The provider had a contract of insurance that met with the requirements of the regulation.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there was a defined management structure with clear lines of authority. Management systems were in place to ensure that the service



provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had an up-to-date admissions policy in place and had ensured that residents and their families had an opportunity to visit the service prior to admission. Each resident had a contract of care in place which included details of the service provided and the fees charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was available to read in the centre. It had been revised recently and contained the information required under Schedule 1 of the regulation.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider and person in charge had submitted relevant notifications as specified by the Chief Inspector and within the required timeframes.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

## Quality and safety

The inspector found that the service provided in Teach Inisfree was person-centred and safe. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community.

Residents at this designated centre were admitted in May 2023. The provider had an up-to-date admissions policy in place and had ensured that residents and their families had an opportunity to visit the service prior to admission. Each resident had a contract of care which included details of the service provided and the fees charged.

Residents were provided with appropriate care and support in line with their assessed needs and their individual wishes. Access to facilities for occupation and recreation were provided. These included home and community based activities such as community day services, sensory experiences, swimming, shopping, concerts and day trips. Comprehensive assessments of residents' health, personal and social needs were completed. Each resident had a personal-centred plan and an assessment of need which were reviewed regularly. Residents and their representatives were involved in setting goals through their personal planning meetings.

Residents who required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with each individual's needs. For example, residents attended physiotherapy, speech and language therapy and occupational therapy. In addition, residents had access to consultant based services if required.

Residents that required support with behaviours of concern had the support of a psychologist and a clinical nurse specialist. Behaviour support plans were reviewed recently and the provider's policy on behaviour support was up to date. Restrictive practices were in use in this centre. Protocols for their use were in place and these were reviewed recently.

The inspector found that the designated centre was operated in a manner that respected the rights of each resident. Staff were provided with training in human rights. Residents were supported to participate in decisions about their care and support and to have control in their daily lives. For example, some residents attended day services from time to time. However, if they wished to remain at home staff were available and this choice was facilitated. Residents meetings were taking place on a weekly basis where plans for the week were agreed. In addition, the provider had a human rights committee in place. Meetings were taking place on a regular basis and the minutes were available to read in the centre.

As outlined, this was a new service which was provided in a purpose-built premises. The property provided was of high standard. It was designed to meet with the

assessed needs of the residents. It was of sound construction and in a good state of repair. It was clean and suitably decorated. A separate sitting room was provided. This meant that residents had access to a private area to meet with their visitors if required. The inspector found that visits to the designated centre were facilitated and encouraged in line with the residents' wishes. There were no restrictions in place.

The provider had effective management systems in place to reduce and manage risk in the designated centre. These included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had individual risk assessments with actions in place to reduce the risks identified. Where concerns arose, these were identified by the provider and a plan was put in place to manage the risks.

The provider had made arrangements to reduce the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans and all staff had completed fire training.

The provider had arrangements in place for the ordering, receipt, storage and administration of medicines. Medicine records were stored in a safe and accessible place. Medicines were stored securely.

In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. There were good governance and management arrangements in the centre which led to positive outcomes for residents' quality of life and care provided.

### Regulation 11: Visits

Visits to the designated centre were facilitated in line with the residents' wishes and without restriction. Suitable communal and private visiting areas were provided.

Judgment: Compliant

### Regulation 13: General welfare and development

Resident were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. Access to facilities for occupation and recreation was provided.

Judgment: Compliant

### Regulation 17: Premises

The house provided was designed and laid out to meet with the aims and objectives of the service and the number and needs of the residents. It was of sound construction and in a good state of repair.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety management systems including arrangements to detect, contain and extinguish fires and to evacuate the premises.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had arrangements in place for the ordering, receipt, storage and administration of medicines. Medicine records were stored in a safe and accessible place. Medicines were stored securely.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents were found to have comprehensive assessments completed of their

health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Annual reviews were up to date.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents that required support with behaviours of concern had the support of a psychologist and a clinical nurse specialist in place. The provider's policy on behaviour support and behaviour support plans were up to date. Restrictive practices were in use in this centre. Protocols for their use were in place and these were reviewed recently.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that the designated centre was operated in a manner that respected the rights of each resident. Staff were provided with training in human rights. Residents were involved in decisions about their care and support and had control in their daily lives.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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 9: Residents' rights	Compliant