



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:	Unannounced
Date of inspection:	09 December 2021
Centre ID:	OSV-0001831
Fieldwork ID:	MON-0029128

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:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 December 2021	11:15 am to 5:45 pm	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, from what the inspector observed residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to promote a supportive environment for residents where they were empowered to live as independently as possible. However, there were improvements required in relation to the following regulations, individual assessment and personal planning, premises, and fire precautions. These will be discussed further in the next two sections of the report.

The inspector had the opportunity to meet with four of the five residents that lived in the centre and one resident was on an overnight to their family home. All residents attended day services Monday to Friday during the day. Three of the residents attended an in-house day service programme supported by a dedicated day service staff and the other two residents attended external day services. Residents had been consulted when external day services were reopening after COVID-19 restrictions had lifted as to what day service they would like to attend. One of the residents chose to attend the in-house day service having previously attended an external service. This choice was respected and supported by the centre management and staff.

When the inspector arrived to the centre one resident was getting ready to attend an appointment supported by staff and the other two residents were making Christmas bunting to decorate the house while they listened to Christmas music. The three residents that were present in the house during the day appeared shy at first in the inspector's presence. Later in the day they each wanted to show the inspector different personal items that were important to them. For example, one resident showed a photo book of pictures taken over the last year of the residents doing different activities. The resident smiled and pointed out their favourite pictures they wanted to discuss. Another resident showed a personalised book of architecture plans which they had a passion for and they liked to colour in the plans. Staff had supported the resident to have a book made of their favourite plans in order to preserve them. The resident appeared to take great pride in this book when showing it to the inspector. They appeared to appreciate the praise the inspector gave them as they smiled and gave thumbs up gestures.

When the fourth resident returned home from day service they spoke to the inspector and said the centre was "the best house ever", they loved their room and that their pillows were "so soft and comfy". They said that the staff were nice and they would have no problem going to them if they were ever unhappy or needed help with anything. They told the inspector that they picked what activity they would like to do each evening and what they wanted for dinner. They said if they ever changed their mind they could have something else and it had never been a problem.

The inspector observed a residents' meeting occurring just prior to the end of the inspection. Residents appeared contented in each others company. They engaged

with each other and staff in a friendly and relaxed manner. These meetings occurred weekly with menus, chores and activity plans discussed and agreed by the residents. The inspector observed pictorial versions of the plans displayed on the wall to serve as a visual reminder for the residents. Previous minutes of the residents' meetings were transferred to a pictorial and easy-to-read version for the residents to look back on.

The house appeared homely and it was decorated for Christmas with a tree in the sitting room and other seasonal decorations. Each resident had their own bedroom that was decorated to their preferred tastes and styles. There were adequate storage facilities for residents to store their personal belongings. There were personal items, pictures, awards or certificates residents had achieved displayed in their bedrooms.

There were two staff on duty in the centre on the day of inspection. Staff spoken with appeared knowledgeable on the residents' preferences and support needs required. Staff were observed to speak to different residents in a calm and comforting manner when they were in need of reassurance or direction. Any interactions observed appeared warm in nature.

As part of the annual review and the six monthly unannounced visits the provider had given residents and their representatives the opportunity to give their thoughts on the service provided to them. Feedback received was complimentary on the service.

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

Overall, the inspector found there were management systems in place to ensure good quality care was being delivered to the residents and the centre was adequately resourced. However, as previously mentioned improvements were required in some areas and they will be discussed in section two of the report.

There was a defined management structure in place which included the person in charge. They were found to have the required qualifications, skills and appeared to know the centre and residents well.

The provider had carried out an annual review of the quality and safety of the centre and there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis. From a review of the annual review and the six-monthly visits any actions identified had been followed up on.

There were other local audits conducted within the centre in areas, such as weekly fire checks, monthly safety checks, quarterly medication audits and an annual

infection prevention and control audit.

From a review of the rosters the inspector saw that there were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. There was a planned and actual roster in place that accurately reflected the staffing arrangements in the centre and it was maintained by the person in charge.

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained and refresher training was available as required. Staff received training in areas such as medication management, safeguarding of vulnerable adults, fire safety training, infection prevention and control trainings and epilepsy awareness.

There were formalised supervision arrangements in place and from a sample viewed the person in charge was providing supervision to the staff team every six months as per the organisational policy and there were monthly staff meetings occurring in the centre.

The inspector reviewed a sample of resident contracts of care and they were reviewed and signed in light of the previous inspection findings. The contracts included fees to be charged to the residents. There were some recent admissions in the centre. From a sample of transition plans viewed the residents were provided with a pictorial transition plan and had the opportunity to visit the centre prior to admission.

Regulation 14: Persons in charge

The person in charge was found to have the required qualifications, skills and appeared to know the centre, and residents well.

Judgment: Compliant

Regulation 15: Staffing

From a review of the rosters the inspector saw that there were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. There was a planned and actual roster in place that accurately reflected the staffing arrangements in the centre and it was maintained by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained and refresher training was available as required. Staff received training in areas such as medication management, safeguarding of vulnerable adults, fire safety training, infection prevention and control trainings and epilepsy awareness.

There were formalised supervision arrangements in place and from a sample viewed the person in charge was providing supervision to the staff team every six months as per the organisational policy and there were monthly staff meetings occurring in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included a recently appointed person in charge within the last year.

The provider had carried out an annual review of the quality and safety of the centre and there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis. From a review of the annual review and the six-monthly visits any actions identified had been followed up on.

There were other local audits conducted within the centre in areas, such as weekly fire checks, monthly safety checks, quarterly medication audits and an annual infection prevention and control audit.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of resident contracts of care and they were reviewed and signed in light of the previous inspection findings. The contracts included fees to be charged to the residents. There were some recent admissions in the centre. From a sample of transition plans viewed the residents were provided with a pictorial transition plan and had the opportunity to visit the centre prior to admission.

Judgment: Compliant

Quality and safety

Overall, residents were receiving appropriate care and support that was individualised and focused on their needs. However, as previously mentioned there were improvements required in relation individual assessment and personal plan, premises, and fire precautions.

Residents' needs were assessed on an annual basis, and reviewed in line with changing needs and circumstances. However, some aspects of the assessment did not refer to all assessed needs. These included personal care, behavioural support needs and assessment of activities of daily living. The provider had developed a new assessment of need form however, this form was not available for the inspector to view on the day of inspection. Care plans were completed based on the assessment of need reviews and for the most part they were clear and directed staff on how to support residents in different areas as required. However, some areas of plans lacked detail or guidance on exactly what level of support a resident would require or they were vague on what exactly the intervention or recommendation staff were to undertake for the resident. While the majority of plans were reviewed annually one had not been reviewed within a year. This could mean that staff may not have the most up-to-date pertinent information in order to support a resident appropriately.

The health care needs of residents had been assessed and residents had access to a range of allied health professionals as required. These included a general practitioner (GP), chiropody, psychology, and occupational therapy (O.T). From a sample viewed each resident has an annual health care check by their G.P and had access to the national screening programmes as appropriate.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Behaviours that challenge were not a feature of this centre. There were anxiety care plans in place to support residents where required and psychology input was sought as necessary.

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy, staff were appropriately trained and staff spoken with were aware of what to do in the event of a potential safeguarding risk. There were no active safeguarding risks at the time of inspection.

From a walkabout of the centre the inspector found it to be homely. There were some areas that required painting and these included areas of the kitchen and porch. There was some slight mould observed in some areas. One area of a residents bedroom window required repair as there was a small hole in the window surround.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There was a recently reviewed risk management policy available, the centre had a site specific risk register, and a site specific safety statement in place. Each resident had a number of individual risk assessments in order to support their overall safety and wellbeing.

The inspector reviewed arrangements in relation to infection control management in the centre. There was a site specific COVID-19 contingency plan in place that clearly directed staff. Staff had been provided with several relevant trainings in relation to infection prevention and control. Personal protective equipment (PPE) was available in the centre and staff were observed using it in line with national guidelines. For example, masks were worn by staff at all times due to social distancing not being possible to maintain in the centre. There were adequate hand-washing facilities and hand sanitising gels available throughout the centre. The centre had colour coded chopping boards and colour coded mops and buckets which were stored appropriately.

There were arrangements for fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which were regularly serviced. Staff had received training in fire safety and there were fire evacuation plans in place for residents. However, improvements were required to several fire containment doors. Two bedroom fire doors would not close fully by themselves however this was rectified by the provider prior to the end of the inspection. One resident's bedroom door had a larger than recommended threshold gap.

Regulation 17: Premises

From a walkabout of the centre the inspector found it to be homely. There were some areas that required painting and these included areas of the kitchen and porch. There was some slight mould observed in areas such as around a window in a residents bedroom and in the bathroom. One area of a residents bedroom window required repair as there was a small hole in the window surround.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There was a recently reviewed risk management policy available, the centre had a site specific risk register, and a site specific safety statement in place. Each resident had a number of individual risk assessments so as to support their overall safety and wellbeing. The risk register was reviewed in March 2021 and

risk assessments were reviewed regularly by the person in charge. There were low levels of incidents in this centre with only one since January 2021.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed arrangements in relation to infection control management in the centre. There was a site specific COVID-19 contingency plan in place that clearly directed staff. Staff had been provided with several relevant trainings in relation to infection prevention and control. Personal protective equipment (PPE) was available in the centre and staff were observed using it in line with national guidelines. For example, masks were worn by staff at all times due to social distancing not being possible to maintain in the centre. There were adequate hand-washing facilities and hand sanitising gels available throughout the centre. The centre had colour coded chopping boards and colour coded mops and buckets which were stored appropriately.

Judgment: Compliant

Regulation 28: Fire precautions

While there were arrangements for fire safety management systems in place improvements were required to several fire containment doors. Two bedroom fire doors would not close fully by themselves however, this was rectified by the provider prior to the end of the inspection. One resident's bedroom door had a larger than recommended threshold gap.

Judgment: Substantially 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. However, some aspects of the assessment did not refer to all assessed needs. These included personal care, behavioural support needs and assessment of activities of daily living. Some areas of plans lacked detail or guidance on exactly what level of support a resident would require or they were vague on what exactly the intervention or recommendation staff were to undertake for the resident. While the majority of plans were reviewed annually one had not

been reviewed within a year.

Judgment: Substantially compliant

Regulation 6: Health care

The health care needs of residents had been assessed and residents had access to a range of allied health professionals as required. These included a general practitioner (GP), chiropody, psychology, and occupational therapy (O.T). From a sample viewed each resident has an annual health care check by their G.P and had access to the national screening programmes as appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Behaviours that challenge were not a feature of this centre. There were anxiety care plans in place to support residents where required and psychology input was sought as necessary.

Restrictive practices were not in use in the centre, there was evidence of a restrictive practice previously in place but was since reviewed, deemed no longer necessary and removed.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy, staff were appropriately trained and staff spoken with were aware of what to do in the event of a potential safeguarding risk. There were no active safeguarding risks at the time of inspection. There were clear intimate care plans in place to direct staff on how best to support residents and what level of ability for self care each resident had themselves.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there were adequate systems in place to promote residents' rights. These included residents' meetings, daily choices residents were supported to make with regard to house chores, activities and meals within the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially 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-0029128

Date of inspection: 09/12/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The identified areas for painting in the kitchen have been completed 12/1/22. The porch will be painted fully and completed 28/1/22. All areas of mould identified around the window in one resident's bedroom and the bathroom have been treated 12/1/22 and the small hole in surround of one resident's bedroom window has been repaired 13/1/22.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire door identified in one resident's bedroom as having a larger than recommended gap at the bottom has been adjusted to comply with regulations 11/1/22.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge is currently reviewing all the needs analysis to ensure that all individual needs are assessed to include personal care, behavioural support needs and assessment of daily living. Care plans are being reviewed to ensure that the level of	

supports required by residents is a clear and accurate reflection of the intervention and needs of each individual 28/1/22. The care plan referred to in the report regulation 05(6)(c) that had not been reviewed in a year has been reviewed 11/1/22.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(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	28/01/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/01/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	11/01/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional,	Substantially Compliant	Yellow	28/01/2022

	of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	11/01/2022