



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

Issued by the Chief Inspector

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| Name of designated centre: | Teach Solas/Oaklands |
| Name of provider: | Health Service Executive |
| Address of centre: | Longford |
| Type of inspection: | Unannounced |
| Date of inspection: | 09 December 2021 |
| Centre ID: | OSV-0003761 |
| Fieldwork ID: | MON-0032201 |

About the designated centre

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

Teach Solas/Oaklands is a designated centre in a large town in Co. Longford. It comprises of two large residential community homes and a house used for isolation purposes during COVID19, all located a short distance from each other. One house that provides residential care is a five bedroom bungalow and the other is a four bedroom dormer style bungalow. Each resident has their own bedroom which has been personalised to their own individual styles. The houses are spacious and have adequate communal space for residents. Some adaptations have been made in the homes to meet the needs of residents who have mobility issues. The houses have gardens to the back of the properties. Transport is provided should residents wish to avail of it for leisure activities and appointments. The centre can provide full-time residential care to nine male and female adults, some of whom may require support around their emotional well-being and healthcare needs. The centre is nursing led, meaning that a nurse is on duty 24 hours a day. Health care assistants and social care workers are also employed to support residents. Some residents do not attend formal day services. They are supported by staff in the centre to having meaningful activities during the day in line with their personal preferences.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 6 |
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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 |
|-----------------------------|-------------------------|------------------|------|
| Thursday 9 December 2021 | 10:10hrs to 17:40hrs | Angela McCormack | Lead |

What residents told us and what inspectors observed

The inspector found that residents who lived at Teach Solas/Oaklands were provided with good care, where their overall health and wellbeing were promoted. Residents who the inspector met with during the day of inspection appeared relaxed in their home and with the supports provided by staff members.

The designated centre consisted of three houses, one of which was vacant but formed part of the contingency isolation plan for one resident in the event of an outbreak of COVID19. The inspector visited all three houses during the day, and met with three residents in one house and one resident in another house, while adhering to the public health guidelines of the wearing of a face mask and social distancing. In addition, the inspector met and spoke with staff who were working on the day.

On arrival to Oaklands on the morning of the inspection, the inspector met with a staff nurse who was working for the day, and who helped to facilitate the inspection in the absence of the person in charge for the first half of the inspection. One resident was observed to be in the hallway freely moving around, and greeted the inspector on their own terms. Later that evening, the inspector met with two other residents, both of whom were getting ready to go out on the bus to go shopping. One resident communicated verbally with the inspector and spoke about what shops they were going to and what they planned to buy while there. The inspector was informed that this resident loved to go shopping, and had recently been on a shopping trip and night away in a city. Residents were observed to be comfortable with staff, and one resident was singing a song with a staff member, and they appeared to be happy and relaxed in the company of the staff.

Oaklands house was clean, bright and nicely decorated. There was one vacancy at the time of inspection. Each resident had their own bedrooms which were personalised and decorated in line with residents' wishes. One resident was reported to have re-decorated their bedroom during the COVID19 restrictions. One resident had a music player playing in the background in their bedroom. During the evening, they were observed to be relaxing in their bedroom, and another resident joined them and they appeared comfortable in each other's company. There was a sensory room in an external building that had a range of sensory equipment, which created a relaxing and beautiful space for residents to enjoy. Internally the house appeared spacious for the numbers of residents, with large communal areas for residents to relax in. It was observed that a door wedge was holding open one of the fire doors of the room that stored the laundry equipment and led to the hallway, and this was removed immediately when it was brought to the attention of the management team.

The inspector visited Teach Solas later in the morning, and got the opportunity to meet with one resident. Two residents were in bed, and one resident was reported to be going to attend an external day service later in the afternoon for a few hours. There were two vacancies in the house on the day of inspection. One resident met

briefly with the inspector after they got up in the morning, and greeted them briefly in their own way and chose not to communicate further, which was respected. They were observed to be comfortable with staff, and appeared happy and content. Staff were responsive to their needs and appeared to know them well. They were observed to be relaxing in the sitting-room, with music playing in the background during the morning. Teach Solas appeared clean, bright and homely. There were Christmas decorations throughout the house, and photographs of residents on display which created a homely, relaxing and warm atmosphere. There was a beautiful large garden out the back area of the house, which was accessible and contained garden furniture, a water feature and shrubs and plants. The inspector was informed about how the residents enjoyed this space, and how one resident enjoyed going for walks around the garden.

The inspector visited the third house which was vacant, but formed part of the isolation plan for one resident living in Oaklands, who may require it for isolation purposes should the resident become a suspected or confirmed case of COVID19. The house required internal maintenance and cleaning, to address dampness in one area of the house and to ensure that it would be fit for the purpose for which it was to be used. This will be discussed further in other parts of the report.

Staff supporting residents spoke about residents' interests and routines and appeared knowledgeable about residents' needs, behaviours and communication preferences. This was also observed in practice throughout the day. The inspector also reviewed documentation such as daily records, support plans and nursing assessments. Residents were reported to enjoy activities such as; music therapy, reflexology, shopping trips, visits to family, attending Mass, doing mindfulness sessions and using the sensory room and gardens. The centre was observed to have a range of easy-to-read visuals located around the house; including pictorial rotas and visual activity schedules.

Overall, residents appeared happy and content in their home environment and with staff supporting them. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there was a good governance and management structure in place; however improvements were required in the ongoing monitoring and oversight to ensure that the auditing systems effectively identified actions for improvement in all locations that formed the centre. Areas that were found to require improvements included aspects of protection against infection, fire safety, premises, staffing recruitment and staffing arrangements in one location.

A new person in charge had recently been appointed and they were found to meet

the regulatory requirements in terms of qualifications and supervisory/management experience. They were responsible for this centre only and were supported in their role by persons participating in management and a team of nurses and healthcare staff who worked directly supporting residents.

On the day of inspection staffing numbers appeared to be sufficient to meet the numbers and needs of residents; however a review of the roster indicated that in one location staffing arrangements required review to ensure that all residents' social care needs could be met. For example, two residents' assessments of needs stated that they required two staff, and sometimes three, to support for some aspects of care. In addition, all residents required some supports and supervision with feeding, and a risk assessment for one resident for choking was rated as a high risk. However, a review of the roster showed that only two staff were scheduled to work for some evenings and weekend days. This meant that if a resident wished to go on a community outing at these times that this could only be a short outing as two staff were required for aspects of care for two out of the three residents who lived here. When asked, staff confirmed that this was the case. The person in charge stated that they were available to help out some weekends; however a review of the staffing arrangements in conjunction with residents' assessed needs required further review to ensure that social care needs could be met also. In addition, there were some vacant posts for staff nurses and healthcare assistants that required filling to ensure continuity of care to residents. The inspector was informed, and shown evidence that this was in progress, and was also informed that regular agency staff who knew the residents well were being used. However the completion of the recruitment of these posts would provide additional assurances that residents, some of whom had complex needs, would be supported by familiar staff at all times.

Staff were offered training opportunities for continuous professional development and in supporting them to have the skills and knowledge to support residents with their needs. Training records were reviewed which demonstrated that staff received training in areas such as; safeguarding, hand hygiene, use of personal protective equipment (PPE), fire safety, human rights and behaviour management.

The management team had systems in place for internal audits in a range of areas; such as fire safety checks, infection prevention and control, finance, complaints, medication management and individual care plans. In addition, the provider ensured that the annual review of the quality and safety of care and support in the centre, and six monthly unannounced audits were completed as required in the regulations. However, the inspector found that some improvements were required to ensure that these audits covered all areas of the designated centre. For example; the most recent annual review which occurred in March 2021 did not review the quality and safety of the house that was to be used for an isolation unit. In addition, the most recent provider audit in October 2021 only reviewed one location of the house. This did not ensure robust oversight of the centre as a whole. For example; issues with the premises in one house which was to be used as an isolation unit was not identified through the provider's audits and therefore created a risk to the safety and quality of care to residents who may need to use this. The management team accepted this and stated that they had plans to apply to remove this house as part

of the designated centre, as one of the persons participating in management had recently identified that this house would not be fit for the purpose that it was intended for.

In summary, while there was a clear governance structure in place, some improvements were needed in the ongoing oversight and monitoring of systems in the centre to ensure that audits effectively identified areas of non compliance and actions for improvements in all parts of the centre to ensure a safe and high quality service at all times.

Regulation 15: Staffing

While the staffing numbers appeared to meet the numbers and needs of residents on the day of inspection, a review of the roster in Teach Solas was required to ensure that the numbers of staff on duty would meet all residents' needs at all times. For example; two out of three residents' assessments of need stated that they required two staff for aspects of care and support. It was found that at weekends only two staff were working on Saturdays and Sundays. This meant that if a resident chose to go on a community outing exceeding a few hours, that this could not be facilitated due to other residents' requiring supports with their assessed needs.

In addition, there were a number of vacancies which were in progress for recruitment; however while the gaps were covered by a regular agency staff who were familiar with residents, the filling of these gaps on a permanent basis would further ensure the continuity of care to residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff received a range of mandatory and refresher training as part of their continuous professional development, and to ensure that they had the skills and knowledge to support residents.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were needed in the oversight and monitoring by the management team to ensure that all areas of the centre were reviewed and audited, so that any

corrective actions would be identified to ensure the quality and safety of care for residents. For example; the annual review of the quality and safety of care in the centre and provider unannounced six monthly audit did not include a review of the isolation unit. In addition, the latest provider audit only reviewed one location that made up the centre, which created a risk that some areas for improvement and compliance would not be identified in the other two locations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of documentation demonstrated that notifications that were required to be submitted to the Chief Inspector of Social Services had been completed in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality service where their health was promoted and their individuality respected. Residents who the inspector met with appeared relaxed and content, and were observed to be comfortable with staff supporting them. However, improvements in aspects of protection against infection, ensuring all premises were well maintained and effective monitoring of fire safety in one house would further enhance the quality and safety of care provided to residents.

Through a review of documentation, discussions with staff and residents, it was evident that residents' health and welfare were promoted. Residents were supported to achieve optimal health by being facilitated to access a range of allied healthcare professionals, national screening programmes and vaccination programmes as appropriate, and in line with their wishes. This included access to chiropodists, general practitioners, dentists and access to multidisciplinary supports where required.

In addition, residents who required supports with communication had comprehensive communication plans in place to support them with their preferred communication styles, and which helped to ensure that all staff were knowledgeable about individual residents' communication methods and the ways that residents expressed themselves. Residents had access to radios, televisions, internet and telephones also.

Residents who required supports with behaviours of concern had specific plans and

protocols in place, which had a multidisciplinary input. These were found to have been reviewed recently and were comprehensive in nature, detailing proactive and reactive strategies for specific behaviours of concern. The inspector found that restrictive practices that were in place were reviewed with members of the multidisciplinary team recently. It was evident through these reviews that the rationale for the restrictions, and the risk of not using these practices were discussed and clearly documented, which provided evidence that the restrictive practices were reviewed to be the least restrictive option.

Safeguarding of residents were taken seriously in the centre, and this was evident through the adherence to the safeguarding procedure when any concerns of a safeguarding nature were raised. There were no safeguarding plans open to the safeguarding and protection team at the time; however there were some safeguarding measures being implemented arising from historic safeguarding incidents between residents. Staff were trained in safeguarding and spoke knowledgeably about potential safeguarding risks between residents. Residents had in place comprehensive intimate and personal care plans which were reviewed and contained up-to-date information about the supports required in personal care.

In general, there were good systems in place for the prevention and control of infection including staff training, infection prevention and control audits, the use of PPE, posters on display around the houses and the availability of hand gels at entry points. In addition, there were systems in place for the prevention and management of risks associated with COVID-19; including up-to-date outbreak management plans and isolation plans for residents, should this be required. As stated previously, one location that formed part of the designated centre was identified to be used as an area for isolation for one resident and was found to be not fit for the purpose it was required. As a result, the management team reviewed this resident's isolation plan and associated risk assessment, and before the end of the inspection had developed an alternative plan for the resident which would mean that they could effectively be supported in their own home. In addition, in one area of the centre a specific protocol was required to support staff with specific and safe cleaning practices with regard to bodily waste, to reduce the risks of any possible infection to residents living in the centre and staff involved in cleaning.

There were fire safety management systems in place in all three locations of the centre, and there was evidence that there were regular checks completed. Fire drill records and discussions with staff indicated that residents could be evacuated safely in the event of a fire, and there were clear plans in place to guide staff in the evacuation plan. However, it was found that in one location a door wedge was used to hold open the fire door that separated the utility/laundry area to the hallway, which created a fire containment risk. This door wedge was removed immediately when brought to the attention of the management team. This had not identified on the weekly and daily checks completed, and the management team were not sure about how long this wedge had been used, or who had put it there. The management team assured the inspector that they would follow up on this.

In summary, residents were provided with good supports to achieve optimal health and wellbeing, health and residents' uniqueness were valued. However, risks

associated with fire safety, premises and infection prevention and control required review to ensure compliance with the regulations and to provide assurance that residents were provided with a quality and safe home at all times.

Regulation 10: Communication

Residents had comprehensive communication profiles in place, which clearly detailed the supports that they required and their individual communication preferences. Residents had access to televisions, radios, internet access and telephones.

Judgment: Compliant

Regulation 17: Premises

The house that was to be used as an isolation unit for one resident in the event of a COVID19 outbreak required internal maintenance work as there was peeling paint on the ceiling of the utility room due to dampness in the house, and cracked glass panel in the back door. In addition, a walkaround of the house indicated that there was no ongoing cleaning and general maintenance being completed which would ensure that the house would be ready for use by a resident, if required at short notice. The management team acknowledged that this location was not fit for purpose and stated that this house would not be used, and they confirmed that an application to vary to remove this house as part of the centre would be completed.

Judgment: Not compliant

Regulation 27: Protection against infection

In general, infection protection and control procedures were good in the two locations of the centre, in which the residents lived. However, due to risks associated with bodily waste and cleaning of areas that may be soiled; a specific procedure was required to ensure that cleaning practices and protocols took into account the risks to residents and staff of possible infections associated with bodily waste.

Judgment: Substantially compliant

Regulation 28: Fire precautions

In general, there were good fire safety management procedures and systems in place. However, in one house a door wedge was observed to be holding open the fire door that separated the laundry room to the hallway of the house. This risk and practice had not been identified through the daily and weekly checks that occurred by staff on duty, nor was it evident that staff who facilitated the use of this door wedge were knowledgeable about the risks it posed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health outcomes, and were facilitated to attend a range of allied healthcare professionals, as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required supports with behaviours of concern had comprehensive plans of support in place, which had a multidisciplinary input. Restrictive practices that were in place were kept under regular review to ensure that they were proportionate to the risks, and were found to be assessed to be the least restrictive option.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, reviews of incidents and adherence to the policy and procedure where concerns had been raised. In addition, residents' care and support plans for intimate and personal care were comprehensive and clearly outlined residents' preferences and supports required in this area.

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 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Teach Solas/Oaklands OSV-0003761

Inspection ID: MON-0032201

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 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staff roster has been reviewed and increased to 3, an increase of one additional whole time equivalent at weekends to facilitate socialization, community integration and additional support for residents assessed needs.</p> <p>A recruitment campaign is being progressed to fill permanent vacancies.</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Oversight and monitoring of the centre by the governance team will ensure all units comprising the centre are part of the annual review and six monthly unannounced visits. Annual review for 2021 will be completed by 31.01.2022 taking into account all 3 houses comprising the designated centre. Six monthly provider reports will be completed by 31.01.2022 auditing all 3 houses.</p> | |
| Regulation 17: Premises | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> | |

An application of vary was submitted by the HSE on 13.12.2021 to remove the house utilised for isolation purpose from the configuration of the designated centre.. Individual contingency plans for the identified resident who required the use of this house have been updated to reflect the use of a spare bedroom for isolation purposes. The service is in the process of registering a self-isolation house in another area and this will be processed by 31.01.2022

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| Regulation 27: Protection against infection | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 A risk assessment has been completed in conjunction with a cleaning schedule for risks associated with bodily waste and cleaning of areas that may be soiled. Completed on 09.12.2021

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| Regulation 28: Fire precautions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Automatic fire door release has been installed on the fire door to laundry room on 13/12/2021

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 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 18/12/2021 |
| Regulation 15(3) | The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. | Substantially Compliant | Yellow | 18/12/2021 |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre | Not Compliant | Orange | 31/01/2022 |

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| | are of sound construction and kept in a good state of repair externally and internally. | | | |
| Regulation 17(1)(c) | The registered provider shall ensure the premises of the designated centre are clean and suitably decorated. | Not Compliant | Orange | 31/01/2022 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 31/01/2022 |
| Regulation 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 09/12/2021 |
| Regulation 28(1) | The registered provider shall | Substantially Compliant | Yellow | 13/12/2021 |

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| | ensure that effective fire safety management systems are in place. | | | |
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