



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

Issued by the Chief Inspector

Name of designated centre:	Teach Solas/Oaklands
Name of provider:	Health Service Executive
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	30 August 2023
Centre ID:	OSV-0003761
Fieldwork ID:	MON-0032184

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 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 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.

Number of residents on the date of inspection:	8
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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 30 August 2023	10:15hrs to 19:25hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre is a residential service which provided care and support for up to nine residents. The centre is located in a large town, and comprised of two units.

From spending time with residents and observing interactions with staff and residents, it was evident that residents were happy in their home, and that their needs were being met. The inspector also spoke to the person in charge, the person participating in management, and three staff members, as well as reviewing documentation, for example, personal plans, policies and procedures, and minutes of meetings and audits. Overall the inspector found residents were provided with a good standard of care and support.

The inspector met the person in charge at the beginning of the inspection and was shown around one unit of the centre, and later in the afternoon, the second unit of the centre. The centre was spacious, welcoming, and homely, and had all the facilities and equipment residents needed to support them with their needs. Residents could access most areas of the centre, and where there were some environmental restrictive practices, these were applied for the minimum amount of time.

The inspector had the opportunity to meet seven of the eight residents living in the centre. All residents appeared very content in their home, and there was a positive rapport between staff and the residents. For example, a staff member talked about how they support a resident with their verbal communication, and this was observed to be used to help the resident manage their emotions. Staff joined with residents for a weekly mindfulness session, and the facilitator explained the importance of this, to help residents with a calm and relaxed atmosphere, and to limit distractions for residents. The inspector joined residents and staff towards the end of this session, and observed that residents really enjoyed this interactive multi-sensory experience.

The inspector met a family of a resident who had moved into the centre the previous year. The family outlined that they were happy with the support that staff provided and they felt their loved one was safe in the centre. The family also explained they rang twice a day, and staff keep them up-to-date on their relative's wellbeing, and were very approachable if they had a concern. The inspector also spoke to another resident who had recently moved into the centre, and they said they were happy with their move into the centre.

The inspector reviewed four resident questionnaires, that had been completed by staff on behalf of residents. Overall, residents were happy with the support they received in the centre, and with the choices that were offered to them.

Staff were observed to be kind and respectful in their interactions with residents, communicating with them in the way residents preferred. For example, a staff

member was observed to calmly chat to a resident after a mindfulness session, and support the resident to redirect their focus, thereby helping them manage their emotions. Later the staff explained to the inspector how it was important that the expressive communication of some residents, needs to be interpreted to consider physical issues that may be contributing to behavioural concerns. Another staff member described how a resident was being supported with social stories to help them prepare for new or upcoming events in their life, for example, new social goals. All staff had completed training in human rights, and a staff member described how this had positively impacted their understanding of how residents make choices, and how a specific risk was managed to improve a resident's quality of life through enhanced opportunities in the community.

Residents were supported to maintain links with their families and friends. Some residents went home and stayed with their families during weekends or holiday periods, while some residents met their families for meals out, or during visits in the centre. Regular communication was maintained with families, and families were invited to attend annual reviews of the residents' personal plans, as well as staff ringing families to inform them of their loved ones wellbeing. One resident went to a social club every month, and met up with friends, and residents went to mass in the town's cathedral at the weekends if they wished. Residents were also supported to maintain links with the community and availed of local amenities, for example, restaurants, coffee shops, swimming pools, and the library. Three residents went to day services, either on a full-time or sessional basis, and other residents were supported with activities in the centre and in the community every day.

Overall the inspector found residents were experiencing a positive and fulfilling life, and were supported with their complex needs by a skilled staff team, who respected their rights, and were continually engaging with residents to maximise their independence, and enhance their quality of life.

Capacity and capability

This inspection was carried out following an application by the provider to renew the registration of this centre, and a full application was received. The centre could accommodate nine residents and there were eight residents living in the centre on the day of inspection.

The provider had the arrangements, systems, and resources, in place to ensure residents received a good standard of care and support, as assessed, and that residents were safe in the centre. The centre was effectively managed by a full-time person in charge with the support of a person participating in management and an assistant director of nursing. There were systems in place for the ongoing monitoring of services provided to residents. Some improvement was required to ensure actions arising from audits were fully implemented.

The residents were supported by a skilled and knowledgeable team of nurses and

health care assistants, and there were sufficient staffing levels maintained in the centre.

There were clear and transparent processes for admission to the centre, and residents had the opportunity to visit the centre before admission.

Overall the inspector found there were effective management systems in the centre that focused on residents experiencing personalised and fulfilling lives, thereby continually improving the outcomes for residents living in this centre.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre, who had the required qualifications and management experience to fulfil the role. The person in charge had commenced in their post in July 2021, and knew the residents well.

The person in charge worked in a supernumerary capacity, and divided their time equally between the two units of the centre. The inspector met with the person participating in management, who told the inspector there was plan to divide this two unit centre into two standalone designated centres, with a person in charge in both centres. The person participating in management explained this was in line with other designated centres under the remit of the provider in this region.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staffing levels in the centre, and the skill mix was appropriate to the needs of the residents. The centre employed nurses and healthcare assistants. Nursing care was provided 24 hours a day. There were three staff on duty during the day in each unit, and two staff at night time in a waking capacity.

Two staff had been recently recruited and there were four staff vacancies in the centre due to leave. The provider had a recruitment campaign ongoing, and in the

interim shifts were being filled by regular agency staff. One nurse post was being filled by a regular agency staff, who had worked in the centre for a number of years, and one staff was due to return to work by the end of the week.

The inspector reviewed a sample of rosters over four months, and found overall staffing levels were being maintained. There were some occasions where the person in charge did fill nursing shifts. Rosters were appropriately maintained.

Schedule 2 documents were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge maintained a directory of residents, which contained all of the information as per schedule 3 and schedule 4 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records as per schedule 3 and schedule 4 of the regulations were available in the centre. Records pertaining to some aspects of fire safety, and to residents' finances were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 22: Insurance

The centre had up-to-date insurance, and a copy of the insurance certificate was submitted to HIQA as part of the application to renew the registration of this centre.

Judgment: Compliant

Regulation 23: Governance and management

There were systems in place to ensure the service provided to residents met their needs, and ensured they were safe. The centre was sufficiently resourced to

provide services to the residents. The centre was monitored on an ongoing basis; however, improvement was required to ensure actions arising from audits were followed through on.

The centre was resourced effectively and included a household budget, staffing, staff training, suitable premises, equipment and facilities, and three vehicles.

There was a clearly defined management reporting system. Staff reported to the person in charge. The nurse on duty in each unit assumed responsibility for each unit when the person in charge was not on duty. The person in charge reported to the assistant director of nursing, who reported to the acting director of nursing, who was also nominated as a person participating in management. The person participating in management reported to the general manager.

There were systems in place to ensure the residents' safety for example, the effective management of identified risks, robust safeguarding procedures, a skilled workforce, infection prevention and control (IPC) procedures, and safe medicine management practices. Similarly the systems also ensured residents received an effective support services, which was based on their assessed needs, and included the implementation of personal plans, communication systems, and timely access to healthcare professionals as needed. The inspector spoke to two staff members who said they had good support from the person in charge and the management team, and could raise concerns about the quality and safety of care and support if the need arose.

There were systems in place to review the services provided, and overall the inspector found these were effective in overseeing the services, and implementing improvements where required. Some improvement was required to ensure some actions identified in audits were implemented. For example, an IPC audit in March 2023 identified the need to ensure all staff had completed training in one specific IPC training; however this was not evident in the training matrix reviewed. Notwithstanding this, all other actions arising from this audit were complete including three other IPC training for staff completed, and discussing IPC with residents at their weekly meeting.

A care plan audit in April 2023 had identified the need for staff to discuss the accessible information for person centred planning with residents at their weekly meeting; however, this was also not completed. The remaining actions arising from this audit were complete. The inspector reviewed monthly incident audits and where required actions had been completed.

Since the last inspection the provider had ensured the six monthly unannounced visit and the annual review of the quality and safety of care included both units of the centre. The most recent six monthly unannounced visit was completed in the two units of the centre over two days in June and July 2023, and had included consultation with residents. From a review of a sample of actions it was evident that most actions had been completed, for example, clear documentation of the progress of residents' goals, staff had completed human rights training, a contract of care had been signed by a resident's relative, and all documentation pertaining to a new

admission to the centre was up-to date.

An annual review of the quality and safety of care and support had been completed for 2023 and had included consultation with residents' families.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There had been three residents admitted to the centre since the last inspection, and the inspector reviewed the transition plan for one resident. The admission process had included a planned transition into the centre over a three month period, and the resident had been given the opportunity to meet staff, and to visit the centre before they moved in. The needs of the resident in terms of the information that was important for staff to know, and for the resident to know, had been communicated before the admission, and picture guides had been provided to the resident to help them familiarise themselves with their new home and the people they would meet.

Since their admission the resident had been provided with a contract for the provision of services, which outlined the services to be provided and the fees to be charged. Additional fees which the resident may need to pay, were also outlined in the contract.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose that contained all of the information as per schedule 1 of the regulations. The statement of purpose had recently been reviewed and updated.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support which reflected their choices and needs, and was delivered in a manner which respected their rights.

Each of the residents needs had been assessed and personal plans were

implemented which met the health, social, communication and personal care needs of residents, while ensuring the choices of residents formed part of the day to day life experiences for the residents. Residents were also supported to develop goals which included social aspects and skills development, and as a result residents were supported to experience new opportunities in the community, and to build on their independence.

Residents were protected by safeguarding procedures, as well as the effective management of risks, suitable medicine management practices, and safe infection prevention and control procedures. One action relating to fire safety had been addressed since the last inspection, and there were sufficient staffing levels in the centre in order to evacuate residents in the event of a fire, in line with personal emergency evacuation plans.

Both premises of this centre were well laid out and maintained, and maintenance work that was required, was planned to be completed in the coming weeks.

Regulation 10: Communication

Residents' communication needs had been assessed as part of the assessment of need process, and there were detailed individualised guides in personal plans on how each resident communicated their needs, wants, emotions, and wellbeing, including verbal and non-verbal interactions. For example, some residents used social stories with pictures to help them prepare for upcoming events or appointments, as well as daily visual schedules. The person in charge outlined they had ordered software for further development of picture communication, as was recommended.

The inspector observed that staff communicated sensitively and effectively with residents, interpreting their specific expressions in line with their personal plans. The inspector met with two staff members in one unit. One of the staff described the social stories that were used to support a resident to transition into the centre, as well as helping the resident with upcoming plans. Another staff member described some of the different modes of communication a resident used, and how staff interpreted and responded to support the resident to manage their emotions.

Residents had access to the internet, phones, television, newspapers and the radio.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with the appropriate support and care to ensure their

choices were upheld, and their needs were met.

The wishes and preferences of residents on how they wished to spend their day to day life had been assessed. Residents with the support of staff, had also made plans of goals they would like to achieve, and during their residents' meetings decided on any additional activities they would like to do during the week.

These choices were incorporated into daily plans, and residents had a written activity plan on display in their bedroom. Activities had included for example, swimming, bowling, day trips to town, going out for coffee, meeting family for a meal, visiting the library for sensory activities, shopping, walks, and trips to the beach. Residents had plans to attend music festivals, go on holidays, and learn new cookery skills as part of their personal goals, and photograph memory books of activities residents had completed to achieve goals were developed for residents.

Three residents attended day services, and other residents were supported by staff with daily activities in the community or in their home. Residents also enjoyed group mindfulness sessions and individual reflexology sessions.

Judgment: Compliant

Regulation 17: Premises

The centre was clean and well maintained, and where some repair work was required, this was planned for. Since the last inspection a third unit had been removed from this centre, following an application by the provider to vary the conditions of registration in February 2022.

The inspector was shown around the two units by the person in charge, and found the centre was suitable to meet the needs of the residents living in the centre. Each of the residents had their own bedroom, which were personalised, and had sufficient storage for residents to store their belongings.

Each of the units were spacious, and had open plan kitchen, dining and sittingroom facilities. There was a second sittingroom in each unit, and the centre was accessible for residents. There were adequate numbers of bathrooms in the centre, and assistive equipment such as hoists, shower chair and a ramp, were provided to support residents' mobility.

A sensory room had been built in the back garden of one unit, and this was fully equipped with a range of sensory equipment. In the second unit, there was a large back garden, accessible from the dining room.

Suitable laundry facilities were available, and overall the centre was homely, warm, and well maintained. Two ensuite bathrooms needed the flooring replaced, and by the end of the inspection confirmation was received from the contractor that this

work would be completed by the end of September 2023.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs had been assessed, and a speech and language therapist had, where required, recommended modified diets. Staff were knowledgeable on these needs, and described how food is prepared and served specific to residents' individualised guidelines. The inspector observed two residents being served a meal in the evening, and observed that the meal provided was wholesome and nutritious. Assistive equipment was provided to a resident to help them manage their meal independently.

Records of all meals provided to residents were maintained, and residents chose the meals they would like to have for the upcoming week at residents' meetings. The inspector observed that food was prepared and stored in hygienic conditions.

Judgment: Compliant

Regulation 20: Information for residents

The person in charge had developed a residents' guide, that contained all of the required information, and was submitted to HIQA as part of the application to renew the registration of this centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Suitable arrangements were in place for the management of risks, and appropriate actions were taken following adverse incidents in the centre.

The inspector reviewed records of incidents in one unit since January 2023, and incident audits for a two month period in the second unit. While there had been a number of incidents related to behaviours of concern, actions had been taken to support residents in this regard. For example, the assistant director of nursing along with the person in charge had arranged a multidisciplinary review for a resident following an increase in behaviours of concern, and had also arranged a review with the residents' general practitioner, which was completed by the day of inspection.

Some incidents related to suspected safeguarding concerns, and the inspector observed that the measures outlined in safeguarding plans were implemented. The person in charge explained that all incidents are reviewed at monthly staff meetings, and this was evident from the minutes of meetings.

Risks had been assessed, and the control measures outlined in risk management plans were implemented in practice. For example, adequate staff supervision levels were provided to a resident, a social story was in use due to a road safety risk, and modified diets were provided due to risks of choking for some residents. Risk assessments were also in place where there was a need for the use of restrictive practices, and staff described the rationale for the use of some of these practices relative to the risk presented.

There were three vehicles in use in the centre, and the inspector reviewed records for one vehicle, which was full insured and had an up-to-date certificate of road worthiness.

Judgment: Compliant

Regulation 27: Protection against infection

Satisfactory procedures were in place for the prevention and control of infection.

Since the last inspection a risk assessment had been developed for the management of bodily waste and spills, and there was a spill kit available in the centre. As mentioned the centre was clean and well maintained, and staff were observed to be carrying out cleaning tasks during the day of inspection.

Suitable hand hygiene facilities were available including wall mounted hand sanitisers throughout the centre, and handwashing facilities. There were adequate supplies of personal protective equipment including gloves, masks and aprons, and the staff were observed to wear masks due to a suspected risk that presented on the day of inspection.

Suitable food hygiene practices were observed to be in place for the storage and preparation of food, and suitable arrangements were in place for the disposal of general and clinical waste.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector followed up the action from the previous inspection, and the person in

charge had ensured that door wedges were no longer in use in the centre.

In addition, all escape routes were observed to be clear, and the centre was equipped with emergency lighting, fire doors, fire extinguishers, and fire blankets. The inspector reviewed personal emergency evacuation plans (PEEP) for four residents in one unit, and all plans had been recently reviewed. There were sufficient staff resources during the day and at night time to evacuate the centre, in line with the support requirements outlined in PEEP's.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe and suitable practices were in place for medicine management. A nurse in one unit showed the inspector the procedures for medicine management, and explained medicines were supplied by a pharmacist in the community. Medicines were stored in a locked press, and a second locked press was available for overflow stock and for PRN (as needed) medicines.

Medicines were mostly supplied in monitored dosage systems, and a record of all medicines received into the centre was maintained. Medicines which could not be supplied in monitored dosage systems were checked daily, and stock records maintained, as well as a weekly check of PRN stocks.

The inspector reviewed medicine prescription and administration records, and all records were complete. There was a suitable process for disposal of medicines, which were recorded, and signed as received by the pharmacist. PRN (as needed) medicine prescriptions records stated the circumstances for the administration of these medicines, and the maximum dose in 24 hours was stated. Medicine protocols were available, where additional specific guidelines on the administration of PRN medicine was required.

The pharmacist had attended the centre and completed a medicine management audit in April 2023.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed, and personal plans were implemented to support residents to meet their needs, and to achieve their goals.

The inspector reviewed records for five residents. Each resident had an assessment of need completed within the last year, and residents, families, general practitioners,

and allied healthcare professional had contributed to the assessment in order to identify needs. For example, each of the residents had an annual review of their healthcare needs with their general practitioner, and more recently an advanced nurse practitioner in chronic illnesses, had also completed assessments if required.

Personal plans were developed based on these assessed needs, and included areas such a social goals, healthcare plans, intimate care plans, communication guides, and mental healthcare plans. Personal plans were regularly reviewed throughout the year, and families were invited to attend an annual review meeting with residents and staff. Records were also maintained of the progress of plans, for example, monitoring charts for healthcare interventions, or the implementation of steps to achieve goals.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies and procedures in the centre. There was an up-to-date local safeguarding policy, and a staff member described the actions to take in the event a safeguarding concern arose.

There had been two safeguarding notifications submitted to HIQA since the last inspection, and the person in charge had reported these incidents to the safeguarding and protection team, and investigated the concerns. The inspector observed that the measures to reduce the likelihood of reoccurrence had been implemented including removing unused bed rails from a resident's bed, and moving a resident's bed away from the wall.

Staff stated they felt residents were safe in the centre, and from a review of incident records, there were no current safeguarding concerns reported.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents to choose how they spent their day to day life, and to pursue their goals was respected and promoted by the staff team.

The centre was organised around the choices and preferences of residents, and staff supported residents with the activities they had chosen through personal plan development, at residents meetings, and as part of their ongoing personal goals. Staff knew the residents well, and had identified the activities that residents like to do, and ensured these preferences were provided to residents as part of their daily activity plan. For example, one resident really enjoyed swimming and sensory

activities, and their keyworkers had ensured the resident was brought swimming regularly, and had started going to a library in another town that offered a sensory area. The person in charge outlined how residents make choices and consent to care, for example, for residents who may not be able to verbally communicate, staff interpreted the body language used by residents to ascertain their preference. On the day of inspection, staff were observed to interpret a request by a resident to go for a walk, by using an object of reference, and this choice was respected.

As mentioned, the inspector joined residents and staff in a mindfulness session, and it was evident that this was an activity of choice for residents, who appeared relaxed and engaged during the session. There was a sensory room in one unit, and two residents in particular liked to access this space at their own will.

Each of the residents had their own bedroom, which were decorated in line with their preferences, and ensured residents' privacy and dignity could be respected during personal care. The inspector spoke to a resident who had recently moved into the centre, and they said they were happy living in the centre and with their room, and had enough space and storage for all their belongings.

Accessible information was available on an external advocacy service, and this had been discussed with residents at a weekly residents' meeting. Information had also been provided to residents on the assisted decision making act, and on the confidential recipient, as well as talking to resident about IPC procedures, finances, an upcoming inspection, and health and safety issues. Residents' meetings were used as a way to support residents to plan for the upcoming week, and residents were supported to choose activities they would like to do, and their preference of meals.

Each residents' privacy and dignity was respected, for example, the needs of residents in relation to their intimate care had been assessed, and the supports to ensure their preferences was respected and their privacy maintained was set out in personal plans. Where a specific risk relating to the privacy and dignity of a resident had been identified, there were appropriate supports in place to mitigate this risk. Personal information pertaining to residents' was securely stored.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	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 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Solas/Oaklands OSV-0003761

Inspection ID: MON-0032184

Date of inspection: 30/08/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The monitoring systems in place will be reviewed to ensure clear oversight of all areas and actions identified for improvement. A Quality Improvement Plan will be developed and all actions from audits, provider, external will be identified and the PIC will maintain weekly oversight of same. The progress on these actions will be monitored and tracked to ensure they are progressed via staff meetings, daily communication systems in place and weekly review/update of the training matrix.</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 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	09/10/2023