



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

Issued by the Chief Inspector

Name of designated centre:	Teach Saoirse
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	04 June 2024
Centre ID:	OSV-0004662
Fieldwork ID:	MON-0034807

About the designated centre

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

Teach Saoirse is a residential home for four adult residents, both male and female with severe to profound intellectual disability who require full time nursing interventions. The centre is located in Co.Wexford. Residents may also have additional care needs including support with behaviours that challenge. The centre comprises a single story house located in rural village. It is accessible to services and all local amenities. The premises has its own safe gardens and all areas and facilities are easily accessible to the residents and meets their current and changing needs. Residents attend day services attached to the organisation and to other outside organisations as they choose. The centre has two service vehicles.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 4 June 2024	09:00hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This announced inspection was completed over one day, following an application by the provider to renew the registration of this designated centre. Overall, the findings of this inspection indicated that residents were well supported by the staff team in the majority of areas of care and support. Residents were supported to access community based activities in line with their preferences and wishes. Some improvements were required in medicine management, staff training and aspects of a rights based approach to care and support.

In order to gain a sense of what it was like to live in the centre, the inspector spent some time with residents observing their care and support, spoke with some members of the staff team, and reviewed documentation in relation to residents' specific assessed needs. On the day of inspection all residents were observed to freely move around their home and staff were readily available to give support as needed.

The designated centre comprises a detached four bedroom bungalow building in a rural area in Co. Wexford. The inspector commenced the inspection with a walk around of the premises. The immediate impression of the centre was that it was very clean, well kept and homely in presentation. Flower pots had been planted and placed along the railing outside the front of the property and there was a well maintained garden to the rear of the home. The three residents in the home each had their own individual bedroom. Two of the bedrooms were personalised with preferred pictures and items on display. One resident's room was bare in presentation. This was due to their specific preferences, however, the provider and staff team were trialling ideas to see if any additions could be made to the room. There was one bedroom unoccupied at the time of inspection. Residents had access to two bathrooms, a sensory room, a large dining/living area and a kitchen. In addition, there were rooms allocated as staff offices and staff break rooms. The laundry room was located adjacent to the property and this had been recently renovated with new flooring, additional storage and had been painted. This ensured that this area met infection prevention and control standards.

The designated centre had capacity to accommodate four residents. On the day of inspection three residents were living in the centre. The inspector had the opportunity to meet briefly with all three residents. Residents in the home had differing needs in terms of their communication style. Some residents used their verbal skills to speak about preferred routines and other residents used gestures and non-verbal cues to indicate their immediate needs. All staff were seen to respond to residents' individual communication style in a timely and kind manner. For example, a resident was seen to lead staff by the hand to indicate where they wanted to go. Staff would go with the resident to the area and attend to their needs.

On arrival at the centre, a resident was sitting in the front hall. They had a comfy

armchair and a radio in this area. They enjoyed sitting here as the light was coming in through the window and they were aware of all the comings and goings in the centre. When the inspector introduced themselves, the resident spoke about their preferred foods. Staff were seen to reassure and respond to the resident in a calm and patient manner. Later in the day, the resident was seen to go to the sensory room with a staff member and also listen to preferred music. They appeared very content and calm throughout the day of inspection.

A second resident was in their room when the inspector arrived. A staff member was styling their hair for them before they left for their day service. The came up to the sitting room when the inspector was present and briefly interacted with the person in charge. They then left the room. It was explained to the inspector that the resident preferred not to engage with unfamiliar people in the home and the inspector respected this wish. The resident was seen having a cup of tea with a staff member and seemed at ease in their company.

The inspector met the third resident when they returned from their exercise class. There were observed to moved around the home and approach staff if they needed help and support. They liked to observe staff completing tasks from the kitchen door as this was part of their preferred routine. The resident was also encouraged to engage in household tasks and was observed to bring a sweeping brush into the back garden to help with this task.

On the day of inspection residents were observed to leave for their day service, attend an exercise class, go swimming and attend their garden allotment. Residents were encouraged to engage in range of activities in line with their specific preferences and wishes. Residents enjoyed gardening both at home and in the community allotment, shopping, walks, drives, going out for lunch and coffee, attending community events such as parades and gardening shows. In the home residents were encouraged to engage in everyday chores around the home and look after their pet fish.

Overall, the inspector found that the residents were supported by a staff team who were familiar with their care and support needs. They lived in warm, clean and well-maintained home. Residents were being supported to explore activities in their local community and supported to spend time with the people that were important in their life such as family members.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall the findings of the inspection were that the residents were in receipt of a good quality and safe service. The local management team were identifying areas

for improvement and taking actions as required.. Some improvements were needed in relation to access to staff training in line with residents' specific needs.

The person in charge was full-time and had responsibility for two designated centres. They were supernumerary to the staff team. The person in charge was the Clinical Nurse Manager (CNM2) of the service and reported directly to the Assistant Director of Nursing who held the role of person participating in management. The person in charge and local management team had systems in place for the day-to-day management and oversight of the centre. They were completing regular audits and taking action to bring about improvements in relation to the residents care and support needs.

There were systems in place to ensure staff had received training in relevant areas of care and support. The person in charge had ensured that all staff had up-to-date training in relevant areas. However, the systems in place did not require certain staff to be trained in medicine management. Although the provider had taken some action to mitigate the impact of this, further oversight and management of this area was required to ensure residents were being supported in line with their assessed needs at all times.

Registration Regulation 5: Application for registration or renewal of registration

The inspector completed a desktop review of all the information submitted in relation to the application to renew the registration of this designated centre. It was found that all required information was submitted and in line with the relevant requirements.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The centre was staffed with staff nurses and multi-task workers. Although there were no vacancies at the time of inspection there was two staff on statutory and long-term leave. Agency staff were utilised to ensure sufficient staff were in place at all times. From a review of seven week period of rosters there were four staff available to support residents during the day and two staff at night. If an agency staff was scheduled to work during a shift a regular staff member was also on duty. This ensured continuity of care was always available to residents.

Judgment: Compliant

Regulation 16: Training and staff development

For the most part, staff were completing training and refresher training in line with the provider's policy and the residents' assessed needs. For example, the team had completed training in fire safety, positive behaviour support, safeguarding, first aid and the management of eating, drinking and swallowing training. All staff had also completed human rights training. The training requirements of the staff team were being closely monitored by the person in charge to ensure the staff were scheduled to complete relevant training as necessary.

However, staff which were at multi-task worker grade had no training in medicine management and therefore were not permitted to administer medication to residents. When residents were at home, staff nurses were available to administer medications. However, when residents were out and about in the community they were, at times, supported by multi-task workers. Therefore the staff could not administer medication. The provider had commenced a review of this and had recently developed risk assessments in relation to this. Additionally, medication reviews were being scheduled with relevant consultants to ensure that emergency medicine prescribed was still required. Further review of residents' needs and staff training requirements were required to ensure that residents' were adequately supported at all times.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure which identified the lines of authority and accountability. The centre was managed by a person in charge who was familiar with the care and support needs of the residents. The person in charge facilitated the inspection and was very familiar with the systems and processes in place to ensure sufficient oversight of the service. They had been in this post in this designated centre for a number of years.

There was a suite of audits both at local and provider level. These included audits of medication, finance, health and safety, risk assessments and fire safety. There was a specific schedule in place to ensure the audits occurred at regular intervals. In order to ensure actions were followed through and audits were completed as necessary the management team completed an overarching audit review on a quarterly basis. This was a new system implemented by the management team to ensure that relevant areas of improvement were occurring as required. For example, in quarter one of 2024 the overarching report indicated that 40 audits scheduled had been completed as required. Six-monthly unannounced audits and an annual review of the quality of service provision had been completed in line with the regulations.

For the most part the audits were identifying areas of quality improvement. For example, a six monthly provider-led audit completed in January 2024 described an action where-by family gatherings were to occur in the centre in the upcoming year. Actions had been taken in relation to achieving this quality improvement initiative such as the purchasing of outdoor furniture to facilitate an outdoor family party.

Judgment: Compliant

Regulation 3: Statement of purpose

This is an important governance document that outlines the model of care and support to be delivered to residents within the service. The inspector reviewed the statement of purpose that was submitted in line with the renewal of registration requirements. The statement of purpose was found to reflect the facilities and service provided. For example, the staffing compliment was accurately reflected in this document.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home for the residents. Care was provided in line with residents' assessed needs and residents experienced a good quality of life. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, a review of personal plans, risk documentation, fire safety documentation, and documentation in relation to medicine management. The majority of areas reviewed indicated that good levels of person-centered care was being afforded to residents. However, improvements were required in the management of medicines within the centre and a review of night-time checks was required.

The systems in place around medicine management required a number of improvements to ensure they were in line with best practice and the requirements of regulations. In particular, the management of prescribed as necessary (PRN) medication and medication due for return was poor and posed a risk to residents in the home.

Although a number of positive practices were noted in relation to a rights' based approach to care and support were evident on inspection, such as observations of staff interactions, evidence of consent being obtained around different care and support practices and respecting residents' choices around daily routines. The

historical practice of night-time checks was still in place with no clear rational or specific assessed needs to indicate use of same. This did not ensure residents privacy and dignity was upheld at all times.

Regulation 17: Premises

As previously described this was a detached bungalow building with individual bedrooms for each of the three residents within the home. The residents had access to a large bathroom with a bath. Sensory equipment such as lights were also in place in bathrooms as many of the residents enjoyed sensory baths. There were plans to replace the bath to ensure it was more accessible for residents. The funding was secured for this project and there were plans to install this equipment in the coming weeks. There was also a separate bathroom with an accessible shower. Residents had access to sufficient communal spaces. The recently installed annexe to the side of the building ensured there was additional space for staff and residents. Pictures a resident had painted had been hung in this area and blinds had been installed. A sensory room was located in this area.

Outside was well maintained and accessible to all residents. Residents were seen to go out the back patio door and sit at the new garden and chairs to enjoy the sunshine. A ramp was installed at the front door to ensure residents could access the front of the home where the vehicles were parked.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents guide that was submitted as part of the renewal of registration process. It contained all information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had detailed risk assessments in place which promoted safety of residents and were subject to regular review. There was an up-to-date risk register for the centre and individualised risk assessments in place. The inspector reviewed the operational risk register and it was reflective of the risks within the centre. For example, it had been identified that there was a risk to residents due to the delays in accessing public dental appointments and associated waiting lists. Control measures

were in place to ensure this risk was managed in an appropriate manner.

Similarly a review of two residents' individual risk assessments these were found to be in line with their individual assessed needs. For example risk assessments were present for residents that presented with epilepsy or diabetes.

The centre had up-to-date risk management policy in place which was also subject to regular review and contained all the information as required by the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The inspector reviewed the documentation in place to monitor the fire system safety and observed a number of safety measures in place. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers. All equipment was serviced as required. For example the fire alarm system had been serviced in March 2024 and was due a service in the next four weeks.

As part of the review the inspector read the documentation in relation to fire drills. Six fire drills had been completed from the 19 of January 2024 up to the 15 May 2024. The fire drills were very detailed and indicated that all residents evacuated in a safe and timely manner. A fire drill was completed with the least amount of staff and the most amount of residents. If learning was identified in fire drills specific actions were taken. For example, it was noted that during a drill a fire door was very slow to close. This was brought to the attention of the maintenance team and rectified.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management was an area that required a number of improvements. The person in charge and inspector reviewed the medicines prescribed to residents and what was present in the medication press. It was noted that two medicines were present in the medication press were no longer prescribed for residents. One of these medicines was found on the top shelf of the medicine cabinet and the other was stored in a compartment in the door of the press. One of the medications had been discontinued for a number of months and had remained in the cabinet and not returned. The systems in place to ensure unused medications were stored appropriately and returned as necessary were not in place.

In addition, it was noted for two residents that a medication prescribed as PRN

medicines (medicines only taken as the need arises) were not available in the centre. Although some PRN medicines were subject to weekly stock check, the medication that was not present in the centre and some other PRN medicines were not subject to the same systems of oversight. It was unclear to why this was in place. The checks on PRN medicines were not effective as it had not identified the need to purchase medicines for the residents. Sufficient oversight of medicines was not consistently in place.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a two residents' assessments and personal plans and found that they were person-centred and detailed in nature. A range of assessments were used to ascertain residents' specific needs in health, social and personal goals. All assessments were completed on an annual basis and informed a plan of care. There was evidence of a clear link between assessments and plans, and evidence of ongoing review and evaluation of them. For example, if an emerging need occurred a short term support plan was developed to monitor this need and guide staff practice. For one resident their blood pressure was being monitored on a twice daily basis. A short term plan had been developed in relation to this and the information gathered would be reported back to the relevant health and social care professional.

The inspector reviewed two residents individual goals. Residents and their key workers choose goals that were meaningful and allowed scope for them to develop further interest in the relevant areas. For example, a resident's goal was to develop a bee friendly garden. As part of this goal they attended a large garden show event in Dublin to get ideas of what would be possible. Each goal had a goal setting plan which broke the goal into achievable steps. In addition, a goal progress tracking sheet was in place to track the residents progress. Other goals chosen by residents included activities to get fit, take part in more group type activities in the community, go for afternoon tea and car washing.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were kept safe in the centre. Staff had completed training in relation to safeguarding. Staff spoken too were very knowledgeable about their role and responsibilities in relation to protecting residents. Although there was no active safeguarding plans at the time of inspection, each resident had a care plan in place to remind staff around their responsibilities in

keeping residents safe.

When incidents of a safeguarding nature occurred in the centre, they were investigated, reported and followed up appropriately.

The inspector review two residents' intimate care plans. They were written in a person-centred manner and clearly outlined the supports residents were to receive during this care need.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured residents were consulted and encouraged to participate in how the centre was run and aspects of their care planning. Resident meetings were taking place at regular intervals where meal planning and activities were discussed in detail.

The inspector found that personal care practices respected resident's privacy and dignity. For example each intimate care plan had a section on describing how to gain consent from a resident in relation to their specific care needs. The staff were seen to interact with residents in a respectful and dignified manner.

However, night time checks were occurring for all residents in the centre. On review of the daily running file for all three residents each resident had a section where staff filled out data when night time checks occurred. No residents had an assessed need for night checks and if night checks were directed in their care plan it was not in line with what was occurring. For example, one resident's care file stated they had to be checked once per night. However, on review of the data for the month of May the majority of the time they had been checked on four occasions. There was limited evidence to indicate if this historical practice was still warranted.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Teach Saoirse OSV-0004662

Inspection ID: MON-0034807

Date of inspection: 04/06/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Two residents are scheduled for reviews with relevant members of their MDT and their plans of care / risk assessments will be reviewed based on recommendations following same. One resident has had a review of current emergency medication and same has been discontinued. Following completion of the further two reviews and outcome of same staff training requirements will be explored.</p> <p>All residents have Pro Active Risk Assessments in place and include all necessary controls.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All medication no longer required has been returned to pharmacy as per local procedure. PIC has discussed with staff nurses in relation to the issues identified during the inspection and the requirement to adhere to local medication policy. Staff Nurse has been allocated oversight in relation to medication checks, pharmacy returns and pharmacy requirements to ensure consistency.</p> <p>PRN paracetamol was acquired for the two residents that evening.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review of night time checks is currently being completed and each resident will be assessed for the requirement of night checks. Referrals being submitted to the Rights Review Committee and will be reviewed accordingly. Recording documentation has been reviewed and updated specific to each resident's current assessed needs. These will be amended where necessary following the review of the requirement of the night time checks.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and	Not Compliant	Orange	05/06/2024

	to no other resident.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Not Compliant	Orange	05/06/2024
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/08/2024

