



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

Issued by the Chief Inspector

Name of designated centre:	Teach Dochas
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	10 May 2023
Centre ID:	OSV-0007866
Fieldwork ID:	MON-0030702

About the designated centre

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

Teach Dochas is a four bedroom semi-detached two storey house situated on the outskirts of a large town in County Westmeath. The house is located in a housing estate and is within walking distance to some community amenities. A car is provided in the centre also should residents wish to avail of amenities that are not in walking distance. The centre can provide care to male and female adults. Each resident has their own bedroom and the property consists of a well equipped kitchen/dining room and a sitting room. There is a landscaped garden to the back of the property. One staff member is on duty during the day and at night the staff member is employed on a sleep over basis. A senior manager who is a nurse provides an out of hours on call service for staff. The person in charge is fulltime in the organisation and is also responsible for another designated centre under this provider. Residents attend a day service Monday to Friday.

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
Wednesday 10 May 2023	10:10hrs to 17:45hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre was a residential service which provided care and support to three residents. The centre was located in a large town, and was a semi-detached four bedroom house. On arrival to the centre, the inspector observed that the centre was well maintained, was comfortably decorated, and residents could access all parts of the centre. There was a large sitting room, and a kitchen dining room. There was a back garden, which was currently undergoing some maintenance works, as a risk had been identified.

The person in charge met the inspector on arrival to the centre, and the inspector spoke to the person in charge, and a staff member about the care and support provided to residents. It was evident from speaking to the team, that the staff knew the residents very well. One of the staff member described the connections between residents as family-like, and the inspector found this was very much evident from talking with residents, and observing residents with their friends after a mindfulness session in the evening.

The inspector met the three residents when they returned from day services in the afternoon, and they told the inspector about how they felt about living in the centre, and some of the things they enjoyed doing both in the centre and in day services. Residents explained that they attended day services, and one resident told the inspector they also had a part time job in a local community centre two days a week. One of the residents said they had tried equine therapy that day, and really enjoyed it. Another resident went horse riding every week, and all the residents enthusiastically talked about the discos they regularly went to with friends.

Residents were very clear in emphasising that, the centre was their home and that they chose how they wanted to live their life. They told the inspector they were aware of their rights, and talked about human rights every week at their residents' meeting. For example, residents told the inspector about their right to make choices, and the right to be respected, and described the importance of being listened to and of taking turns to express themselves. Residents said their weekly meeting was very important to them, and it gave them a chance to talk among each other about any worries or issues they had, and also to chat about some of the choices they were making for the week.

All of the residents had moved into the centre in the past number of years, and they told the inspector they had all been friends for over 20 years. Staff were heard to be very respectful and kind when they were talking to residents, and one staff member described the importance of everyone working together. The staff had all completed human rights training, and the person in charge told the inspector about the impact this had on their approach and practices in the centre. For example, the person in charge described reflecting on residents' financial management, and on review with residents, they asked not to have to get receipts for all the purchases they made. This was further developed to enable residents to look after their own money, and

to maximise the availability of supports such as tap and pay bank cards, and online banking. Similarly, where a resident wanted to go on holiday with a friend, a skills teaching programme for self-administration of medicines was successfully implemented.

The staff were very aware of the importance of listening to residents, and taking opportunities to maximise their quality of life. For example, residents had really enjoyed taking part in mindfulness sessions in day services, and asked for these sessions to continue. As a result these sessions were facilitated in the centre one evening a week, with the residents bringing friends from a nearby centre on one week, and going to their friends' house on the alternate week.

The inspector reviewed three questionnaires completed by residents. Overall residents said they were happy living in the centre, and said the staff were nice. Residents also expressed they knew who to talk to if they had a complaint, and where a complaint had been made, residents had been listened to. Some residents expressed a wish for more choice in the time they got up and went to day services, and that they would like to be more independent. The views of a family member had been sought as part of a six monthly review of the centre, and the family gave positive feedback of the service their loved one had received since moving into the centre.

The next two sections of the report outline the governance arrangements in the centre, and how these arrangements positively impacted on the care and support residents received in the centre.

Capacity and capability

This inspection was carried out following an application by the provider to renew the registration of this centre. Overall the inspector found the provider had the resources and systems in place to ensure residents received a good standard of care and support, in line with their will and preference, and their identified needs. The service was very much led by the residents, with the staff and management team supporting them in how they wished to live their life. There was a focus on continual improvements and directing support so that residents had ongoing opportunities to enhance their quality of life, and self-advocate on their rights.

The provider had ensured there were suitable numbers of staff employed in the centre, and regular staff were provided, meaning continuity of care was maintained. The provider had ensured staff had the necessary knowledge and skills, to meet the needs of residents, to ensure residents' safety, and to promote both residents' independence and their rights. Staff knew the residents well, and told the inspector about some of the needs of residents, and how residents were supported in the centre in their day to day life. Staff had completed all mandatory training as per the provider's statement of purpose, and additional training had also been provided in

response to risks, new developments and new legislation.

Complaints made by or on behalf of residents were promptly responded to, which meant that residents' concerns were listened to and acted upon by the team in the centre.

There was a clearly defined management and reporting structure, and there were systems in place to ensure residents received a good standard of care and support. The provider had a range of policies and procedures in place, in order to guide staff practice, and the care and support provided to residents was monitored on an ongoing basis, through audits and review processes. The inspector found effective and efficient actions were taken to any issues which arose through auditing and reviewing the service provided.

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 15: Staffing

There were appropriate numbers of staff employed in the centre to meet the needs of the residents. Staffing levels were in line with the details set out in the statement of purpose. There was one staff on duty in the morning and in the afternoon, and staff provided overnight cover in a sleepover capacity. The centre was closed from approximately 10.00 hrs to 15.30hrs, as the residents went to day services or to work during the day. At the weekend one staff was on duty all day. In the event a resident needed to stay at home during the week, arrangements were in place for staff to be available to support the resident. The centre closed one weekend a month as residents went home to their families.

The centre was staffed by a person in charge and two support workers, and from a review of staff rosters for a three month period, regular staff were provided, and therefore continuity of care was being maintained. Planned and actual rosters were available in the centre. The inspector reviewed files for two staff, and all documents as per schedule 2 of the regulations were maintained in staff files.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of training as part of ongoing professional development, and in line with residents' needs. The provider had outlined in their statement of purpose mandatory training to be provided to staff, and all staff had completed this training. Mandatory training included fire safety, managing behaviour of concern and therapeutic interventions, safeguarding, medication management, intimate care, first aid, manual handling, epilepsy awareness and wheelchair clamping. Training had also been completed by staff in a range of infection prevention and control procedures, for example, standard and transmission based precautions, hand hygiene, donning and doffing personal protective equipment (PPE), and hazard analysis critical control point (HACCP). The training provided meant that staff had up-to-date knowledge to ensure residents were safe, and their needs were met.

The person in charge told the inspector that all staff had completed training in human rights, and spoke about the impact of this training on practices to improve the quality of life for residents living in the centre. For example, the person in charge outlined that residents access to their own finances had been reviewed, and further detail of this example and other positive initiatives have been included in the 'What residents told us and what inspectors observed' section of the report. Staff had also recently completed training in the assisted decision making act.

Staff were supervised appropriate to their role, and the person in charge provided oversight on the day to day support residents received. There was an arrangement in place for formal supervision to be completed every six months. Supervision records were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 21: Records

Records as per schedule 2, schedule 3 and schedule 4 were available in the centre. Since the last inspection assessment of need documents were completed and found to be accurate. Some health care plans required improvement and this is discussed further in the report.

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

The management systems in the centre had ensured the service provided was suitably resourced, was safe, effective, and was monitored on an ongoing basis. There was a focus on continual improvement and adapting practices in the centre to ensure residents' independence was maintained and promoted, and residents' rights were protected.

The centre was effectively resourced with sufficient staffing levels, suitable premises, transport and budget, and all of the supports residents needed were provided in the centre.

There was a clearly defined management system in place. Staff reported to the person in charge. The person in charge reported to the residential services manager who was also nominated as a person participating in management. The person participating in management reported to the operations manager, and on to the chief executive officer. The chief executive officer reported to the board of management. Staff team meetings were facilitated monthly, and the person in charge met the person participating in management a minimum of twice a month. Supervision for the person in charge was facilitated every six months. There were also monthly meetings with all persons in charge in the service and the senior management team.

There was ongoing monitoring of the services provided, and where actions arose through auditing and reviews, these actions were found to be completed. For example, a medicines management audit in April 2023 identified four actions, related to storage, personal planning, and identification on prescriptions and all actions were observed to be complete on the day of inspection. Similarly the annual health and safety audit identified one action related to staff training, and this was complete on the day of inspection. Additional audits included fire safety, IPC, and person centred planning outcomes.

The person in charge submitted a quarterly report to the board of management that included, for example, a review of the centre objectives, the outcomes achieved since the last quarter, the plan for the next quarter, IPC measures and safeguarding.

Six monthly unannounced visits were completed by the provider, and the review in 2022 had included consultation with residents and a family member. The inspector found that the actions developed following these reviews were completed, for example, actions relating to the upkeep of the premises, storage of medicines, the availability of schedule 5 policies, and staff reading policies.

An annual review of the quality and safety of care and support had been completed for 2022 and had included the reviews by residents and families. An action plan had been developed following this review, and from a sample review, these actions were completed. For example, the auditor identified the need to improve on logging potential complaints, and the person in charge explained to the inspector how all issues raised by residents are logged as complaints. This was evident on review of complaints records.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been no admissions to the centre since the last inspection. Each of the residents had been provided with a contract for the provision of services. The contract outlined the services and facilities to be provided, and the fees to be charged. Additional fees that residents 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

Regulation 34: Complaints procedure

The provider had a complaints policy which was also available in accessible format and was displayed in the hall of the centre. Information was also available for residents on how to access an external advocacy service. The provider had appointed the person in charge to deal with complaints in the centre. A person was also nominated in the service to ensure all complaints were appropriately responded to, and to maintain records of all complaints received. The person in charge submitted a monthly report to the nominated person of any complaints received, and the actions taken.

The inspector reviewed records of complaints, and four complaints had been

received. The person in charge had investigated the complaints promptly, and three complaints had been resolved to the satisfaction of the complainant. The response to one complaint was still in progress, and the provider was taking actions to review the issues around the complaint, in order to inform a change in practice in the service.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had written policies and procedures in place as per schedule 5 of the regulations. All of these policies and procedures had been reviewed within the past three years.

Judgment: Compliant

Quality and safety

Residents wishes on how they wished to live their life were respected and supported in the centre, and the care and support was directed by the choices of residents in terms of their identified needs, preferences of supports provided, their rights, and their interests. In this regard, the inspector found residents were central in the organisation of the designated centre, and staff respectfully supported residents in their life at home in the centre.

Residents needs had been assessed, and while there was some improvement needed in the development of written healthcare plans, the provider had ensured arrangements were in place to meet all of the identified needs of residents.

Residents had a broad range of interests, and really enjoyed going to day services, and meeting up with friends in the community, going to the cinema and taking part in team sports. Equally residents enjoyed each other's company, and had been friends for a long time. Residents kept close contact with their families and friends, and met up or visited regularly.

Residents were familiar with their rights, and the staff were continuing to support the residents to enhance their awareness of their rights, and learn new skills in order to broaden their independence, choices and opportunities.

While there had been some minor incidents in the centre, all incidents had been reported and appropriately followed up. Similarly where risks had been noted, there were measures in place to reduce the likelihood of harm to residents, staff and visitors. There were no safeguarding concerns in the centre, and the residents said

they were happy living in the centre, and could raise any issues they had among themselves, or could talk to the staff. Residents took care of their own finances, and if they needed, asked staff for some assistance.

The provider had ensured residents were kept safe, and there were suitable systems in place for fire safety, medicines management, as well as infection prevention and control.

Overall the inspector found residents were enjoying a good quality of life, and were being positively supported by the service to fulfil their wishes, and to be active participants in the community.

Regulation 12: Personal possessions

Residents retained control over their finances and personal possessions, and told the inspector about how they managed their own money now, and had been supported with their banking in order to help them be as independent as possible with their finances. When residents requested, staff helped them with checking balances.

Each of the residents had their own room, and had storage for their own possessions and clothing. Some residents preferred to keep their room locked when they were not using it, and this decision was respected by staff in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured residents were provided with appropriate care and support in line with their wishes and identified needs, and residents were supported to attend activities and events of their preference.

Two residents attended day services five days a week, and one resident attended three days a week, and had a part time job two days a week. The residents told the inspector about some of the things they liked to do during the day in day services, for example, going shopping, horse riding, and equine therapy, and in the evening sometimes they likes to relax in the house during the week or they may have plans to go out. For example, a resident was meeting up with friends from their basketball team on the evening of the inspection. One resident talked about the latest movie they had seen the previous weekend with their friends, and all residents said they had really enjoyed a recent city trip, describing some of the places they visited there.

Residents had their own mobile phones and could contact their friends and families if they wished. Families regularly visited their loved one in the centre, and the centre

closed one weekend a month, when residents went home to stay with their families.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which included all the required information as per the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment and management of risks in the centre. There was an up-to-date safety statement, and the person in charge maintained a risk register. Where potential risks had been identified, control measures described in risk management plans were implemented. For example, a risk assessment had been completed once a resident had identified they wished to manage their own finances, and there was a control measures to assist the resident with counting balances if they needed. Similarly all measures related to infection prevention and control were in place, such as hand hygiene, staff training, environmental cleaning, and contingency arrangements.

There was a system in place for the management and review of incidents in the centre. A record of all incidents was maintained and all incidents were reviewed by the person in charge, and forwarded to the service health and safety coordinator for review. Where required, follow up actions were taken to reduce the risk, for example, sourcing alternative footwear for a resident, and reducing distractions while medicine was being administered.

There was an emergency plan developed which included arrangements for residents to access a safe location in the event of fire or an adverse weather event.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable arrangements were in place for the prevention and control of infection. The provider had developed a contingency plan which included details on staff contingency arrangements, and the actions to be taken in the event of a suspected or confirmed communicable disease. Accessible information was provided to

residents on infection prevention and control (IPC) measures such as vaccines, COVID-19, and hand hygiene. Staff had also completed training in a range of IPC measures.

Standards precautions were implemented in the centre, and there was suitable hand hygiene facilities available in the centre. Personal protective equipment, for example, gloves, face masks and aprons were provided and were stored appropriately.

The centre was clean and well maintained, and regular environmental cleaning was completed and recorded in cleaning records. Colour coded cleaning cloths were available, and a guide on where each colour cloth should be used was on display.

Suitable arrangements were in place for food safety, and food was stored and prepared in hygienic conditions. Colour coded chopping boards were available.

Suitable arrangements were in place for the disposal of general waste, and pedal bins were in use throughout the centre. A spill kit was also available in the centre.

Residents had been supported to access vaccination programmes, such as flu, COVID-19, and hepatitis B vaccinations.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable arrangements were in place for fire safety in the centre. The centre was equipped with a fire alarm, smoke detectors, emergency lighting, fire extinguishers and a fire blanket. All fire equipment had been serviced recently. One maintenance issue regarding a self-closing device was in the process of being repaired and in the interim the fire door remained closed.

Fire doors with self-closing devices were installed throughout the centre. The assembly point was at the front gate, and all exits were unobstructed on the day of inspection. There was an evacuation plan for both day and night time, and all residents participated in regular fire drills. From a review of fire drill records for the previous year, one issue had arisen related to the backdoor exit, and this was resolved by the day of inspection.

A personal emergency evacuation plan was developed in consultation with each resident, and outlined the support they may need to evacuate the centre. The person in charge also described reviewing the routes of evacuation with residents, so as to help them familiarise themselves with the safest exit in the event of a fire.

Daily, weekly and monthly fire safety checks were completed by staff and included evacuation routes, fire alarm, emergency lighting, fire-fighting equipment, as well as

checking the tumble dryer for a build-up of lint.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe and suitable arrangements were in place for the management of medicines in the centre. Residents ordered their medicines from a local pharmacy, and regularly went to the pharmacy to pick up their medicines, and could get advice from the local pharmacist if they needed.

Regular medicines were supplied in monitored dosage systems, and some medicines were provided in original packaging. A record of all medicines received into and leaving the centre was maintained. For example, when residents went home, a stock take was completed when resident left and returned to the centre, as well as when a monthly supply of medicines was received from the pharmacy. Medicines were appropriately stored in a locked cupboard.

The inspector reviewed prescription and administration records for two residents, and all records were found to be complete. Medicines prescribed on a PRN (as needed) basis, clearly stated the rationale for use of these medicines, and the maximum dosage in 24 hours was stated in prescription records.

There was as system in place for the disposal of medicines, and medicines which had been returned to the pharmacy were recorded by the staff in the centre, and signed as received by the pharmacy.

Where a resident had chosen to self-administer their medicines, an assessment had been completed, and a skills teaching plan implemented. This meant that the resident now had more opportunities to go on holidays independently with friends.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of their health, social, and personal care needs completed, and these assessments were informed by residents, the staff team, day service staff and reviews by medical professionals. Personal plans were developed for social and personal needs; however, the written healthcare plans in place did not adequately describe the support that was being provided to residents. The inspector spoke to the person in charge and one staff member who described the plans and care that was implemented to meet the residents' healthcare needs, and there was written evidence that healthcare interventions such as blood monitoring, health screening, and medical appointments were being provided in line

with residents' needs and professional recommendations. Therefore the inspector found some improvement was required in the documentation of healthcare plans.

Residents developed personal goals which were reviewed on a quarterly basis with the support of staff. Goals had included skills development, social events, holidays and day trips. For example, a resident described getting a new smart phone, and learned how to use it. This had also helped the resident in enhancing the management of their money through the use of online banking. Another resident spoke about an upcoming country music festival they were going to, and were really looking forward to this event.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to healthcare professionals and were supported by their families or staff to attend appointments with their general practitioner (GP), allied healthcare professionals and general hospital services. Each resident had an annual health check completed by their GP, and had been supported to attend appointments for national health screening programmes, and vaccination programmes. Staff had a good knowledge of the healthcare needs of residents and the support required to meet their healthcare needs.

Healthcare passports were available in the event a resident required to be transferred to hospital.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by practices and policies in the centre. The inspector reviewed records of incidents since the last inspection in July 2022, and no safeguarding concerns had arisen. There was a service policy on safeguarding and all staff had signed as having read this policy. The policy was also developed into an easy read document and was on display in the hallway.

Residents described how they can talk about any issues or worries that they have, and that the staff and person in charge were very supportive.

Intimate care plans were developed if needed, with the residents, and described any support the residents may need with their personal care needs, while ensuring their privacy and dignity was respected.

Staff had up to date training in safeguarding and had also completed training in the

provision of intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were actively promoted in the centre, and residents were enabled to make their own choices. Residents spoke to the inspector about how they make their own choices, and how as a group they talk about choices for the week ahead, such as choosing meals. As mentioned, the residents described some of the activities and social choices they make both in the centre and in the community, and staff supported them with these choices. For example, a resident liked to buy a lottery ticket every week, and buying a newspaper was important for another resident. Residents said they liked to go to Mass every week, and went to get these purchases afterwards in the local shop

Residents were provided with information about their needs, to support them with their choices regarding consent. This included for example, contracts of care, information of local health promotion clubs, and transition plans. One of the residents described being delighted with the progress they had made with a local health club.

Residents told the inspector that were very aware of their rights, and described what these rights meant for them as a group in the centre. For example, listening to one another, respecting each other, and making choices. Residents said they talk about human rights at their own weekly meeting, as well as making decisions about sharing of household tasks, choosing their meals for the coming week, planning for the week ahead, and if they need to can discuss any issues or worries amongst themselves.

Residents had access to an external advocacy service, and an online meeting with the external advocate was facilitated the previous year.

The inspector reviewed minutes of residents meeting, and as mentioned a range of choices were discussed as well as topics such as rights, advocacy, and infection prevention and control.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Dochas OSV-0007866

Inspection ID: MON-0030702

Date of inspection: 10/05/2023

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Training in health care planning has taken place for all residential staff in the service with a view to ensuring that plans adequately describe the supports in place for all residents. This training took place on the 14th and 15th of June 2023. Following this training the PIC of teach Dochas is currently reviewing all care plans with staff to ensure that all plans correctly reflect supports for residents. This is expected to be completed by 20/8/23.</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 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	20/08/2023