



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Sona
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	10 August 2021
Centre ID:	OSV-0007991
Fieldwork ID:	MON-0033158

## About the designated centre

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

Teach Sona is a centre run by the Health Service Executive. The centre provides residential care for up to four male and female adults, who have an intellectual disability and mobility needs. The centre is a single storey dwelling in Co. Donegal, providing residents with their own bedroom and is also wheelchair accessible. There is provision for nursing hours and three staff, including two health care assistants are on duty during the day and two staff on duty during night time hours.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 10 August 2021	9:00 am to 1:00 pm	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that the centre was well managed and that residents were generally supported to enjoy a good quality of life. However, on the day of inspection, the inspector observed that a resident's wishes to not take a trip on the centre's transport was not respected.

Residents had recently moved to this centre from a congregated setting and staff and management of the centre reported that they enjoyed the move and that their quality of life had improved overall. Residents were still settling into their new community and the staff team were supporting them to get involved in a local community garden. A review of activity records showed that residents were out and about in their local community and recently had a day out at the cinema and also went personal shopping and enjoyed a coffee afterwards.

The inspector observed that there were very pleasant interactions on the morning of inspection as residents were preparing for the day. Residents had high support needs and some required the use of wheelchairs to assist with their mobility. Staff members sat at eye level with residents as they assisted them with breakfast and they smiled and chatted freely about their plans for the day ahead. Residents had their own individual methods of communication and staff appeared to understand their use of single words and gestures. One resident could propel their own wheelchair and they left the kitchen area independently when they finished their breakfast. One resident also has a sleep-on which the staff said the resident enjoyed.

Staff explained that they planned to attend an exercise class with residents later that day, an activity which had recently commenced and that residents appeared to enjoy. The exercise class was due to take place in a park which was a short drive from the centre. Later that morning the inspector observed residents preparing to leave the centre to attend this class and for the most part, very pleasant interactions were observed. However, as one resident prepared to get onto the bus they clearly articulated 'no' and that they did not want to go. The inspector noted that although staff tried to reassure the resident they also persevered with encouraging the resident to get onto the bus, even though it was clear that this was against their wishes.

The centre was bright, spacious and had a very homely feel. The hallway was large and doorways were widened to allow for ease of access for wheelchair users. The centre was also fully accessible and ramps allowed residents to freely negotiate their way to and from the property. Each resident had their own bedroom which was large, spacious and individually decorated. Ceiling hoists were also installed in bedrooms to support residents with reduced mobility. The centre also had two large reception rooms which were very comfortable, one of which also doubled as a sensory/ relaxation room. The person in charge that residents really enjoyed

relaxing in this room in the evening time.

Overall, it was clear that the wellbeing and welfare of residents was actively promoted and that the staff team were actively supporting residents to get involved in their local community. However, some improvements were required in regards to supporting residents wishes.

## Capacity and capability

The provider had recently applied to register this house as a designated centre and four residents were availing of a residential service on the day of inspection. Overall, the inspector found that the governance and management arrangements promoted residents' safety and welfare.

The inspection was facilitated by a newly appointed person in charge and also by the centre's previous person in charge. Both managers were found to have a good understanding of the residents' care needs and of the supports and resources which were in place to assist residents to have a good quality of life.

The centre had staffing arrangements in place which supported residents with their assessed needs. One-to-one staffing was in place in response to residents' behavioural needs and staff were found to interact with this resident in a very personal and kind manner. The centre was also resourced with nursing hours which assisted in ensuring that residents' healthcare needs were maintained to an overall good standard. The inspector reviewed a sample of staff files and found that they contained all the relevant information as set out by the regulations; however, a vetting disclosure for one staff member had not been renewed within the required timelines. The centre's previous person in charge was aware of this issue and indicated that an application to renew this staff member's vetting disclosure would be completed subsequent to the inspection. The provider also had a training programme in place which assisted in ensuring that staff members would be able to support residents with their individual needs. Mandatory training in regards to safeguarding, behavioural support and fire safety had been completed by all staff members; however, a sample of training records were reviewed which indicated that one staff member had not completed training in infection prevention and control.

The provider had also produced a preparedness plan in response to COVID-19 which clearly outlined the additional measures which were implemented to protect residents from the disease. The planning clearly outlined how staffing ratios would be maintained and the person in charge had identified staff members who were willing to cover additional hours, should it be required. Although the COVID-19 preparedness planning was robust in many aspects, some improvements were required. For example, the plan did not clearly identify where donning and doffing areas would be located and the overall plan lacked clarity in regards to supporting residents to self isolate in their bedrooms, including the arrangements for meals,

laundry and identified toileting facilities.

The centre's six monthly audit and annual review were not due to be completed at the time of inspection; however, the person in charge was completing regular audits of areas such as medication management, adverse events, personal planning and fire safety. These audits assisted in ensuring that care practices would be maintained to a good standard prior to the completion of all required audits.

Overall, the inspector found that the governance arrangements ensured that residents received a service which was safe and effectively monitored.

### Regulation 15: Staffing

The provider failed to ensure that all required up-to-date documents, such as a vetting disclosures were in place for all staff members.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provider failed to ensure that all staff members had received in infection prevention and control.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider failed to ensure that preparedness planning clearly outlined the isolation supports for each resident and also proposed donning and doffing areas.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as required.

Judgment: Compliant

## Regulation 4: Written policies and procedures

All required policies were in place and had been reviewed as required by the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were supported to enjoy a good quality of life. However, as mentioned earlier in the report, some improvements were required in relation to resident's wishes.

Residents attended weekly meetings which staff reported that they enjoyed. Various topics were discussed such as COVID-19, meals and activities and the person in charge stated that the agenda changed from week-to-week. Advocacy was also freely available and accessing this service was recently discussed at a residents' meeting. Management of the centre described how residents used weekly video sessions to remain in contact with old friends and also video sessions were scheduled to occur in which residents participated in bingo, dog therapy, exercise classes and sing along sessions. The person in charge explained how residents had benefited from these activities during national restrictions. The inspector observed many pleasant interactions between residents and staff on the morning of inspection and overall the centre had a pleasant and relaxing feel. However, as mentioned earlier in the report, the inspector did observe that a resident's wishes in regards to transport were not fully respected which did impact on their right to choice.

The provider had taken fire safety seriously and specialised equipment such as fire doors, alarm system and emergency lighting had been installed to protect residents. All equipment was serviced as required and staff were completing additional checks to identify any potential faults which could impact on safety. A review of fire drills also indicated that residents could be evacuated promptly across all shift patterns and the person in charge stated that additional centre specific fire safety training was due to occur in the weeks subsequent to the inspection. Although, fire safety



was taken seriously, the inspector noted that one fire door was not functioning properly on the day of inspection which could impact on fire containment measures in this centre.

Residents had individualised personal plans which clearly identified their care needs and how they preferred to have these needs met. A sample of personal plans were reviewed which were found to be comprehensive in nature and reflected residents' interests and staff knowledge of their needs. Residents were also supported to identify and achieve personal goals and planning meetings were scheduled to occur in the weeks after the inspection.

There some prescribed restrictive practices in place and the provider ensured that these practices were supported by a risk assessment and subject to regular review. There were also guidelines in place to support one resident with behaviours of concern and another with their use of language. The inspector found that this residents use of language may sometimes indicate that a safeguarding incident had occurred; however, the provider did not have procedures in place to ensure that the use of this language would be monitored and referred to the centre's designated officer if required.

Overall, the inspector found that residents were supported to enjoy a good quality of life. Although some areas for improvement were identified, adjustments in these areas of care would further build upon the many positive care practices which were found on this inspection.

### Regulation 17: Premises

The premises was bright, spacious and designed in a manner which promoted accessibility and met the needs of individual residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had robust risk assessments in place which promoted residents' safety. A review of adverse events also indicated that management of the centre responded in a prompt manner to address any potential issues as a result of incidents in the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

Staff were completing regular signs and symptom checks for COVID-19 and an enhanced cleaning regime was also in place which promoted residents' safety.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider failed to ensure that all fire doors would close in the event of a fire occurring.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had been assessed to self medicate and a review of a sample of records indicated that all medications were administered as prescribed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were reviewed on a regular basis. Residents also had good access to the community and annual reviews, including personal goal planning, were scheduled to occur in the weeks subsequent to the inspection.

Judgment: Compliant

## Regulation 6: Health care

Residents had good access to their general practitioner of choice and also to allied health professionals. Individual healthcare assessments were also in place which assisted in ensuring that a consistent approach to care would be offered.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There was good oversight of restrictive practices and comprehensive behavioural supports were in place which promoted consistency in this area of care.

Judgment: Compliant

## Regulation 8: Protection

The provider failed to ensure that procedures were in place to support the management of potential false allegations.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The provider failed to ensure that a resident's individual wishes in terms of accessing the centre's transport were respected on the day of inspection.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Teach Sona OSV-0007991

Inspection ID: MON-0033158

Date of inspection: 10/08/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• The Registered Provider will ensure all required documents under schedule 2 will be in place for all staff.</li> <li>• The Person in Charge will ensure that staff documents filed under schedule 2 is reviewed. And all required documentation will be updated.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• The Registered Provider has ensured that all staff members have completed infection prevention and control training.</li> <li>• The Person in Charge has ensured that all staff have carried out the required mandatory training in Infection Prevention Control and evidence is contained in the training folder in the Designated Centre.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• The Registered Provider has ensured that a Management System is in place to deliver a safe effective service in response to Covid 19.</li> <li>• The Person in Charge has a specific individualized plan for all residents in response to Covid 19.</li> </ul>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• The Registered Provider has ensured that all arrangements are in place under the fire regulation 28.</li> <li>• The Person in Charge has ensured that all fire doors are responding to the fire alarm within the Designated Centre.</li> </ul>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• The Registered Provider has ensured that all procedures in relation to safeguarding are managed and monitored within the Designated Centre and in line with National Safeguarding Vulnerable Adults Policy.</li> <li>• The Person in Charge, in collaboration with the Multidisciplinary Team has ensured all supports are in place to respond to any potential false allegations.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The Registered Provider will ensure that all Residents' human rights are protected and promoted in the designated centre.</li> <li>• The Person in Charge, in collaboration with the Multidisciplinary Team, has ensured that all residents support plans in relation to choice, will and preferences are clearly documented to guide staff in their practices.</li> <li>• Training in Human Rights/FREDA principles will take place on 02/09/2021.</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30/09/2021
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	20/08/2021
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	Substantially Compliant	Yellow	19/08/2021



	to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	16/08/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	24/08/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	02/09/2021