



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:	Announced
Date of inspection:	05 December 2023
Centre ID:	OSV-0007991
Fieldwork ID:	MON-0033159

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:	4
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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 5 December 2023	09:30hrs to 16:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents who used this service had a good quality of life and they lived in a warm and homely environment. This inspection highlighted some areas of care including staff training, staffing, fire safety and safeguarding required some adjustments but overall care was resident focused and held to a good standard.

This was an announced inspection and to assist in determining the renewal of this centre's registration. Two residents were up and about on the morning of inspection and two residents had remained in bed for a sleep in, which was their preferred morning routine. The centre had a very pleasant atmosphere with breakfasts being prepared and two residents were observed to be assisted by staff with their morning meal.

Residents who used this service had high support needs and they required assistance with their nutrition, mobility, safety, social and personal care needs. There were four staff on duty to assist residents and there were very pleasant interactions observed throughout the day. Staff were observed to sit and chat with residents and it was clear that residents liked this interaction as they smiled and were relaxed as they interacted with staff. One resident had some verbal skills and they used single words and additional gestures to communicate. They sat with the inspector and showed a photo album of family and friends which was very dear to them and they smiled as they pointed out their parents. It was clear they felt "at home" in this centre and they had free access to all communal areas. The three remaining residents did not communicate verbally and staff explained that they use gestures, sounds and body language to convey how they feel. Again, these residents were very relaxed and content throughout the inspection and the inspector observed that they interacted with staff frequently.

The centre was large, spacious and adapted to support residents with reduced mobility. Each resident had their own bedroom which was spacious and decorated in a warm and cosy manner. Each bedroom also had a serviced overhead tracking hoist for their mobility needs and there was also an ample number of bathrooms and toilets for residents to use. Residents had two reception rooms in which they could relax and there was also a large open plan kitchen/dining area where residents generally had their meals. Both breakfast and dinner were prepared on the day of inspection and there were pleasant smells of home cooking throughout the day. Residents who used this service required assistance with their nutrition and staff were observed to sit beside residents and chat with them as they helped them with their meals.

The staff on duty had a pleasant approach to care and they were observed to patiently interact with residents throughout the day. Two of the staff on duty were employed directly by the provider and two staff employed by an agency. The inspector met all four staff members and also discussed the residents' care needs

with an agency and full time staff member. Both staff had a good understanding of the residents care needs and both highlighted that there had been difficulty in staffing the centre in line with residents' needs in recent months. Although, the centre had operated at times at reduced staffing levels, this had not impacted on safety or the provision of care itself in the centre. However, both staff highlighted that it did impact on community access as each resident required more than one staff member to safely access their community for activities.

When the centre operated with a full staffing compliment residents enjoyed a full and active lifestyle. Financial records showed that residents were regularly out to restaurants, had casual coffee mornings, went shopping for personal items and also helped with grocery shopping. Residents were also active in their local area with some residents participating in a community garden in the summer months and others joining a local walking group when the weather was fine. In addition, residents were supported to enjoy holidays with a staff having sourced an accessible holiday home for residents to enjoy over the summer.

Overall, the inspector found that residents were well supported in their home and although there were some staffing issues, the provider was actively working to resolve this issue and this will be discussed in the subsequent section of this report.

Capacity and capability

The inspector found that there was good oversight of care practices in this centre and that residents generally enjoyed a good quality of care.

The person in charge facilitated this inspection and they were found to have a good understanding of the centre, residents' needs and of the resources which were implemented to meet these needs. They openly discussed the day-to-day operation of the centre, including the challenges which the centre had recently faced in the recruitment of staff. They explained that the provider secured funding for staffing; however, these posts had not been taken up when offered. Although the provider was proactive in ensuring the centre had adequate staffing resources, there were deficits in recent rotas which limited residents' ability to freely access their local community.

There was good oversight of care in this centre and as mentioned above, the provider was well aware of staffing issues which were impacting upon care. The person in charge also had a range of internal audits to monitor day-to-day care practices including personal planning, complaints and trends in incidents and accidents. The provider had also created platforms for shared learning among managers within this region with the person in charge attending scheduled incident review groups and person in charge meetings where issues from several designated centres were reviewed.

Staff who were on duty had a very pleasant approach to care and they actively

assisted in creating a warm and homely environment. They also discussed with the inspector how the person in charge had a regular presence in the centre and there was ample opportunity to raise issues or concerns which they may have. The person in charge also scheduled house meetings and supervision sessions which facilitated a formal review of both performance and care within the centre. However, there were some additional improvements required in regards to staff training, as the provider failed to demonstrate that agency staff had completed training in regards to epilepsy and assisting residents that required modified diets.

Overall, the centre operated at a level which ensured that residents generally had a good quality of life; however, improvements still were required with regards to staffing and training.

Regulation 15: Staffing

The person in charge maintained an accurate rota which contained full staff names, their start and finish times and also their roles within the centre. The rota clearly outlined the provisions for both day and night time staffing and there was also a planned and day-to-day rota for staff to refer to. However, this inspection highlighted occasions whereby the full staff compliment were not available to residents which impacted upon their ability to access their local community.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff attended regular one-to-one supervision sessions with the person in charge and there were a schedule of house meetings for staff to attend. These measures ensured that staff could discuss care practices and raise any concerns which they may have. The person in charge maintained training records for all full time staff and agency staff. However, these records failed to demonstrate that all agency staff had completed training with regards to epilepsy and supporting residents with dysphagia.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider demonstrated that appropriate insurance had been secured for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements in this centre ensured that the overall quality and safety of care was generally held to a good standard. Both the provider and person in charge had oversight arrangements in place which promoted the welfare and wellbeing of residents who used this service. Although, there was continued review of care practices, this inspection highlighted that improvements were required with regard areas of care which had the potential to impact upon the service. For example, safeguarding, staffing and staff training required further review to ensure that they were held to a suitable standard at all times.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers in place on the day of inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no active complaints on the day of inspection. However, the complaints procedure was readily available in the centre and the provider had appointed two people to manage any complaints which were received. Details of an appeals process was also in place and access to advocacy was available if required.

Judgment: Compliant

Quality and safety

The inspector found that many aspects of the quality and safety of care provided to residents was maintained to a good standard. The risk and incident management systems ensured that residents' safety was promoted and in general residents were supported to enjoy their lives. However, there were improvements required in

regards to a safeguarding procedure and also in relation to fire drills which were occurring.

The provider had ensured that fire safety was promoted and fire safety equipment such as fire doors, alarm system, emergency lighting and fire extinguishers were installed. Up-to-date service schedules for in place for this equipment and staff completed regular checks to ensure that all was in good working order. Fire evacuation drills were also occurring which assisted in ensuring that residents could be supported to leave the centre in the event of a fire. However, the recorded drills for times when minimal staffing were available did not reflect the potential scenarios which staff could face and these drills required further review.

There was a person centred approach to care in this centre and it was clear that staff had a good understanding of residents' needs and also what was important to them. Staff explained that residents had a very close relationship with their individual families and that they loved going home at various times throughout the year. Staff also discussed that some family members were getting older and additional supports and planning was implemented to keep family contact intact and meaningful for the residents. Staff outlined how additional daytime visits were utilised and staff ensured that residents were kept informed as to family visits and any changes which may have occurred.

There were no active safeguarding plans on the day of inspection but information on safeguarding was readily available. A person had been assigned to manage and review any safeguarding concerns and staff who met with the inspector had a good understanding of safeguarding measures. Staff explained to the inspector that a resident presented with a specific behaviour which required monitoring in terms of safeguarding, so that any potential safeguarding issues were documented. However, the inspector found that there was no formal procedure to facilitate a review of potential safeguarding concerns and this had the potential to impact on this area of care.

The inspector found that residents were well supported in this centre and the actions which were implemented by the staff team, management and the provider promoted both the welfare and wellbeing of residents. Although there were some areas of care which required review, overall this was a pleasant service.

Regulation 11: Visits

Maintaining family contact was important to residents who used this service and the actions which were implemented by the staff team ensured that residents visited their respective families throughout the year. The centre also had two reception rooms where residents could receive visitors in private if they so wished.

In addition, residents had various photographs of family members and also of attending various family events such as weddings in their own bedrooms which gave

their bedrooms a rich and homely feel.

Judgment: Compliant

Regulation 12: Personal possessions

Residents required indepth supports to manage their finances and staff maintained detailed financial records of any money which was spent on the residents behalf. The person in charge also scheduled regular audits of spending which assisted in ensuring that residents finances and possessions were safeguarded.

In addition, the inspector found that residents used their money on items and activities which they liked and enjoyed such as soft toys, colourful items and also holidays and activities such as flower arranging.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge maintained responsibility for the management of risk in this centre and the inspector found that there were robust risk management procedures in place. Risk assessments had been introduced in regards to safeguarding, skin integrity, falls and the use of specific medication. The inspector found that these assessments assisted in ensuring that these issues did not have a negative impact on care and they promoted safety within the centre.

The provider also had procedures for recording, monitoring and responding to incidents and near misses. Again, the person in charge held responsibility for the daily monitoring of incidents and a review of records indicated that they were no trends of concern.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was clean to a visual inspection and it was also well maintained. Staff were completing scheduled cleaning and there was suitable guidance in place for the cleaning and sanitisation of both communal and private areas of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety was generally well promoted in this centre and staff who met with the inspector had a good understanding of the procedures to follow in the event of a fire. Fire equipment had a completed service schedule in place and staff had also received centre specific training which included the use of specialist equipment.

Although staff were completing scheduled fire drills, this area of fire safety required further review as drills which were ran with minimal staffing did not reflect the potential evacuation scenarios which these staff might face.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was suitable storage in place for medicinal products and non nursing staff had received training in the administration of medicinal products. The medication storage was reviewed and found to be clean and well maintained.

In addition, medication prescription sheets and associated medication administration records were reviewed and indicated that medications were administered as prescribed.

Judgment: Compliant

Regulation 8: Protection

Safeguarding was promoted in this centre and it was clear that the centre was a pleasant place in which to live. However, specific behaviour required monitoring in terms of safeguarding and the inspector found that there was no formal procedure to facilitate a review of potential safeguarding concerns and this had the potential to impact on this area of care.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It was clear that the centre was a pleasant place in which to live and staff were observed to chat freely with residents and kept them informed when they were assisting them with their individual care needs.

The issues from the last inspection in regards to the the use of closed circuit television (CCTV) had been addressed with CCTV only used on the exterior of the building for security reasons.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	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 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Sona OSV-0007991

Inspection ID: MON-0033159

Date of inspection: 05/12/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The Register Provider will ensure that the number, qualifications and skill mix of staff is appropriate to the number and needs of the residents, and in line with the statement of purpose and the size and layout off this designated Centre. • The person in charge currently has three vacant positions with approval to hire. Following campaigns positions were unable to fill. The person in charge has contacted HR to re Campaign these positions again. • The person in charge, in the absence of a full complement of staff on any given day will source staffing support from another designated center under her governance to ensure resident’s outings and access to the community is facilitated. 	
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> <ul style="list-style-type: none"> • The person in charge has completed a training matrix for all agency staff currently working within the centre to record training required and undertaken. • The person in charge maintains this training matrix, and monitors all training that is required specific to the needs of the residents in this Designated Centre. • The person in charge maintains a training schedule with dates for all current and future training needs which is available to all agency staff including Epilepsy and Dysphagia 	

training.

- The Person in Charge has ensured that all agency staff have undertaken Dysphagia training (completed 5/12/2023). Epilepsy training is scheduled for March 31st 2024.
- The person in charge maintains a copy of all certs for all agency staff within the designated Centre.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The Registered provider has ensured that management systems are in place to guarantee that the service provided is safe, appropriate to residents needs, consistent and effectively monitored in this designated centre.
- The registered provider in liaison with the PPPG group has ensured all policies and procedures are in place in relation to the management of all safeguarding incidents reported in this designated centre.
- The registered provider with the person in charge has reviewed the staffing arrangements, skill mix and services appropriated to residents needs.
- The person in charge will ensure that the number, qualifications and skill mix of staff is appropriate to the number and needs of the residents in line with the statement of purpose of this Designated Centre
- The person in charge currently has three vacant positions with approval to hire. Following campaigns these positions were unable to fill. The person in charge has contacted HR to re-campaign for these positions again.
- The Person in Charge and CNS in Behaviours together have established a system and developed a protocol to ensure the review of all potential safe guarding within the designated centre. All staff have been made aware of this protocol and the reporting process.
- The person in charge has an oversight system is now in place that will highlight potential safeguarding incidents, and the management of these, that may have a negative impact on the service
- The Person in Charge has reviewed and is currently monitoring one residents positive behaviour support plan in relation to safeguarding in collaboration with the CNS in Behaviours and the Designated Officer.

- The Person in Charge has assured the provider that all staff are currently up to date in their Safe guarding training by presenting the training matrix of all staff in full compliance for this Designated Service in safeguarding, certification for same is held within the designated centre.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The Register Provider will make arrangements for the evacuation where necessary, in the event of a fire and ensuring all persons are brought to a safe location in this designated Centre.

- The person in charge will ensure that drills with minimum staffing will be carried out to reflect all potential evacuation scenarios and these will be recorded in the fire book. A practice evacuation has been undertaken on the 3/1/2024 and a second one is scheduled for 10/1/2024

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- The registered provider has ensured that all Policies, Procedures and Protocols are in place for the reporting, investigating, reviewing and escalation of all safe guarding allegations within this designated Centre.

- The Person in Charge has assured the provider that all staff are currently up to date in their Safe guarding training by presenting the training matrix of all staff in full compliance for this Designated Service in safeguarding, certification for same is held within the designated centre.

- The person in charge will ensure that the number, qualifications and skill mix of staff is appropriate to the number and needs of the residents in line with the statement of purpose of this Designated Centre

- The person in charge has ensured all staff are familiar with the three designated officers within the service. All staff have read and signed the Safeguarding Policy within the centre.

- The Person in charge ensures that safeguarding is a standard item on all team meetings discussing scenarios specific to this centre.
- The person in charge has initiated a protocol in relation to any incident, allegation or suspicion of abuse and has undertaken appropriate action where a resident is harmed or suffers abuse.
- The Person in Charge has reviewed and is currently monitoring one residents positive behaviour support plan in relation to safeguarding in collaboration with the CNS in Behaviours and the Designated Officer.
- The Person in Charge and CNS in Behaviours together have established a system and developed a protocol to ensure the review of all potential safe guarding within the designated centre. All staff have been made are aware of this protocol and the reporting process.
- The person in charge has an oversight system in place that will highlight any potential safeguarding incident and management of same, that may have a negative impact on the service.
- The person in charge has an oversight system is now in place that will highlight potential safeguarding incidents, and the management of these, that may have a negative impact on the service

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	06/12/2023
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	31/03/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	05/01/2024

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	10/01/2024
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	05/01/2024