



Office of the Chief Inspector

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

Name of designated centre:	Teach Saoire
Name of provider:	G.A.L.R.O. Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	08 May 2019
Centre ID:	OSV-0005726
Fieldwork ID:	MON-0026940

About the designated centre

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

The service provided was described in the provider's statement of purpose, dated September 2018. The centre provided a respite service to adults with an intellectual disability, autism or individuals who display behaviours of concern relating to their diagnosis. The centre was registered to provide a service to no more than six residents at any one time. The centre consisted of a large detached house which was located in a rural setting but in close proximity to a large town. Each of the residents availing of respite had an individual bedroom with en suite facilities. There was a good sized enclosed garden to the rear of the centre for use by residents. This included a seating area, built in trampoline, tennis court and nest swing. The centre does not provide a service to residents who require wheelchair or full time nursing support.

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
08 May 2019	09:30hrs to 17:30hrs	Noelene Dowling	Lead

Views of people who use the service

As part of the inspection, the inspector met with four of the residents, two of whom were completing their respite break and one resident who was starting their break. The residents did not communicate verbally so did not share their views of the service but did allow observation of their routines and activities. The residents were observed to be in good spirits, engaging easily with the staff who were very attentive to their needs. One resident told the inspector which room they preferred to sleep in and that this was always ready for him. The inspector observed that the residents were happy to come to the centre and enjoyed the interaction with staff when there. Their activities and meals were observed to be tailored to their individual preferences and staff were very familiar with these.

The inspector had the opportunity to speak with a number of family members. They expressed their full confidence in the manager and staff team as to their relatives care. Families said that they were always informed and consulted with and that the staff were very familiar with and supportive to their family members. The inspector observed this good communication with families. Relatives also stated that these respite breaks were vital to their own well being, but of more importance was their confidence that it was a safe and enjoyable experience for their family members.

The inspector observed that this was low arousal environment and this was supported by the low numbers of residents living together at one time.

Capacity and capability

This inspection was undertaken following the providers application to vary the conditions of registration and increase the number of residents availing of the service. The centre was registered in 30 May 2019 and previous inspections demonstrated a positive experience for the residents.

The inspector found that this was a well managed centre, with good systems and levels of oversight evident to ensure the resident's needs and well being were prioritised. The person in charge was suitably qualified and experienced and was found to be supported by a suitable qualified deputy manager. In recognition of the complexities involved in the management of a respite service both posts were supernumery. Staff expressed their confidence in the guidance and support they

received from the management team.

There were good reporting and quality assurance systems in place which supported the residents' quality of life and safety. These included the provider's unannounced visits to the centre, and frequent audits undertaken on a range of relevant issues including medicines, incidents and accidents. These informed changes to practices, such as staffing levels, or increased clinical support. Any accidents or incidents were carefully and promptly reviewed with remedial actions taken to address them. There were effective systems also for oversight of the management of residents' finances and complaints, which helped to ensure their safety.

The service annual report for 2018 was available although the new arrangements in the centre were only operational since July 2019. There was evidence that the views and preferences of residents and primarily their representatives were solicited and listened to.

The service was very well resourced to account for the complexity of the sometimes unknown needs of the residents, for example, in the case of emergency admissions. There was 1:1 or 2:1 staff available to support the residents with one waking and one sleepover staff at night.

The provider ensured that staff had the training and skills to support the residents. Staff spoken with demonstrated very good knowledge of the individual residents and how to support them. There were effective systems for communication, with regular team meetings and good staff supervision systems implemented. There was evidence of a commitment to mandatory and other training necessary to ensure the residents' needs were being met. Additional training in the support of residents with autism was scheduled for 2019. From a review of a sample of personal files, the inspector saw that recruitment procedures were satisfactory and safe.

The statement of purpose was reviewed. This was a detailed outline of the service, facilities and care needs to be supported. The inspection found that admission decisions and care was delivered according to this statement. The statement had been revised to account for the increase in the number of residents sought and the staffing levels to support this.

From a review of the accident and incident records the inspector noted that all of the required notifications had been forwarded to the Chief Inspector, as required, with appropriate actions taken in response to any incidents.

The number of residents availing of the service had increased from 36 to 67 residents. Although the centre is registered for six residents, there were significant periods of time where the numbers of residents were lower. This was accounted for by a responsible approach taken to admission decisions and the contractual arrangements with the placing Health Service Executive region.

A number of factors outlined in the quality and safety section of this report, although primarily documentary, require attention to ensure this evolving service remains effective in meeting the needs of the increasing number of residents now accessing the centre for respite. These include adequate access to pertinent

assessments outcomes, adequate safeguarding, behaviour support plans and risk assessments. Despite these findings however, the inspector was satisfied that the service is safe and suitable to meet the needs of the residents.

Registration Regulation 8 (1)

The application for the variation of the conditions of registration was made correctly by the provider.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and engaged full time in the role.

Judgment: Compliant

Regulation 15: Staffing

There was a high staff ratio provided with 1:1 or 2:1 staff available to support the residents with one waking and one sleepover staff at night.

From a review of a sample of personal files, the inspector saw that recruitment procedures were satisfactory and safe.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff had the training and skills to support the residents and staff were appropriately supervised to carry out their role.

Judgment: Compliant

Regulation 23: Governance and management

This was a well managed centre, with good systems and levels of oversight evident to ensure the quality and safety of residents care.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were suitable agreements made with and signed by the residents representatives for admission to the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was a detailed and accurate outline of the service, facilities and care needs to be supported. The inspector found that admission decisions and care was delivered according to this statement.

Judgment: Compliant

Regulation 31: Notification of incidents

All of the required notifications had been forwarded to the Chief Inspector, as required.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Arrangements for the any absence of the person in charge were suitable and had

been notified to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaint were managed transparently and in consultation with the complainant.

Judgment: Compliant

Quality and safety

The social care needs of the residents were prioritised. The main function of the respite time is to provide a holiday for the residents. To this end, they had a break from their normal routines and enjoyed activities. These were planned according to their preferences, for example, they went for long walks, out for lunch, had take away meals, went swimming, watched favourite television programmes, used the well equipped and accessible garden for playing ballgames, or had a lie and a late breakfast, as observed by the inspector. The high staff ratio and effective planning ensured these took place for the individual residents.

However, there are specific challenges presented for the support of residents in respite services. These include accessing pertinent information in order to ensure the residents' care needs can be met. To this end, an assessment of need was undertaken pre-admission and updated information was sought from the primary carers for all subsequent admissions.

However, in some instances, the inspector found that the details of pertinent information was not available to inform the residents support plans in the centre. For example, the outcomes of clinical assessments undertaken, such as speech and language, or psychiatry. There were personal plans completed for the residents which detailed their preferences and need for supports but in some instances these were not detailed sufficiently based on the outcomes of the assessment.

From discussion with the staff and reviewing the support plans, the inspector was satisfied that the relevant information was known, and that care was being delivered in accordance with these assessments. Nonetheless, systems for ensuring that the specific details were available required review, as the numbers of residents accessing the service more frequently and for longer periods of time increased.

Residents were supported to communicate in their preferred manner. They had access to tablets and other technology. Staff used pictorial images, objects of reference, and sensory equipment to support the residents. Staff were familiar with

sign language and there were detailed communication plans for the residents. Staff advised the inspector that these factors were essential in order for them to be able to support the residents in this type of service.

There were suitable and safe systems for the management of resident's medicines on admission and discharge. Any medicine errors noted were promptly responded to and systems implemented to prevent re-occurrences.

Residents' nutritional needs were known by staff, and with staff support the residents helped with meal preparation.

While residents meetings were held, the emphasis was on individually seeking the resident preferences regarding their activities and routines in the house to ensure they were involved and consulted.

There were effective systems in place to protect residents from abuse and these were implemented. However, the safeguarding plans implemented, on the occasions when necessary, for incidents of peer to peer behaviours, were not sufficiently detailed in core areas to guide staff. There was however, careful consideration given to the compatibility of the residents' needs when deciding on admissions and respite dates to protect the residents. A number of matters relating to the clarity of safeguarding arrangements for residents were discussed for further consideration.

Each resident had a detailed intimate care plan which had been revised following the previous inspection, pertinent to their particular needs and preferences. Staffing arrangements were organised to ensure these were carried out in accordance with these plans. Residents had access to their personal possessions with detailed inventories maintained on admission and discharge.

There were systems in place to support residents with behaviours that challenge including self-harm and aggression. Staff had training in the management of behaviours that challenged. From a review of the review of the incident reports, the inspector was assured that staff took appropriate actions and the incidents were appropriately reviewed by the person in charge.

The uses of restrictive practices was minimal, implemented for the residents own safety and with consideration to the impact of the restriction. The use of medicines on a PRN (administer as required) basis was also carefully monitored and reviewed to avoid harm to the residents.

Risk management systems overall were effective, centre specific and balanced. There were health and safety and environmental audits undertaken and actions identified as a result. Where risks were identified they were addressed. For example, restriction's were placed on windows following an incident. Risk assessments for residents were also implemented. However, in some instances these individual management plans were generic and did not provide sufficient details as to the actions to take, for example, to prevent incidents of self-harm. The high staffing levels and deployment of staff helped to manage risks to residents, however, while ensuring they had access to their preferred routines and activities.

Fire safety systems were satisfactory to protect the residents. A small number of issues were identified and rectified promptly by the provider on the day of the inspection. These included secure keys for the exit doors and fire extinguishers in the laundry room. All of the required fire safety management equipment was available and serviced regularly. There were appropriate fire containment systems in place. In-house checks were undertaken to ensure the systems were working. Residents had appropriate personal evacuation plans, which took account of their individual needs. For example, one resident was provided with ear protectors to prevent distress from the noise of the alarm. Staff diligently undertook fire drills with regular and new residents, to help familiarise them with the process.

The premises is very spacious and meets the residents' individual and collective needs of the residents currently. All residents had their own their own individual bedroom and en suite facility. The premises is two story and in its layout and design is not suitable for residents with significant mobility difficulties. This is accounted for in the providers statement of purpose. The aim is to provide a low arousal environment and to this end the layout of the premises supports this currently.

Regulation 10: Communication

Residents were supported to communicate in their preferred manner. They had access to tablets and other technology. Staff used pictorial images, objects of reference, and sensory equipment to support the residents. Staff were familiar with sign language and there were detailed communication plans for the residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents brought their preferred personal possessions which were itemised to ensure they were safe and returned on discharge.

Judgment: Compliant

Regulation 17: Premises

The premises is very spacious and meets the residents' individual and collective needs currently.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents dietary needs and preferences were known by staff and supported.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were effective, centre specific and balanced. There were plans for managing emergencies. However, in some cases, the individual assessments for known risks were generic and did not provide sufficient details as to the actions to take, for example, to prevention of incidents of self-harm. The high staffing levels and deployment of staff helped to manage risks to residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems were satisfactory. A small number of issues were identified and rectified promptly by the provider on the day of the inspection. These included secure keys for the exit doors and fire extinguishers in the laundry room. All of the required fire safety management equipment and containment systems were available and serviced regularly.

Staff diligently undertook fire drills with regular and new residents, to help familiarise them with the process.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable and safe systems for the management of resident's medicines on admission and discharge. Any medicine errors noted were promptly responded to and systems implemented to prevent re-occurrences.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The social care needs of the residents were prioritised. The main function of the respite time is to provide a holiday for the residents and this was achieved. However, while pre-admission assessments were undertaken by the person in charge, the inspector found that some pertinent information was not consistently available to inform the residents' support plans in the centre. For example, the outcomes of multidisciplinary assessments undertaken, such as speech and language, health or psychiatry. However, the inspector was satisfied that the relevant information was known, and that care was being delivered in accordance with these assessments.

Judgment: Substantially compliant

Regulation 6: Health care

Residents healthcare was managed by the residents primary carers but staff were aware of their needs in this regard and supported them appropriately.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to support residents with behaviours that challenge and staff had the appropriate training.

Judgment: Compliant

Regulation 8: Protection

There were effective systems in place to protect residents from abuse and these were implemented. However, the safeguarding plans implemented, on the occasions necessary, for incidents of peer to peer behaviours, were not sufficiently detailed in core areas to guide staff.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially 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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Teach Saoire OSV-0005726

Inspection ID: MON-0026940

Date of inspection: 08/05/2019

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>We will ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</p>	
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:</p> <p>We will ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.</p>	
Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
We will ensure that there are systems in place to protect residents from abuse to include regular liaising with the HSE National Safeguarding office

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2019
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	30/06/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days	Substantially Compliant	Yellow	05/07/2019

	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).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	27/06/2019