



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

Issued by the Chief Inspector

Name of designated centre:	Teach Greine
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	27 August 2024
Centre ID:	OSV-0001828
Fieldwork ID:	MON-0039963

About the designated centre

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

Teach Greine provides respite care and support to adults and children with an intellectual disability. The house, which has five bedrooms, a large living area, kitchen and dining room is located within walking distance of a medium sized town in Co. Westmeath. The bedrooms available to residents are equipped to support those with additional mobility support needs, and there is specialist equipment available in the two large bathrooms. Residents are supported by a team of nurses, social care workers and care assistants, and the centre is managed by a person in charge who is a registered nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 27 August 2024	10:15hrs to 18:15hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with regulations and standards. Overall, on the day of the inspection, the inspection findings were positive. It demonstrated that residents were receiving a service that met their assessed needs. However, some improvements were required with regard to healthcare, positive behaviour supports, safeguarding and premises. These areas will be discussed in more detail later in the report.

The service had operated additional day time opening hours earlier in the month to facilitate closures of day programmes that the residents normally attended. The service was on a scheduled closure on the day of the inspection as a result of previous additional opening hours and therefore the inspector did not have the opportunity to meet residents on this inspection.

The inspector observed a large collage of pictures on the dining room wall of a sample of outings and activities that residents had participated in during 2024. Activities residents participated in included boat trips, gardening, going shopping and attending pet farms.

The provider had arranged for staff to have training in human rights. As there were no staff working on the day of this inspection the inspector was unable to ask staff how this training had impacted on their work. The person in charge did communicate that the centre staff do focus on promoting choices in activities and meals on offer through the use of pictures.

The inspector observed the respite house to be very tidy. Each resident that attended the respite centre were allocated their own bedroom and there was adequate storage facilities for personal belongings.

There was a front garden used mainly for parking. It had some plants and flowers growing in different areas and had some benches for sitting in the garden. The back garden had a basketball net available for use for the residents. There were different art supplies, jigsaws, musical instruments and sensory objects available for residents to use when in the centre. There was a separate sensory area for use by the residents, that had bean bags, sensory lights and colourful plant pictures on the wall.

The provider had sought residents' and family representatives' views on the service provided by way of phone calls with family members and observations or interviews with some residents that were attending on a respite break.

As part of this inspection process family representative views were sought by the inspector via phone calls to three families on the day of this inspection. Feedback demonstrated that the families were extremely happy with the service that was provided to the residents. All three representatives commented that the

communication between the staff and centre manager with families was excellent. They communicated that they were happy with all aspects of the care and supports provided in the centre and that they had no concerns. All three representatives said that if they needed to make a complaint that they knew who to address the complaint to and felt they would be listened to.

One representative said that their family member had blossomed since attending the service and it was the best move for them. They went on to say the service was exceptional. It was also communicated by the representatives that it was clear to them that their family members looked forward to their respite breaks and that they look for confirmation as to when they can go back on another respite break. One representative commented on that they and their family member had a very good relationship with the staff that worked there.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was unannounced and was undertaken as part of monitoring compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This centre was last inspected in October 2022. From a review of a sample of 13 of the actions from the previous inspection, the inspector found that 12 actions had been completed by the time of this inspection.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent, monitored and appropriate to residents' needs. For example, there was a full-time person in charge and the provider completed six monthly unannounced visits to the centre to assess compliance levels.

The inspector reviewed a sample of rosters and they demonstrated that there were sufficient staff on duty to meet the needs of the residents.

There were systems in place to monitor and facilitate staff training and development. For example, staff were receiving formal supervision and had access to training, such as assisted decision making guiding principles.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced to fulfil the requirements of the role. They held a qualification in nursing and they were

employed in a full-time capacity within this centre. They demonstrated that they were familiar with the residents' care and support needs. For example, they discussed the epilepsy care plans for the relevant residents.

Three family representatives spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 15: Staffing

A sample of rosters were reviewed over a two month period from July to August 2024. They indicated that there was sufficient staff in place at the time of the inspection to meet the assessed needs of the residents and facilitate the residents to have a meaningful day. There was a planned and an actual roster in place maintained by the person in charge.

Staffing arrangements, such as workforce planning, took into consideration any changing or emerging needs of the residents. For example, on occasion the person in charge reduced the resident numbers that attended on a given night to ensure that there was sufficient staffing to support their assessed needs. Additionally, the roster was recently changed so that staff were no longer splitting their shifts to ensure continuity of care for the residents.

As previously stated three family representatives communicated that the staff that worked in the centre were very good and understood and supported their family members' assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix for all training completed and reviewed a sample of the certification for six training courses for all staff. This demonstrated to the inspector that staff received a suite of training in order for them to carry out their roles effectively. For example, staff were trained in areas, such as:

- fire safety
- safeguarding adults
- medication management
- oxygen therapy
- eating drinking and swallowing
- staff also received a range of training related to the area of infection

prevention and control (IPC).

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

The inspector also reviewed three staff supervision files and spoke with the person in charge. This demonstrated that the supervision was occurring in line with the provider's policy. Supervision sessions were found to provide staff opportunities to raise concerns if necessary.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were suitable governance and management systems in place. There was a defined management structure in the centre which consisted of a person in charge and the operations manager who was the person participating in management for the centre.

One family representative spoken was familiar with the management structure of the centre and organisation.

The provider had carried out an annual review of the quality and safety of the service provided as per the regulations. There were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis which included resident and family consultation. There were other local audits completed to assess the quality and safety of care and support provided to residents in the centre. This was to ensure that any identified issues would be rectified or escalated within in a timely manner.

For example,

- staff completed daily, weekly and monthly fire safety checks
- there were quarterly medication audits completed by staff
- the person in charge completed an annual health and safety audit
- the IPC lead for the organisation completed an annual IPC audit of the centre.

From a review of the most recent team meetings minutes since January 2024, they demonstrated that they were taking place monthly and that incidents were reviewed for shared learning with the staff team.

Judgment: Compliant

Quality and safety

Overall, the inspection found that the residents were receiving a good standard of care that met their assessed needs. However, as previously stated some improvements were required in relation to healthcare, positive behaviour supports, safeguarding and premises.

Residents were being supported with their healthcare and emotional needs. However, some improvements were required to ensure all plans guided staff adequately in order to appropriately support the residents and that plans were subject to an annual review.

The inspector reviewed restrictive practices in use in the centre, for example some residents used a lap belt when using their wheelchairs. This was assessed as necessary for the safety of the residents and subject to review.

From a review of the safeguarding arrangements in place, the provider had arrangements in place to protect residents from the risk of abuse, for example staff had received training in adult safeguarding. However, improvements were required to ensure that potential safeguarding risks were dealt with through the appropriate channels and to ensure that reporting obligations were met.

The inspector observed from a review of documentation, from speaking with three family members and the person in charge that, residents were being communicated with using their preferred communication methods. Additionally, that residents were supported to have an enjoyable respite stay in line with their personal preferences.

The inspector observed the premises to be tidy and clean and for the most part in a good state of repair. Some areas were identified for improvement, for example to ensure all areas could be cleaned effectively.

There were systems were in place to manage and mitigate risk and keep residents safe in the centre. For example, there was an organisational risk management policy in place. Additionally, there were suitable fire safety management systems in place, which were kept under ongoing review. For example, the fire detection and alert system was serviced quarterly by an external professional.

Regulation 10: Communication

Communication was adequately facilitated for residents in accordance with their needs and preferences. For example, the inspector observed posters in the dining area that were used to support individuals to express their emotions. Pictures were available to support residents to make informed choices regarding meal and activity

options.

From a sample of three residents' communication documentation, the inspector observed that they had clear documented communication needs on a communication chart as to how the person may communicate. In addition, the inspector observed that from a review of two other residents' personal plans that they contained guidance for staff from a behaviour specialist as to how the person communicates or how best to communicate with them.

In addition, the inspector observed that the residents had access to the televisions, phones and Internet within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation while on their respite breaks.

The inspector observed sensory items, musical instruments, art supplies, jigsaws and games available for residents to use in the centre.

The inspector reviewed the activity planners for a sample of respite breaks across July and August 2024 and two residents' daily notes. They demonstrated residents' daily recreation and activities that they participated in. From the sample reviewed, residents were observed to participate in activities based on their interests. For example, baking, going to the cinema, going bowling, doing art, attending pet farms, going out for coffee, and having lunch out.

One family representative informed the inspector that the family member's dietary requirements were always catered for. They went on to say that on one occasion their family member had baked brownies that were suitable for their diet and brought some home for the family to try. They also said on another occasion their family member had made bracelets for their family and a friend while on their respite break.

Judgment: Compliant

Regulation 17: Premises

The inspector observed the premises was clean and the facilities of Schedule 6 of the regulations were available for residents use. For example, rooms were of a suitable size and layout suitable for the needs of residents and residents had access

to cooking and laundry facilities.

Generally, the premises was found to be in a state of good repair. The inspector observed that some areas required repair or replacement in order to ensure they could be appropriately cleaned and a small number of areas required repainting.

For example:

- some areas of the inner surface of the microwave was damaged
- some of the surface of two wooden boxes covering pipe work in two bathrooms were peeling
- the plughole surface and one windowsill in a bathroom were peeling and or damaged

The inspector observed that the floor tiles in one shower enclosure were stained and there was a slight malodour in a bedroom that had an en-suite.

The centre was registered to facilitate adults and children. However, as noted in the last inspection, there remained minimal outdoor recreational areas and facilitates to cater for children if required.

There was adequate space for the residents, for example there was an open plan sitting room and dining room area and there was a separate sensory area in the centre.

Each resident had their own bedroom while on their respite break and had adequate storage facilities for any personal items they wanted to bring with them for their stay.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were adequate systems in place to manage and mitigate risk and keep residents safe in the centre. For example, there was a policy on risk management available.

A risk register was maintained for the designated centre which was reflective of the presenting risks. Risks specific to individuals, such as a choking risks or slips, trips and falls, had been assessed and control measures identified.

On review of other arrangements in place to meet the requirements of this regulation, the inspector observed that the centre's boiler and equipment used to support residents, for example hoists had received an annual service.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced.

The inspector reviewed a sample of five of the residents' personal emergency evacuation plans (PEEP) and they were observed to be up to date and provided clear information to guide staff regarding any evacuation supports required. Regular fire evacuation drills were taking place and the inspector reviewed the documentation of the last eight drills. They contained details of what exit was used for evacuation and an hours of darkness drill was observed to be completed with maximum resident numbers and minimum staffing to demonstrate that staff could safely evacuate residents.

While one fire containment door was observed to not close fully by itself and another did not have an intumescent strip, the provider arranged for these to be fixed on the day with evidence shown to the inspector. There was some small damage to another fire evacuation door and the provider arranged for a competent fire person to advise on the best method for repair. The organisation's maintenance person confirmed the door would be fixed by the day after the inspection.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified. For example, a sample of two residents' files demonstrated that residents had in place healthcare plans which outlined supports provided for them to experience best possible health. For example, an epilepsy care plan was in place as required. However, one epilepsy care plan reviewed did not provide sufficient detail to fully guide staff. For example, the plan did not describe if the resident had any triggers that may lead to a seizure or how long their seizures normally last.

Some of the residents were on modified diets and the person in charge was aware of residents' specific needs in this area. In addition, residents had received a speech and language therapist assessment in relation to their diets were required; however, one plan had not been reviewed since July 2022. In addition, one resident's hospital passport, which would guide hospital staff to supports a resident had not been reviewed since August 2022. Reviews were required to ensure information contained in plans were accurate and up to date.

As this centre is a respite centre and residents live at home with their families, residents were supported by their families to attend any healthcare appointments

and referrals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements for positive behavioural support. They found from a review of two residents' files and speaking with the person in charge, that the provider had for the most part suitable arrangements in place for oversight and for supporting residents in this area. Residents were supported with behaviours that may cause distress to themselves or others. Where applicable, residents had a positive behavioural support plan which was reviewed by a behaviour specialist. The person in charge demonstrated they were familiar with the steps to take to support the residents if required.

However, one resident's plan did not adequately guide staff on how to support the resident. For example, some information provided in the section that guided staff on how to react to certain behaviours was vague by advising staff to use their training to keep themselves safe. The plan did not address how to support a resident with some of the listed behaviours of concern they may display.

Additionally, the support plan did not signpost staff as to when they may need to refer to the person's chemical restraint protocol if their behaviours continued to escalate. Therefore, these areas had the potential that staff may not always be consistent or knowledgeable in managing and responding to behaviours of concern in order to safely support the resident through periods of distress.

In addition, it was not evident if all recommendations noted in another resident's plan were followed up on or reviewed to see if they were still applicable.

The registered provider had systems in place to ensure that where restrictive practices were used, for example a locked chemical press, that there was governance over these practices to ensure that they were necessary. For example, restrictive practices were reviewed periodically and consent was sought by families for use of the practices.

Judgment: Substantially compliant

Regulation 8: Protection

For the most part, there were adequate systems in place to safeguard residents. For example, there was an organisational adult safeguarding policy in place and staff were trained in adult safeguarding.

However, from a review of a resident's file and from speaking with the person in charge, the inspector found that some potential safeguarding risks were not dealt with in line with the national policy. While the centre management had taken steps to safeguard residents at the time of the incidents and to mitigate further incidents from occurring, concerns were not reported to the designated officer or relevant statutory agencies. Furthermore, a preliminary screening was not completed to deem if there were further grounds for concern.

From a sample of one resident's finance documentation, the inspector observed that their finances were checked by two staff at both the start and end of a resident's respite break and anytime money was spent to ensure their money was accounted for and safeguarded.

The inspector also reviewed a sample of three intimate care plans. They guided staff as to supports residents required and also informed staff as to their preference for the gender of staff that was to support them with those tasks.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Teach Greine OSV-0001828

Inspection ID: MON-0039963

Date of inspection: 27/08/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We replaced the microwave on the 28th of August, the day after the inspection.</p> <p>The surface covering the pipework in both bathrooms will be replaced using PVC (31st October 2024).</p> <p>Both the plughole surface and the windowsill in the bathroom will be replaced using PVC (31st October 2024).</p> <p>Both the bathroom with the stained tiles and the bedroom with the slight oder will have a deep clean (31st October 2024).</p> <p>Respite have access to portable childrens equipment that can be used if required for children using the premises (31st October 2024).</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Epilepsy Care Plan has been reviewed and updated (3rd September 2024). The Speech and Language Therapist had reviewed the resident in the Day Service, a copy of this report is now in the Schedule3 Folder this was completed on the 10th September 2024. The hospital passport has been reviewed and updated (3rd September 2024).</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The residents Behaviour Support Plan has been reviewed and updated by the Psychologist and Behavioural Therapist (2nd September 2024), including how to support a resident with behaviour of concern.</p> <p>The resident has an appointment with the relevant health professional on the 22nd November 2024, the protocol for Chemical Restraint will be reviewed at this appointment.</p> <p>This resident has an appointment with the relevant health professional on the 18th September, the recommendations will be reviewed at this appointment.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Safeguarding Training has been booked for all staff with the Services Deputy Designated Safeguarding Officer, this training will be completed by 31st October 2024 for all staff.</p> <p>All staff to read and sign the safeguarding policy and ensure they are familiar with the reporting procedure. (31st October 2024)</p> <p>All future events to be reported to the designated officer so that preliminary screening can be completed and regulatory bodies informed within the designated timeframe – 3 days.</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2024
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	31/10/2024
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that	Substantially Compliant	Yellow	31/10/2024

	resident's personal plan.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/11/2024
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	31/10/2024