



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Failte
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	02 December 2024
Centre ID:	OSV-0001521
Fieldwork ID:	MON-0045431

## About the designated centre

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

Teach Fáilte is a midlands residential designated centre and transitional home to individuals with acquired brain injuries. It is home to a maximum of six persons. The centre is a large wheelchair accessible building comprising of two floors. There is an outdoor accessible garden area. Each person living there have their own bedroom in the centre. The centres focus is on readjustment to community living following brain injury, the improvement of functional skills, and health and medical management. The service is open and staffed on a 24/7 basis. The clinical team is comprised of a Clinical Psychologist, Local Service Manager, Assistant Psychologist, Senior Occupational Therapist, Social worker, Basic Grade Occupational Therapist, Case Manager, Team Leader and a team of Rehabilitation Assistants.

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

Number of residents on the date of inspection:	5
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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
Monday 2 December 2024	11:55hrs to 17:40hrs	Ivan Cormican	Lead
Tuesday 3 December 2024	09:30hrs to 11:30hrs	Ivan Cormican	Lead
Monday 2 December 2024	11:55hrs to 17:40hrs	Stevan Orme	Support
Tuesday 3 December 2024	09:30hrs to 11:30hrs	Stevan Orme	Support

## What residents told us and what inspectors observed

This inspection was conducted following the receipt of unsolicited information pertaining to the quality, safety and oversight of care. The inspection was unannounced and conducted over two days. Inspectors met with all five residents who used this service and also with six staff members. The inspection was facilitated by the person in charge and also the centre's team leader. In addition, a senior manager from within the organisation attended the centre for a short period of time. As part of the inspection process, inspectors spoke at length with residents who explained what life was like in the centre and also the supports which they received. Staff members spoke clearly and confidently in relation to resident's individual needs, preferences in regards to care and also safety within the centre. Inspectors reviewed documents such as residents' personal plans, incident records, training records, rota and also internal audits and reviews.

The centre was a large building and was purpose built for residents with high support needs. Each resident had their own ensuite bedroom . There was a large communal sitting area and one resident had their own sitting room in which to relax. The centre had a large dining area and a generous sized kitchen was also available for residents use. In addition, there was also a designated kitchen area which assisted with resident's rehabilitation and preparing to live independently. Although the centre had a clinical presentation, the staff team and the provider displayed residents' photographs and art work, which gave the centre a homely feel. The centre was also decorated for Christmas which assisted in softening the clinical layout of the premises.

Inspectors found that the centre was a pleasant place in which to live. Residents had good access to their local community and it was clear that their welfare and well being was actively promoted. Three of the residents who met with inspectors spoke openly about their lives. Two of the residents communication needs had changed as a result of their acquired injury and although they met with both inspectors, their interactions were of single words and they preferred not to engage for more than a short period of time. Throughout the inspection, care practices and interactions were observed by inspectors. On the first day of inspection, one resident had wrapped their Christmas presents with staff and another relaxed while watching a favourite black and white movie. Over the course of the two day inspection, staff were found to interact in a warm and caring manner and they chatted freely with both residents who were comfortable in their presence. One of the residents had one-to-one care while in the centre and staff assisted them without being intrusive. It was clear that this resident enjoyed their company and they sang Christmas songs on the second day of inspection as residents were getting ready to attend a Christmas party in a nearby hotel.

Three residents spoke with inspectors for extended periods of time over both days of inspection. All three residents spoke highly of the service and also of the care provided to them by the staff team. One of the residents explained how their life

had improved for the better since they moved to the centre and that the rehabilitation which they received both, internally within the centre and externally has enabled them to plan for the future with their family. They discussed how a move to a new home was planned to occur in the weeks subsequent to the inspection, a move which they had been working towards for quite some time.

Each of the three residents discussed their lives and they explained how kind and considerate the staff team was, and also how they could go to any staff member if they had a concern or needed assistance of any kind. One resident stated that staff were always in good form and they enjoyed having a laugh with them throughout the day. Each resident discussed how they liked to spend their time and all three stated that there was always "plenty of staff" on duty to assist them in accessing their local community.

A resident explained how they were on a paid work placement which they really enjoyed and another resident helped out with maintenance for a youth group and also went on work experience with a local hotel. One resident spoke highly of the support they received and they stated that attending twice weekly specialist physiotherapy outside of the centre had helped them greatly. They explained that their family was always welcome in the centre, which meant a great deal to them. One resident had recently attended an awards night following the completion of a computer course and another explained how they had a great year following the Co.Offaly hurling teams.

Residents with high support needs had a good access to their local community to engage in activities which they enjoyed. One resident enjoyed listening to music in their local public house and they had also recently gone on an overnight stay away which staff explained was a great achievement for them. They had also attended a local play and during the summer they participated in horticultural classes.

Another resident had made good progress in preparing their own breakfast and they also were beginning to participate in additional cognitive classes. One of the inspectors had attended this centre on a number of occasions and noticed a marked improvement in this resident's quality of life, who previously was assessed as requiring significant supports with regard to behaviours of concern. This resident had been on a two night hotel break and they had completed their Christmas shopping. In the past these activities would have proved difficult, and their progress was a reflection in the quality of care which they received.

Inspectors found that residents had a good quality of life and the care and support offered to them was held to a good standard. Some adjustments were required in regards to the application of fire drills and also the initial ratings which were applied to incidents, but overall, inspectors found that the centre was safe and a pleasant place in which to live.

## Capacity and capability

Inspectors found that the governance and management arrangements ensured that the centre was well resourced and that residents were supported to enjoy a good quality of life

The provider had appointed a person in charge who held responsibility for the day to day oversight of care. They were in a full time role and they attended the centre throughout the working week which ensured they kept up to date with developments or issues which may arise. Staff who met with the inspector stated that they felt supported in their role and that they would have no issues in contacting the centre's management should they have any concerns.

The provider arrangements in place for the day to day oversight of care and the person in charge held responsibility for monitoring incidents and care practices such as fire safety, medications, finances and personal planning. These areas of care were subject to regular auditing and the inspector found that they were held to a good standard. In addition, the provider had completed all audits and reviews as set out in the regulations which assisted in ensuring that care was held to a consistent standard at all times.

The provider ensured the centre was resourced with a well informed and consistent staff team. Residents were supported by a stable staff team and there were no agency staff in use on the day of inspection. Any gaps in the staff rota were filled by the provider's relief panel and staff who met with the inspector had a good knowledge of the residents' care needs. The person in charge ensured that staff were up to date with their training needs and mandatory training in regards to fire safety and safeguarding had been completed.

Staff who met with inspectors over both days of inspection had a very pleasant and person centred approach to care. As mentioned earlier, residents sang Christmas songs with one resident, and on the second day of inspection staff members had their Christmas jumpers on in preparation for the residents' Christmas party. Staff discussed the residents care needs over both days of inspection and they were found to have a good understanding of all aspects of care, including social, personal and the safety care needs of all residents.

Overall, inspectors found the centre was a pleasant place in which to live and the oversight arrangements ensured that residents were safe and enjoyed a good level of care and support.

## Regulation 14: Persons in charge

The person in charge was in a full time role and they met the requirements of the regulations. They had full management hours to fulfill the duties of this role and they attended the centre throughout the working week.

They facilitated the inspection and they had oversight arrangements in place which

assisted in ensuring that care was held to a good standard at all times.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge maintained an accurate staff rota which clearly outlined that residents received continuity of care from a familiar staff team. An inspector reviewed the rota from January 2024 until November 2024 and found that staffing ratios were kept at a consistent level throughout this period. The basic staffing requirement for this service was four staff on duty during day time hours and two waking staff at night. The rota also showed that staffing levels were regularly increased to five staff to facilitate community activities. On the day of inspection, six staff were on duty to facilitate the residents' Christmas party.

Staff on duty over both days of inspection were found to have a good understanding of resident's individual and collective needs. They spoke confidently in relation to behaviours of concern which could occur and also in regards to the reporting procedures for accidents and incidents. They outlined resident's individual care needs and also the importance of routine and fatigue management which played an important role in the delivery of care.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider has arrangements in place which ensured that staff had both appropriate and up-to-date knowledge to meet the needs of residents at the centre. Training records for both permanent and relief staff were reviewed and illustrated that mandatory training in areas for example such as fire safety, safe administration of medication administration and manual handling were regularly completed, as well as resident specific training relating to acquired brain injury and the management of challenging behaviour. New staff employed at the centre participated in a comprehensive training programme including shadowing by experienced staff and management prior to working independently with residents as well as a formal induction course. Staff spoken with during the inspection, consistently spoke about the ease of access to further and updated training as well as access to multi-disciplinary professionals where more resident focused training was needed.

Judgment: Compliant



## Regulation 23: Governance and management

The provider had oversight arrangements in place which assisted in ensuring that care and support was maintained to a good standard at all times. The person in charge was supported in their role by a team leader and both managers were found to have a good understanding of the residents' needs and also of the resources which were in place to meet those needs.

The person in charge and team leader had a number of internal audits which were completed throughout the year and monitored key areas of care such as medications, fire safety and adverse events were generally held to a good standard at all times.

In addition, the provider had completed all audits and reviews, as set out in the regulations, and found that a consistent good level of care and support was offered in this centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

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

Judgment: Compliant

## Quality and safety

Inspectors found the residents were supported to enjoy a good quality of life. They were active in the local community and well supported to engage in activities which they enjoyed. The arrangements which were in place ensured that the centre was a pleasant place in which to live.

The provider promoted the individual safety of residents in this centre and comprehensive risk management plans were in place for known issues such as falls, epilepsy, and behaviours of concern. The staff team were well aware of these risks and one staff member spoke about the control measures which were in place to reduce the likelihood of their occurrence. In addition, the provider had an incident/accident management system which facilitated the recording and response to all adverse events. A review of recorded incidents indicated that there were no trends and all recent events had been reviewed by the person in charge. This area

of care was generally well managed, however, inspectors found that some improvements were required in regards to the application of ratings to incidents which had occurred. An inspector reviewed a serious incident which was rated as minor, and although the provider had taken the incident seriously, the application of a minor rating did not reflect the potential impact this incident had on the provision of care.

Residents who used this service enjoyed a good social life. The provider ensured that adequate staff and resources were in place to facilitate residents to get out and about in the local community at a time of their choosing. The centre was located within a short journey of a large town and many areas of local interest including walks and recreation parks. Resident's personal interests were also actively supported with residents attending a range of activities such as work placements, computer classes, social meetings and also horticultural events .

Overall, the inspector found that this centre was a pleasant place in which to live and residents who the inspector met with were happy and supported to enjoy a good quality of life. There were no safeguarding plans required to support the delivery of care and inspectors found that the rights and welfare of residents was actively promoted.

### Regulation 11: Visits

The provider had ensured that arrangements were in place for residents to receive visitors at the centre. The centre has a designated visitors room on the ground floor as well as a range of communal rooms throughout the building. Both residents and staff told inspectors that visitors were welcome at all times and a review of resident contact sheets from the 01/10/24 - 31/11/24 showed that residents were regularly visited by their families and friends. In addition, where families were unable to visit the centre alternative arrangements such as phone calls and home visits were organised. Inspectors also had the opportunity to speak to a resident and their partner during the inspection, who reiterated how welcome they were made when coming to the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Supports were in place to ensure that residents had ease of access to their personal finances and were supported to manage their affairs independently subject to their abilities. Residents' financial management plans were reviewed for 2024 which clearly illustrated both their personal preferences and required supports in the area of money management. Residents confirmed that they were responsible for their

own finances, but could access staff support if and when required. Records reviewed for October and November 2024 showed the resident expenditure was recorded, and this was part of the monthly audit arrangements undertaken by the team leader to ensure residents' monies were safeguarded while at the centre.

Judgment: Compliant

### Regulation 13: General welfare and development

Arrangements were in place which ensured that residents had access to an extensive selection of activities both at the centre and in the local community which reflected both their personal goals, preferences and support needs. During the inspection, residents with staff support accessed both local swimming pools and employment placements, while other residents were supported by family to attend rehabilitation appointments away from the centre or engage in an art project in the main communal room. A review of daily contact sheets from the 01/10/24 to the 31/11/24 showed that residents were engaged in a range of activities throughout the week and these were further reflected on whiteboards dairies in their bedrooms and through discussions with inspectors. Residents spoke about how staff were always available to support them, and this was further reinforced through reviews of the staffing roster which illustrated that a minimum of four staff were available during the day to meet residents' needs. Furthermore where planned activities required additional staff , records and discussions with staff illustrated that this was facilitated through use of the organisation's relief workers.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place for the monitoring of incidents and accidents within the centre. The person in charge maintained responsibility of monitoring and responding to recorded incidents and they had a good understanding of all recent adverse events. A review of records such as daily notes indicated that all incidents were reported and staff who met with an inspector stated that this was a standard procedure.

An inspector reviewed incidents from January 2024 through to December 2024 and found that there had been a proportionate response to all recorded incidents. For example, a significant incident had occurred for one resident and the person in charge facilitated a review of care and also the implementation of additional specialist monitoring devices to minimise the impact of further incidents occurring.

Although, there had been a measured response from the provider, some

improvements were required in regards to ratings which were applied to incidents. For example, the above incident was rated a minor; however, an inspector found that this was a serious event and person in charge stated that there was no rating matrix or guidance for rating incidents in the centre. Inspectors found that adjustments were required to ensure that incidents were rated appropriately.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The centre had a cleaning schedule in place and staff completed the required cleaning and sanitisation during the day. An additional deep clean of the centre occurred each night. A colour coded cleaning system was in place and staff were observed to wash and sanitise their hands throughout the inspection. Hand sanitising solution was available throughout the centre also at the main entrance. Upon arrival to the centre, inspectors were requested to avail of hand sanitiser before entering the building.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire precautions were generally held to a good standard. The provider had a fire alarm in place to give warning of a fire and staff explained to an inspector that the fire alarm panel could identify the fire's location which aided the prompt evacuation of residents. Staff had completed both day and night time simulated fire drills and those who met with inspectors and a good understanding of the fire safety arrangements.

Although, fire safety was promoted, some adjustments were required to fire drill records. Inspectors found that records did not fully outline the phased evacuation of residents as set out in the centre's evacuation plans. In addition, fire drill records did not include the full evacuation of residents to a point of safety.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents support needs were supported through up-to-date and detailed personal plans. Personal planning arrangements were reviewed for two out of the five

residents at the centre. Personal plans were updated following quarterly goal progress meetings with multi-disciplinary professionals as well as when ever changes or new recommendations were made impacting on residents' support needs. Residents were involved in the review of their plans and personal goals through regular key worker meetings which feed into the quarterly goal progress meetings. Staff were knowledgeable on all aspects of the resident's care and support especially in regards health conditions and the management of behaviours of concern. The provider utilised an online software programme to monitor residents' care and support needs which ensured that records were live and frequently updated as well as accessible to all staff at the centre to ensure knowledge and a consistency of approach.

Judgment: Compliant

### Regulation 8: Protection

The provider had safeguarding arrangements in place which assisted in protecting residents from the risk of abuse. Staff attended regular training in areas such as safeguarding of vulnerable adults and children first. Furthermore information on both safeguarding and human rights were displayed on notice boards in communal areas of the centre. Staff were aware of the types of abuse and how to report concerns to the designated safeguarding officer for the centre. In addition, resident meeting records showed that topics such as safeguarding were discussed with residents on a regular basis to ensure their knowledge and safety.

Judgment: Compliant

### Regulation 9: Residents' rights

It was clear that the residents' rights were actively promoted by the actions of the staff team and also the provider. Residents who met with inspectors stated that they were treated with dignity and respect. Residents informed inspectors that they were actively involved in decisions about their care and they were well supported to access their local community and engage in activities which they enjoyed.

Residents were registered to vote and they held their own passports and accounts with financial institutions.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Teach Failte OSV-0001521

Inspection ID: MON-0045431

Date of inspection: 02/12/2024

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The provider is in the process of designing a risk matrix for incidences which will clearly outline the accident/incident severity so incidences can be rated appropriately. This will be available to all residential services in early 2025.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Horizontal evacuation to be conducted in stages ensuring residents most at risk are supported to a safe area in under 1 minute in advance of full evacuation to a point of safety in under 5 minutes. Fire drill records will clearly outline phased evacuation.</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 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	28/02/2025
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	31/01/2025