



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

Name of designated centre:	Teach Cairdeas
Name of provider:	St Hilda's Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	19 February 2019
Centre ID:	OSV-0001831
Fieldwork ID:	MON-0026196

About the designated centre

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

Teach Cairdeas designated centre run by St. Hilda's provides services to five adults of a mixed gender whose primary diagnosis is an intellectual disability who have a level of independence such that waking night cover is not required. Teach Cairdeas is a 5 day service opened from Monday to Friday, on weekends residents return home to their families. The service can accommodate those with a range of medical and physical issues. Residents generally attend day services during the day and in cases of short term illness arrangements are made for residents to return home. The service has fixed and planned dates closures throughout the year in line with the operations of the day service. Teach Cairdeas consists of five double bedrooms and one single bedroom with a combined kitchen and dining area with a separate sitting room. Residents avail of organised transport for day services and local bus services and taxis outside of these times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

To prepare for this inspection the inspector or 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
19 February 2019	10:15hrs to 13:30hrs	Catherine Glynn	Lead

Views of people who use the service

The inspector did not meet with residents during the inspection. The inspector saw from documentation, that residents were regularly consulted in regards to the running of the centre and weekly residents' meetings took place. In addition, they were consulted in regards to the formulation of the annual review about the service provided.

Capacity and capability

Improvements were found in regards to the quality and safety of care provided to residents during this inspection. All actions from the previous inspection had been addressed and as a result, consistent standards of care were provided to all residents.

The governance arrangements in this centre had brought about further improvements to the quality of care provided to residents in this centre. The provider had ensured that these improvements were maintained, by conducting regular reviews and audits of the care provided to residents. All internal audits were supported by addressing all actions within the agreed time lines. The person in charge was also reviewing practices within the centre on a regular basis with the staff team and the inspector found that this helped to provide consistency of care to all residents. The person in charge was also reviewing practices within the centre on a regular basis with the staff team and the inspector found that this helped to provide consistency of care to all residents.

The provider had ensured that a competent workforce was employed by providing both mandatory and refresher training in areas such as fire safety, safeguarding and supporting residents with behaviours of concern. The person in charge also supported and supervised staff as scheduled to ensure that consistent standards of care were maintained in the service.

The person in charge had reviewed the staff rota and ensured that this included a planned and actual rota. The rota was maintained to ensure that continuity of care was received by all residents living at the centre. In addition, the rota showed that appropriate staffing levels were and sufficient skill mix were provided to all residents.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had addressed the actions from the previous inspection and ensured that there was a suitable person in charge appointed in the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and was an experienced professional involved in the operational management of the centre. The person in charge was suitably qualified and had management experience.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had established an accurate planned and actual rota for the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a record of all staff's attendance at training and this showed that they were up-to-date with their training needs. In addition, all staff had received supervision following the last inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge had an accurate and up-to-date directory of residents which contained all of the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that all records required by the regulations were in place in the centre since the last inspection.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements in the centre ensured that residents received a good level of care and support. The six monthly audits had been completed as required and the annual review was being formulated and awaiting review. All actions identified from the previous inspection were satisfactorily completed on this inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge had ensured that all residents had a written agreement with the provider which informed them and their representatives of the care and support they would receive when at the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was subject to regular review, reflected the centre's services and facilities and contained all information required under regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge maintained an accurate record of all notifications which were submitted to the chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints in the centre.

Judgment: Compliant

Quality and safety

The inspector found that the improved governance and management arrangements in this centre ensured that the quality and safety of care delivered to residents was maintained to a good standard.

There were no safeguarding concerns in the centre and the provider had systems in place which promoted the safety of residents, which included ensuring that staff had received appropriate training.

The person in charge had ensured that all personal plans were reviewed since the last inspection. The inspector found that there were detailed written assessments and plans in place which were reviewed regularly and reflected resident's needs. This included comprehensive assessment which involved multi-disciplinary staff recommendations and was subject to review by the staff team. Residents and family had contributed to these plans. It was evident from these plans that the provider had sought to ensure that each resident had the support they required across a broad range of identified needs.

Residents had access to a range of meaningful activities and engagement including individualised services and day services provided in a range of services locally. Residents enjoyed meeting peers, socialising, art work and attending local events in the community. Access to education, training and employment was supported in-line with and as appropriate to residents' wishes.

Residents were supported to enjoy good health. Following the last inspection, there was evidence that the staff and families worked collaboratively when liaising with healthcare services. This included optical, dental, speech and language therapy and podiatry. records also demonstrated that referrals were completed for any additional

supported identified and required by residents living in the centre.

The person in charge had reviewed medication practices since the last inspection, which ensured that procedures being completed were in-line with their local policy and best practice guidelines. Staff had attended training, prescriptions were current and legible and staff maintained a record of each medicine administered. there were systems for reporting and responding to any medicines related incidents.

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which reflected their assessed needs and met their personal goals.

Judgment: Compliant

Regulation 17: Premises

The centre's premises were well maintained and facilities were provided to ensure it was accessible to residents and met their assessed needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that the policy for risk management contained all fo the information as specified by the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

following the last inspection, the person in charge had ensured that all residents had a personal emergency evacuation plan in place, which, guided all staff on supporting residents in the event of a fire in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services
On the day of inspection, the inspector found that there were safe practices in place for medication management in the centre.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
A comprehensive review was completed on all personal plans for each resident living in the centre since the last inspection.
Judgment: Compliant
Regulation 6: Health care
The provider had arrangements in place to ensure that residents were supported to enjoy good health.
Judgment: Compliant
Regulation 7: Positive behavioural support
The provider had arrangements in place which ensured that staff had up-to-date access to training and the policy had also been revised as required.
Judgment: Compliant
Regulation 8: Protection
The provider had arrangements in place to safeguard residents from abuse which included clear reporting protocols and staff access to regular training to ensure their knowledge was in -line with current practice developments.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant