



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

Issued by the Chief Inspector

Name of designated centre:	Teach Shingán
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	14 March 2022
Centre ID:	OSV-0002125
Fieldwork ID:	MON-0027550

About the designated centre

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

Teach Shingán aims to provide respite for five service users with intellectual disabilities varying from low support needs to high support needs to aid service users to achieve their full potential. Teach Shingán is a bungalow located on the outskirts of a busy town in Co.Wexford. The respite team, comprising of the respite team leader, nursing and care staff, are committed to the provision of a quality driven respite service under the ethos of the County Wexford Community Workshop. The respite team leader and staff endeavour to build up a relationship with people who attend respite and their families in order to provide the best possible service to suit the needs of all. As part of their COVID-19 contingency plan, Teach Shingán will be an isolation house for residents identified. Persons/Families availing of respite are aware of this as they may need to return home to their families if their residents are suspected or confirmed.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 14 March 2022	09:30hrs to 16:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform decision making with regard to renewal of the centre registration. Overall the findings of this inspection were that this was a well managed and well run centre. The residents availing of a respite stay appeared happy and content. The provider was for the most part self identifying areas for improvement. The inspector found areas of concern in relation to fire safety that had not been identified and these are highlighted later in the report. In addition, ensuring levels of staffing were in place to offer respite stays was a challenge and the provider was not currently in a position to fully operate the centre to its maximum capacity.

As the inspection was completed during the COVID-19 pandemic the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. This centre had been identified by the provider as a location for use as an isolation unit in the event of suspected or positive cases of COVID-19. This arrangement had been reviewed by the inspector on a previous inspection and the inspector found that the centre was infrequently used for this purpose however, remained available if required. The inspector spent time with residents staying for respite, with members of the staff team and with local management throughout the day. There were three residents availing of a respite break and the inspector met with two in the centre and crossed paths with the third resident who was being supported to leave for day services as the inspector arrived.

One resident was watching television in the morning while waiting for a lift to their day service. They spoke with the inspector and explained that they really enjoyed their breaks in the centre, that there was lots to do and they also enjoyed relaxing in the centre. The resident told the inspector of things they really liked to do including their carpentry workshop in the day service and explained they had made a stool in the last year. Later in the morning a staff member sat and played cards with the resident which was an activity they particularly enjoyed.

Another resident was in the kitchen chatting to staff when the inspector arrived. The staff had been making sandwiches at the resident's request for their day. They told the inspector that they had bought a new lunch box while on a shopping trip as part of their stay in the centre. They were heard to joke with staff stating that they did not want cheese sandwiches because they were not a mouse. The resident explained that they had fun in the centre and enjoyed planning what they would do in advance of their stay. They explained that they had lots of nieces and nephews and the staff were supporting their goal of improving literacy so they could read their young family members a story.

As this was an announced inspection the views of residents who availed of respite and their representatives had been sought in advance via completion of questionnaires. Overall the feedback on these was positive with residents reporting

that they were happy with the amount of choice they were offered and always had lots of things to do when they stayed in the centre. Resident's representatives reported that their family members were always happy to go and stay in respite.

Throughout the inspection the inspector observed kind and caring interactions between residents and staff. The staff who spoke to the inspector were very knowledgeable in relation to residents likes, dislikes and preferences, and spoke about things they enjoyed doing both at home and in the local community. At times during the inspection, the inspector observed residents approach staff for support and observed staff responding appropriately.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that this centre was well managed. There was a clearly defined management structure and systems to monitor the quality of care and support for residents who stayed in respite. There were also systems in place to monitor the service provided to residents who may use the centre for isolation purposes.

The person in charge had responsibility for three centres operated by the provider and was supported in this centre by a full time team leader. The lines of authority and accountability were clear and staff reported that they knew who to speak with should they have a concern. The person in charge and team leader were knowledgeable in relation to residents' care and support needs and were motivated to ensure they were happy, safe, and busy taking part in activities they enjoyed. They were identifying areas for improvement in their reviews and implementing the required actions to bring about improvement. They were escalating concerns in relation to staffing and any works required to the centre and there was evidence that the provider was taking steps to address these concerns.

Staff who spoke with the inspector were also knowledgeable in relation to residents care and support needs and were kind, caring and respectful when interacting with residents. Staff were observed to pick up on a resident's communication and to respond appropriately.

Regulation 15: Staffing

There were a number of staffing vacancies in the centre at the time of the inspection. Over the course of the COVID-19 pandemic the staff team that had been

based in the respite centre had supported residents in the provider's other centres, and as such, in some instances remained on the rosters there. This had resulted in the respite centre having to close on occasions or offering respite in a reduced capacity as the provider did not have a full staff team. This had been identified by the provider as a difficulty and they had decided to offer reduced capacity services while an active recruitment drive was ongoing.

While recruiting to fill staffing vacancies it was evident that the provider was attempting to provide continuity of care and support for residents. However, due to the volume of shifts covered by relief staff and staff moving between this and another designated centre this was not always possible.

There were planned and actual rosters in place that identified who was on duty day and night in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and resident's assessed needs. Some of the additional training that the staff had completed included, epilepsy awareness, food safety and donning and doffing personal protective equipment (PPE). One staff member required refresher training in a number of areas and these gaps were being addressed by the provider with the staff member not providing direct care and support to residents until their mandatory training was up-to-date.

Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities. Performance management systems were also in place for use as required. The person in charge had enhanced on the job supervision in place as an additional support that allowed for staff to shadow peers for shared learning.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there were clear lines of authority and accountability in place in this centre. There were systems in place for oversight and monitoring of care and support for residents who used this centre for respite breaks or for isolation purposes. The provider was self identifying areas for improvement and putting action plans in place to bring about required improvements.

An annual review and six monthly unannounced provider audits had been completed in line with the requirements of the regulations. The person in charge and the team

leader completed audits in a number of areas such as medicines, finance, personal plans, safeguarding and incident management. Actions that arise in these audits are scheduled for discussion during staff meetings. There was evidence that the completion of actions from these audits and reviews were bringing about positive outcomes for residents in relation to the care and support they were offered.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents that occurred in the centre and the Chief Inspector was notified of all incidents as required by the regulations. The person in charge completed a full review of all incidents every three months and ensured that the chief inspector was notified of the use of restrictive practices or injuries in addition to other required incidents on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and a user friendly version in place in the centre and made available to all who stayed there. There was a nominated complaints officer and their details were also available to residents. The person in charge maintained a record of all compliments and complaints received by the centre. The inspector found that multiple compliments and thank you cards had been received by the staff team.

One complaint had been received since the last inspection of the centre and this had been reviewed and followed up in line with the organisations' policy and procedures.

Judgment: Compliant

Quality and safety

Overall the findings of the inspection were that residents appeared happy and safe while staying in the centre. They were busy and making choices in relation to their day-to-day lives including how and where they spent their time. The house was clean and comfortable, with pictures, art work and soft furnishings which contributed to its overall homely feeling.

Residents had opportunities to buy, cook and prepare their meals and snacks if they so wish while staying in respite. They could freely access snacks, fruit and drinks, and there were staff available to support them should they require any support. There were systems for monitoring fridge, freezer and food temperatures, and for ensuring these areas were cleaned regularly. Residents reported to the inspector that they liked planning their menu and liked having the opportunity to have a take-away or meals out.

Residents were protected by the policies, procedures and practices relating to risk management in the centre. There was a risk register and general and individual risk assessments were developed and reviewed as required. There were emergency plans in place and incidents were reviewed regularly, and learning shared with the team.

Overall, residents, staff and visitors were protected by the policies, procedures and practices relating to infection prevention and control in the centre. There were contingency plans for use during the COVID-19 pandemic and as already stated this centre is also used for isolation purposes where residents may present with a suspected or confirmed case of COVID-19. The premises was clean and there were systems in place to ensure that each area of the house was cleaned regularly.

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and those who spoke to the inspector were aware of their roles and responsibilities should there be a suspicion or allegation of abuse. Allegations were recorded, reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required.

Regulation 17: Premises

The premises comprises a large bungalow set back from a busy road in its own site. There were plenty of private and communal spaces for residents, including private spaces other than their bedrooms to spend time with visitors should they so wish. Residents had access to a large and attractive outdoor space and seating on a patio area, with work planned to build a path through the lawn to ensure all residents could freely access the entire garden.

The centre was well maintained and the furnishings and equipment present were serviced and updated as indicated. The kitchen-dining room had a notice board that displayed items and activities of interest and residents were encouraged to personalise the rooms they stayed in as they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register and general and individual risk assessments were developed and reviewed as required. Incident reviews were completed regularly and were informing the review and update of the risk register, and the development of risk assessments. There was evidence that some areas had regular reviews of the level of risk such as staffing levels and the provider ensured the risk register was a live active document.

All residents who stayed in respite had individual risks identified that were updated following each stay in the centre.

The risk management policy contained the required information and reasonable measures were in place to prevent accidents. There were systems in place to respond to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. Staff had completed a number of additional infection prevention and control related trainings.

There were cleaning schedules in place to ensure that each area of the house was regularly cleaned. A deep cleaning procedure was in place and staff explained to the inspector what they did between different stays in the centre. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre.

Staff told the inspector that the information and contingency folder was kept up-to-date and they felt supported in knowing they access to current guidance. Each resident who stayed in respite had a COVID-19 personal plan and accessible education packs that included social stories on hand hygiene and cough etiquette.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector issued immediate actions in relation to fire safety on the day of inspection. In reviewing some of the equipment that was proposed for use for the safe evacuation of some residents it was found that it could not be accessed. A fire mat that could be used by residents lying on it for staff to pull them to safety had not been part of routine checks and the storage bag could not be opened. It was found that it's use had also not been trialled by staff. Prior to the end of the inspection a new storage bag and mat had been ordered and the use of this had been placed in the centre drill schedule.

In addition while there were suitable arrangements to contain fires within the centre the provider had not ensured that staff could safely access some areas of the centre as the doors were locked from the outside. This meant that once staff left from one area they had no means to open the door from outside to another area as no system for accessing keys or bringing keys out as part of the evacuation plan was in place. Prior to the end of the inspection this had been reviewed and the key system was altered.

There were suitable arrangements to detect and extinguish fires in the centre. Suitable equipment was available and there was evidence that it was maintained and regularly serviced. The inspector reviewed records of monthly, weekly and daily checks that are completed as outlined in the providers policy. The providers health and safety audits also identified actions that may be required and there was evidence that for any identified actions these were scheduled or already completed.

The personal evacuation plans for the residents were regularly reviewed however as stated where a means of evacuation was identified that use of these were not always integrated into fire drills. The provider and person in charge had ensured that fire drills were being carried out however, these were not in line with the provider's policy. The inspector found that there was no evidence that the residents could be safely evacuated at night when minimum staffing levels were in place.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that the residents staying in respite had the opportunity to set goals for their stay at the start of their break. Residents also met with the staff at the end of their stay to review what had worked well and what they had enjoyed or not. Staff had access to a suite of suggestions they could make if required that included places to visit, favourite restaurants or activities. There was evidence that residents and their representatives were involved in reviewing their stay and in planning and setting targets.

One resident had an easy read document in place that outlined they did not want to set targets which was respected and highlighted that they wished to relax and meet

with friends or just go for a coffee or a drink.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge ensured that the residents were supported in maintaining best possible mental health. Where guidance was in place for the management of behaviour that challenges this was available for staff to review prior to a resident attending respite. Guidelines were in place for areas that may pose enhanced risk such as going on the bus or during transition from day service into respite. Residents also had programmes for wellness or mindfulness and activities to support positive mental health were in place.

For some residents the use of restrictive practices were assessed for and implemented. It was clear that some environmental restrictions such as a locked door would impact on others staying at that time and this was also recorded as discussed with all residents. A log was maintained where a restrictive practice was used and these were reviewed in line with the providers policies.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and those who spoke to the inspector were aware of their roles and responsibilities should there be a suspicion or allegation of abuse. Allegations were recorded, reported and followed up on in line with the organisations own policy and national policy. Safeguarding plans were developed and reviewed as required.

The provider and person in charge had systems in place to support residents to manage their own money during their stay if this was assessed as required. For other residents when more support was required there were clear systems in place for the receipt of money and it's use during a resident's break.

Where residents required support with personal care then the person in charge ensured intimate care plans were in place that guided staff practice. There were regular checks in place to ensure residents were happy with the level of support they received.

Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Teach Shingán OSV-0002125

Inspection ID: MON-0027550

Date of inspection: 14/03/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: This has been identified by the provider and PIC as a difficulty and we have decided to offer respite at reduced capacity service. This will ensure safe services for the residents we support with regular respite staff. The HR department have an active recruitment drive ongoing.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In reviewing some of the equipment that was proposed for use for the safe evacuation of some residents it was found that it could not be accessed. A fire mat that could be used by residents lying on it for staff to pull them to safety had not been part of routine checks this has now been added to the fire drill procedure and the storage bag could not be opened, this has now been replaced.</p> <p>Staff as part of the drills will trial this procedure and document same. Prior to the end of the inspection a new storage bag and mat had been ordered and the use of this had been placed in the centre drill schedule.</p> <p>Prior to the end of the inspection keys were cut and labelled and place in the grab bag, the keys are added to te checklist to endure they are always in the bag.</p> <p>The PIC will ensure that the residents can safely evacuated at night when minimum staffing levels were in place, with staff completing twilight fire drills. This has been discussed with the team.</p> <p>The PIC has linked with the fire safety officer trainer within the service to meet with PIC,teamleader and staff re fire and procedures and to complete mock drills with all</p>	

equipment and to alternate different exits.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	24/12/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/04/2022
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire	Not Compliant	Orange	22/03/2022

	equipment.			
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.	Not Compliant	Orange	30/06/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/04/2022