



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

Issued by the Chief Inspector

Name of designated centre:	Dean Hill
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	05 August 2022
Centre ID:	OSV-0008090
Fieldwork ID:	MON-0035370

About the designated centre

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

This centre provides residential services for adults with intellectual disabilities, and can cater for up to six residents. The centre aims to promote the independence of residents and to maximise their quality of life through interventions which are delivered in a home like environment. The centre is located in a rural setting close to a large town, and transport is provided to residents to enable them to access community amenities. The centre comprises a large house which can accommodate four residents, and two adjoining apartments which can accommodate one resident in each apartment.

24 hour care and support is provided by a staff team which includes a person in charge, two team leaders and direct support workers. Care and support is planned around the assessed needs and wishes of residents, and residents can access a range of healthcare professionals either through the service provider, or local community health providers.

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
Friday 5 August 2022	10:50hrs to 18:45hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This was the first inspection of this designated centre. The centre had been registered in December 2021, and admissions to the centre commenced in February 2022. The centre can accommodate six adults, and there were three residents living in the centre on the day of inspection.

The centre comprised a large detached house with two adjoining single dwelling, self-contained apartments. The centre was located in a rural area within driving distance of a large town, and two vehicles were provided for residents' use.

The inspector found residents were provided with a good standard of care and support, and there was a focus on broadening residents' experiences and opportunities through social interactions, the development of peer friendships, and through activities in the centre and in the community.

On arrival to the centre, the inspector met with three staff, who had recently commenced working in the service. The staff told the inspector about the residents that were currently living in the centre, some of the activities residents preferred to do, and about the induction programme which was provided by the service when they started working in the centre.

Later in the day, the inspector met the three residents living in the centre, after they returned from day services. One of the residents lived in an adjoining apartment, which had been comfortably decorated. There were a number of photos of the resident doing activities they enjoyed, for example, horseriding and waterplay. The resident was supported to join their peers in the main house, for example, at mealtimes and during residents' meetings.

Staff were observed to interact with residents very respectfully, for example, a resident requested an activity on return to the centre and this was immediately acknowledged and facilitated by the person in charge. Another resident wanted a snack and was positively encouraged by staff to choose their preference. Residents had methods of interactions, and specific activities which they actively sought, for example, outdoor play and sensory input, and this was observed to be supported and facilitated by staff.

Since residents had moved into the centre, they had been actively supported to get to know one another. While there were some new staff in the centre, overall the inspector found there were sufficient levels of knowledge of residents' needs among the team, and satisfactory supervision of newly recruited staff as they got to know the residents.

Residents were supported with their communication preferences, for example use of pictures, short verbal prompts, and gestures. Visitors to the centre were welcomed and residents were supported to visit their families regularly. Close family contact

was maintained as the staff team got to know the residents since they moved into the centre.

The next two sections of the report outlined the governance and management arrangements in the centre, and how these arrangements positively impacted on the care and support residents received in the centre.

Capacity and capability

The management arrangements in this centre ensured residents received a safe and effective service, and high levels of compliance were found on this inspection. The service was monitored on an ongoing basis, and responsive actions were taken to identified issues, while enabling residents to experience new opportunities and friendships.

There was a fulltime person in charge who worked four days a week in the centre, providing effective supervision and oversight of the care and support of residents. The person in charge had the required knowledge, experience and qualifications to fulfil their role.

There were effective management systems in place to ensure the service provided to residents was safe, effective and monitored on an ongoing basis. Issues which arose through incident reviews, audits and governance meetings, were efficiently dealt with, and all actions reviewed were either complete or in progress on the day of inspection. There was a clearly defined management reporting structure, and staff could raise concerns about the quality and safety of care and support should the need arise.

There were sufficient staff numbers in the centre, and staff had the skills and experience to meet the needs of the residents. Planned and actual rosters were appropriately maintained. Consistent staff were provided in the centre, to ensure continuity of care and support was maintained for residents. Nursing support was available for residents if needed, from community nurses employed by the service.

Staff had been provided with a range of mandatory and additional training, for example, fire safety, safeguarding, manual handling and managing behaviour that is challenging. A range of IPC training had also been provided in response to the COVID-19 pandemic. Staff were supervised appropriate to their role, and staff supervision meetings were facilitated by the person in charge every three months.

Admission practices had taken into account the need to protect residents from abuse and compatibility assessments had been completed for residents prior to admission. Residents had been given the opportunity to visit the centre prior to admission, and on admission had been provided with a written agreement on the services to be provided and the fees to be charged.

An up-to-date statement of purpose was available in the centre.

Regulation 14: Persons in charge

There was full-time person in charge employed in the centre. The person in charge had the required experience and qualifications to fulfil their role. The person in charge provided good leadership and worked in the centre four days a week. The person in charge knew the residents well, and had ensured the care and support provided was in line with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff in the centre with the right skills and qualifications to meet the needs of the residents. There were two to three staff on duty during the day, and two to three staff on duty at night time. Staffing levels were planned in line with the needs of residents. For example, when all three residents were staying in the centre there were three staff on duty, and if residents went home, staffing levels were reduced accordingly.

The team consisted of the person in charge, two team leaders and direct support workers. The inspector met three staff on the morning of the inspection, all of whom had commenced employment in the centre in recent weeks, and told the inspector about the residents living in the centre, and their preferred activities. The inspector also met the team leader who was knowledgeable on the needs of the residents in the centre, and on their support requirements.

There was planned and actual rosters available, and these were appropriately maintained. Consistent staff were provided in the centre, ensuring residents received continuity of care and support.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of training as part of induction training, and refresher training as part of continuous professional development. Mandatory training had included safeguarding, fire safety and managing behaviour that is challenging. Additional training provided included manual handling, medicines management, feeding, eating, drinking, and swallowing (FEDS), first aid, and health

and safety including food safety. In response to the COVID-19 pandemic, a range of IPC had been provided to staff.

Staff were appropriately supervised on a day to day basis by the person in charge, and in their absence team leaders provided supervision. The inspector reviewed supervision records for two staff, and found the supervision provided was comprehensive, allowing opportunities for staff to reflect on their experiences of working in the centre, and on their professional responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

The centre was effectively resourced and sufficient staff, training, and centre budget, was provided, as well as two vehicles and a well maintained premises. There were effective management systems in place, and good oversight of the services, ensuring care and support provided to residents was safe and effective.

The centre was monitored on an ongoing basis, through auditing processes and governance meetings between the assistant director of care and the person in charge. Where issues arose as part of these reviews, actions were developed and completed. For example an infection prevention and control audit in June 2022 had identified a number of areas to be addressed, such as training, risk assessments, food safety, and storage of mops. All of these actions were found to be complete on the day of inspection.

There was clearly defined management structure from the staff team to the person in charge, senior management, the chief executive and the board of management. A staff member told the inspector they could raise concerns about the quality and safety of care and support with the person in charge if needed. The inspector reviewed minutes of two staff team meetings, and it was evident that a broad range of issues and developments were discussed. Where required actions were developed for identified issues.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been three residents admitted to the centre since it had opened. Admission practices included an assessment of compatibility of residents, in order to ensure residents were protected. Admission practices also included affording residents the opportunity to visit the centre before moving in. For example, on the day of the inspection, a resident who was in the process of transitioning into the

centre, was visiting the centre for a number of hours and was being supported by staff from the centre, and staff from the service they currently attended. Each resident was provided with a written agreement which included details of the services to be provided, the fees to be charged, and any additional charges.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had recently been updated to reflect a change in management personnel in the centre.

Judgment: Compliant

Quality and safety

Residents needs were comprehensively met through the care and support provided in the centre, and the rights of residents to choose how they wished to spend their day was respected. Residents had access to a range of healthcare professionals, and were positively supported with their behavioural and emotional needs. Risks had been appropriately assessed and planned for including infection prevention and control risks, individual risks, and emerging risks identified through incident management processes.

Each resident had an assessment of need completed, and personal plans were developed, which included recommendations from health care professionals. Most assessments and plans were up-to-date, however, clarity was required in relation a specific healthcare need for one resident, in order to inform an appropriate healthcare plan. Overall the inspector found personal plans guided practice in meeting the health, social and personal care needs of residents. Overall the inspector found residents' healthcare needs were met, and residents had access to a range of healthcare professionals, through the provider and community based services.

Residents were provided with appropriate care and support in line with their needs. Residents attended day services full time. Residents were given opportunities to avail of activities both in the centre, and in the community. Residents were supported to maintain links with their families and to develop links in the wider community.

Residents' behavioural needs had been assessed by a behaviour support specialist, and behaviour support plans and guidelines outlined the support residents required to manage their emotions. Restrictive practices were implemented based on

residents' needs and presenting risks, and were subject to regular review.

Residents were protected by policies and practices in the centre, and safeguarding plans were in place and implemented following some safeguarding incidents in the centre. Systems were in place to ensure residents' finances were protected, and regular audits were completed by the person in charge and team leaders.

Residents' rights to choose how they wished to live their life were promoted and protected through practices in the centre. This included day to day choices in meals and activities, and residents choosing whether they preferred to spend time in the community or in the centre. Care and support was provided in a manner that respected the privacy and dignity of residents.

Risks in the centre were satisfactorily managed. Risks had been identified, and control measures were implemented where required, to reduce the likelihood of harm to residents, visitors and staff. Incidents were reported and recorded, and all incidents were reviewed by the person in charge. Additional control measures were implemented where required following these incidents, to prevent reoccurrence.

Adequate measures were in place for the infection prevention and control (IPC), and staff were observed to adhere to public health guidelines including wearing masks, regular hand hygiene, and attending to environmental cleaning. The centre was clean and well maintained. Risks relating to IPC were assessed, and the provider had developed COVID-19 contingency plan, which had been implemented during a recent outbreak.

Suitable fire safety systems were provided in the centre, including fire detecting, fire fighting, and fire containment equipment and facilities. Regular fire drills were completed, and resident support needs to evacuate the centre had been assessed. Daily and weekly fire safety checks were completed by staff, and fire equipment had been serviced recently.

Regulation 13: General welfare and development

Residents were supported to access activities of their interest, and in line with their choice to participate. Each of the residents attended day services, and staff told the inspector some of the activities residents preferred to do. For example, swimming, horse riding, walks, going out for coffee or meals, and shopping. The inspector observed that some residents had photos on display of these activities. Some residents also enjoyed spending time in the garden, and the garden was furnished for residents preferred activities.

Since residents had moved into the centre, they were supported to get to know one another, and to develop links in the community. For example, one resident enjoyed shopping for themselves, and had started going to the pharmacy to collect supplies. Similarly residents were supported to maintain links with their families and visited

home every week.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks in the centre were identified and managed appropriately, to reduce the risk of harm to residents, staff and visitors. The person in charge maintained a risk register, which included identifying the level of risk, and the measures to control these risks. The inspector reviewed a sample of risk assessments and found measures were implemented in practice. For example, a number of measures were in place in response to risk of choking and ingestion for a resident, supervision levels for residents were consistently maintained, and following an adverse incident transport arrangements for residents had been updated.

The inspector reviewed a sample of reports following adverse incidents in the centre. All incidents had been reviewed by the person in charge and additional measures implemented where required to prevent reoccurrence. For example, enhanced stock checks of medicines following medicine errors, and a referral to an occupational therapist for a review of a resident's needs. All incidents were reviewed with the staff team, and signed off by the assistant director once the required additional control measures were put in place.

Judgment: Compliant

Regulation 27: Protection against infection

Satisfactory measures were in place to protect residents, staff and visitors from the risks of healthcare acquired infections. The provider had satisfactory arrangements for the oversight of IPC in the centre, and a lead person was identified to manage IPC in the service. The provider had developed a contingency plan, which had been implemented during a recent outbreak of COVID-19 in the centre. The recent outbreak had been reported to public health, and declaration of closure of the outbreak had been received from public health services. A post outbreak review had also been completed with evidence of learning noted.

The centre was clean and well maintained, and regular cleaning of the centre during the day and at night-time was recorded in cleaning records. There were sufficient supplies of personal protective equipment (PPE) and staff were observed to wear face masks. Satisfactory hand hygiene facilities were provided, as well as systems for general and clinical waste. Up-to-date public health guidance was available in the centre, and easy to read information had been made available to residents including information on hand hygiene, self-isolation, vaccinations and public health

restrictions.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety systems were in place and the centre was equipped with a fire alarm, fire extinguishers, fire blanket and emergency lighting. Fire doors with self-closing devices were provided throughout the centre. Fire safety equipment had been serviced a few days prior to the inspection. Staff had completed training in fire safety.

Regular timely fire drills had been carried out during the day, and residents and staff had been evacuated within a timely manner. The inspector reviewed all personal emergency evacuation plans, which were up-to-date, and outlined the support residents required to evacuate the centre. All exit routes were clear on the day of inspection. Fire safety checks were completed by staff in the centre including escape routes, emergency lighting, and the fire alarm.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed, which took into account assessments and recommendations by healthcare professionals. Personal plans were developed for residents' needs, and plans guided practice. Some improvement was required to ensure the information related to one resident's healthcare need was clearly defined, in order to inform personal planning.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with appropriate healthcare. Each of the residents had their own general practitioner (GP), and were supported by staff to attend medical reviews in general hospital services. Residents could also access the services of a range of allied healthcare professionals, for example, occupational therapist, speech and language therapist, psychologist and community nurse. A staff member described the care to be provided to support a resident with a healthcare condition.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their behavioural needs, and assessments had been completed by a behaviour support specialist. The inspector reviewed a behaviour support plan for a resident and behavioural guidelines for another resident, and found these outlined the proactive and reactive support residents required to management their emotions.

There were some restrictive practices in use in the centre, and the person in charge described the rationale and oversight arrangements for these practices. For example, all restrictive practices were referred to a rights review committee in the service, and restrictive practices formed part of a monthly governance review with the person in charge and the assistant director. The inspector reviewed a number of restrictive practices in place for one resident. All of these practices had been recommended by multidisciplinary team members as part of the resident's pre-admission assessment, and the inspector found these practices were implemented relative to the risk presented.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to ensure residents were protected in the centre. There had been some safeguarding incidents reported to the Health Information and Quality Authority (HIQA), and all these incidents had been reported to the safeguarding team. Safeguarding plans were developed following incidents, and included a number of control measures to protect residents. The inspector found all of these measures had been implemented, and the person in charge and a staff member described these practice changes. The inspector spoke to a team leader, who was knowledgeable on the types of abuse and the response to take in the event of an allegation of abuse. Staff had up-to-date training in safeguarding.

Suitable measures were also in place to ensure residents' finances were protected, and all money spent on behalf of residents was recorded and accounted for. Residents' finances were audited weekly by a team leader and monthly by the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted, and the choices of residents' were respected and facilitated. Weekly resident meetings were held, and gave residents the opportunity to communicate their news, and to discuss their preferences for the coming week including activity and meal preferences. Picture aids were used to support residents to communicate their preferences. The organisation of the centre was planned around these choices residents made and the preferences which had been outlined in assessment of need processes. For example, where a resident preferred to participate in centre based rather than community based activities, this was facilitated. Residents' privacy and dignity was respected in centre, for example, each resident had their own individual room, residents' information was securely stored, and intimate care plans detailed the support resident required for their personal care while ensuring their dignity was respected.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dean Hill OSV-0008090

Inspection ID: MON-0035370

Date of inspection: 05/08/2022

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A nursing care plan and a risk assessment has being developed for the identified specific healthcare need for one resident .</p> <p>This care plan and risk assessment will provide clear guidance in practice for all staff and will be subject to regular review and evaluation.</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 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	09/09/2022