

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:	Announced
Date of inspection:	17 July 2024
Centre ID:	OSV-0008090
Fieldwork ID:	MON-0035368

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. Twenty-four 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:	6
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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
Wednesday 17 July 2024	09:30hrs to 18:15hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting residents, observing staff interacting with residents, and speaking to the person in charge and staff members, it was evident that residents were being supported in a holistic, person-centred way, and that their unique preferences of how they wanted to live their life were respected and promoted.

The centre was located in rural setting within driving distances of a number of towns, and was set on a large site. There was a large two storey premises, and two adjoining self-contained apartments. Four residents lived in the main house, and one resident in each of the apartments. One resident stayed in the centre at weekends only.

The inspector was not familiar with the communication preferences of some of the residents; however, it was evident that staff were very familiar, and used a range of modes to communicate with residents, and could interpret body language, gestures and vocalisations at ease. The inspector met a resident during a walkaround of the centre, and staff were supporting the resident to enjoy sensory activities. The person in charge explained that the resident really enjoyed sensory activities, and a sensory area had been developed outside of their apartment. A range of sensory equipment such as water and sand play was provided, and the inspector saw the resident was really enjoying using a nest swing at the time.

Another resident really enjoyed jokes, humour, as well as dressing up in a range of character outfits, and staff were observed to positively engage in a fun manner and dress up with the resident. Another resident was observed to spend quiet time with staff and there was sufficient space in the centre to allow this to happen.

In the morning, two residents went to day services, one resident was at home with family, and three residents were in the centre at the beginning of the inspection. One resident went out for a drive in the morning, and another resident had a lie in, and afterwards went out golfing with the support of staff. The inspector observed that residents appeared comfortable and relaxed in the presence of the staff, and staff spoke to the inspector about what residents liked to do, and how they supported residents with their needs. Staff knew the residents' support needs well, and were observed to provide support in line with a behaviour support plan, sensory preferences, as well as using accessible information which one resident showed the inspector of an upcoming festival they were attending.

Residents accessed a range of activities in the community, for example, restaurants, parks, beaches, an amusement park, a golf course, cinema and shops, and all residents were reported to enjoy sessions with a reflexologist who visited the centre.

The layout of the centre meant that the unique preferences of residents could be accommodated, and while residents may have varied choices from each other, the centre was laid out to meet these needs. The centre was large, and areas were

clearly defined by the use of equipment, for example, sensory, exercise, relaxation, and games spaces. This provided structure for residents, as well as supporting their choices and the implementation of safeguarding plans where needed. Similarly residents' individual spaces were laid out to their preference, with some residents preferring sparsely decorated bedrooms, while others preferred pictures, photos, and a range of soft furnishings in their rooms.

The inspector reviewed four resident questionnaires, two completed by family members and two by staff supporting residents. Overall, positive feedback was received in questionnaires relating to choices for residents, making decisions, the facilities, and residents' safety in the centre. Residents also outlined they get on well with the people they live with. Two residents liked to spend time together in the evenings, and particularly enjoyed singing karaoke together. Positive feedback was also received in a recent annual review of the quality and safety of care and support, both from residents and from their family members.

The next two sections of the report outline the governance and management arrangements, and how these arrangements positively impacted the quality of life residents living in the centre.

Capacity and capability

This inspection was carried out following an application by the provider to renew the registration of this centre. High levels of compliance were found, reflecting a service that was committed to continually developing opportunities for residents to expand their skills and experiences, while respectfully supporting residents choices in their preferred daily life.

There were sufficient levels of staff, and staff had been provided with the necessary training to effectively and safely support residents. There was ongoing supervision of practices in the centre, on a day-to-day basis by the person in charge and team lead, and formally through quarterly supervision meetings,

The provider had also ensured resources such as a well maintained premises, specific equipment, a household budget, and two vehicles were provided.

The management arrangements were effective ensuring the service provided to residents was safe and effective, and there was timely responses to incidents and risks as they emerged, with measures put in place to reduce the risk of harm to residents. The services provided were monitored on an ongoing basis through reviews, audits and feedback from residents and their families.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff in the centre and staffing levels were planned around the assessed needs of residents and around identified risks. There were seven staff on duty during the day, and four staff on duty at night in a waking capacity. This meant that where residents had been identified as requiring specific levels of support, these were provided.

There were no staff vacancies in the centre at the time of the inspection, and the staff team comprised of a full-time person in charge, two team leads, and nineteen direct support workers. The inspector reviewed a sample of three rosters for three months of July, June and April 2024. Staffing levels had been maintained at the required levels, and where staffing levels had reduced to six during the day, this coincided with times when some residents were at home with their families. Consistent staff was provided, meaning residents were provided with continuity of care and support. Nursing support was provided by community nurses employed in the service.

Planned and actual rosters were available and were appropriately maintained.

The inspector reviewed three staff files, and all records as per schedule 2 of the regulations were available.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with the necessary training, and were supervised appropriate to their role.

The provider had identified in their statement of purpose the mandatory and additional training staff in the centre were required to complete, and the inspector reviewed staff training records. All staff had completed mandatory training in fire safety, managing behaviour of concern, safeguarding, feeding, eating, drinking, and swallowing (FEDS), children first, manual handling, first aid, health and safety, and food safety. All staff had completed a four module online training in human rights.

Additional training had been provided in professional management of aggression

and violence, and in medicines management. All staff had completed a range of infection prevention and control (IPC) training modules, for example, hand hygiene, donning and doffing personal protective equipment (PPE), and respiratory hygiene and cough etiquette. The training provided meant that staff had the skills and knowledge to provide safe and effective care for residents living in the centre.

The person in charge outlined that supervision meetings were held on a quarterly basis, and direct supervision was provided on a day-to-day basis by the person in charge and team leads. When staff commenced employment in the centre, probationary reviews were completed at two, four and a six month periods. The inspector observed in one staff file that this had been completed and recorded.

The inspector reviewed a sample of two staff supervision records, and supervision provided staff with the opportunity to discuss issues as well as review opportunities for future career progression.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available in the centre, and was submitted to HIQA as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place, which meant that residents were receiving a good standard of care and support that was rights based, and focused on their preferences, while ensuring their safety and wellbeing was promoted. High levels of compliance were found on this inspection, and all 17 regulations inspected were found to be compliant.

The provider had ensured the resources needed to support residents were provided, and the resource allocation was based on the assessed needs of residents as well as identified risks. As mentioned, the staffing levels were sufficient and staff training was provided. The provider had also ensured specific equipment was provided, for example, a range of sensory equipment, as well as furnishings within defined sensory and activity spaces, and there were two vehicles in the centre. This meant that where recommendations for activities, as well as safeguarding measures, had been made, the facilities to implement these measures were available. The person in charge told the inspector the development of defined sensory and activity spaces had a positive impact for the residents, and this was reflected in a reduction in

specific risks in the centre.

There was a clearly defined management structure and staff reported to the person in charge. When the person in charge was off duty, the team lead took responsibility for managing the centre. The person in charge reported to the assistant director of services, and they were in contact daily, as well as having monthly governance meetings. The assistant director of service reported to the director of services, and on to the chief operating officer, both of whom were nominated as persons participating in management. The chief operating officer reported to the chief executive officer. An out-of-hours on-call management system was provided.

There were systems in place to ensure the service provided to residents was safe and effective, and included ongoing engagement with residents about their wishes, effective communication systems for residents, multidisciplinary assessments of residents' needs, implementing personal plans, as well as proactive responses to known behavioural and safeguarding risks.

The service provided was monitored on an ongoing basis through review meetings, audits and provider unannounced visits. The inspector reviewed a sample of 14 audits including medicines management, fire safety, finances, communication, and complaints procedures and in general there were good levels of practice found on audits. Where issues arose actions were taken, for example, arrangement had been made for two staff to complete their medicine competency assessment, a medicine prescription record had been updated, a fire drill was repeated with a resident, and an arrangement for a resident to keep and spend their own money without providing receipts had been put in place.

A six-monthly unannounced visit had been completed in June 2024, and included a review of compliance with 20 of 34 regulations. All actions were documented as complete on the day of inspection and included for example, all refresher training due for staff was up to date, records of safeguarding incidents were available in the centre, and risk assessments were in place for residents where restrictive practices were implemented. The person in charge and assistant director were continuing to progress on an actions relating to some residents' finances.

Review meetings with the assistant director were completed monthly and the inspector reviewed records pertaining to three recent meetings. These meetings included a review of risk and incidents, fire safety, individual residents' needs, staffing issues, and residents' satisfaction and where needed actions were identified. Staff meeting were held monthly and also included reviewing incidents, and discussing the actions to reduce the likelihood of reoccurrence. Each restrictive practice was discussed, as well as learning from other inspections of centres within the service, individual residents' needs and supports, and staff training needs.

An annual review of the quality and safety of care and support had been completed in July 2024, and included consultation with residents and their representatives. A number of recommendations had been made following this review, and included continuing initiatives that had already commenced in the centre, for example, green initiatives, and actions from a recent autism accreditation process.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in the centre, and this had been reviewed recently. The statement of purpose outlined the services and facilities provided in the centre, as well as, for example, the arrangements for developing and reviewing personal plans, staffing arrangements, and consultation and participation of residents in the operation of the centre. The inspector found the arrangements in the centre were reflective of the details set out in the statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy, and the complaints procedure was available in an accessible format. Staff used accessible information when discussing procedures with residents, and had discussed the complaints procedures with residents during residents' meetings.

The person in charge was the complaints officer, and the person participating in management was the nominated person to review all complaints received in the centre. There were no documented complaints in the centre at the time of the inspection.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, and the model of support was based on the rights of residents, and on their unique preferences. There was a strong focus on effective communication with residents, and on embracing a resident led service, with the support of the staff team.

Residents' communication needs had been assessed and their communication preferences were used in all aspects of their day-to-day life to ensure their rights and choices were upheld, and their emotional needs were met. Effective communication was also observed to be used in helping residents to plan for their future and develop skills through goals setting, and key worker meetings.

The health and emotional needs of residents had been assessed, and there were comprehensive plans implemented to ensure residents' physical and emotional wellbeing was positively promoted. Residents could access a range of healthcare professionals both in the service and in the community, and where residents required additional support to access such services, this had been planned and managed effectively by the staff team.

Residents made their own choices on how they wished to spend their day, and some residents went to day services, while some residents accessed activities in the community with the support of staff. Residents had varied and active lifestyles, and the resources to help residents participate in the activities of their choice were provided for in the centre.

Residents were protected in the centre, and where safeguarding issues had arisen these had been reported and managed in line with statutory requirements. The measures needed to keep residents safe were implemented in practice.

Regulation 10: Communication

Residents' communication needs had been assessed, and residents were supported with a range of preferred communication methods.

All residents had been referred to a speech and language therapist for assessment of their communication needs, and most assessments were complete, with two residents awaiting completion of assessments. How residents preferred to communicate was outlined in personal plans, and recommendations were implemented to develop further communication skills for residents. These included the use of objects of reference, photos, pictures, social stories, accessible guides, and more recently the introduction of a communication application on an iPad for a resident.

The person in charge and staff members outlined how they support residents with communicating their emotions, their understanding of daily events, developing coping and waiting skills using communication aids, as well as informing residents of their rights, of procedures and providing information on safeguarding and self-protection. The inspector observed that some communication aids were hung in individual rooms, for example, first and then cards, picture schedules, objects of reference schedule, and an accessible fire evacuation social story. The inspector was also shown as safeguarding guide used with a resident to enhance their understanding of safeguarding issues.

Some residents liked to spend time browsing the internet and had iPads. Residents could also access the television and radio.

Judgment: Compliant

Regulation 12: Personal possessions

Residents retained control over their own personal possessions, and the person in charge was progressing on actions to ensure residents could freely access their own finances.

Residents kept their own possessions and had a range of storage in their rooms and throughout the centre to store their own items and clothing.

Money management assessments had been completed with each resident, and all residents needed support to manage their finances. Some residents could access their own money in financial institutions, and the person in charge was continuing to engage with financial institutions to ensure some residents could withdraw their money at ease by having access to bank cards. Some residents were in the process of their finances transferring over following admission to the centre, and again the person in charge was actively engaged in progressing these matters. In the meantime the provider was supporting residents where needed with money to support their needs.

Judgment: Compliant

Regulation 13: General welfare and development

Appropriate care and support was provided to residents in this centre, and was based on the preferences of residents as well as their assessed needs.

Three residents attended day services during the week, and staff brought residents to and from day services daily. Two residents were supported by staff with meaningful activities both in the centre and in the community. One resident stayed in the centre at weekends only. The inspector observed staff supporting three residents at home on the day of inspection. One resident went out on a drive in the morning and was going out for a meal later in the afternoon. Another resident went golfing in the morning, and another resident had a large sensory area in the back garden, with a range of sensory equipment provided.

Residents were supported to access activities in the community, and the inspector reviewed records of places resident had visited recently. For example, a resident had been out for hot chocolate, shopping, gone to the cinema, a trampoline centre, and the beach in recent weeks. Another resident had been to an amusement park the day before the inspection, as well as recent outings to Dublin, shopping trips, out for meals, and walks. One resident was a member of a local Arch Club and had gone on holiday the previous year with the club, supported by a staff member from the centre. A reflexologist visited the centre, and the person in charge told the inspector

all residents enjoy these reflexology sessions.

Residents were supported by staff to develop and achieve goals and residents met with their keyworker every month. Goals were based on the preferences of residents, for example, some residents had plans made, and purchased tickets for upcoming festivals, and residents had achieved goals, for example, going to a variety of shows, and decorating their personal spaces.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a residents' guide, and this guide contained all of the information as required.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed some actions from the previous IPC inspection in May 2023. Upgrades to the premises had been completed in shower areas and to tiling. The inspector was shown around the premises by the person in charge and all areas were observed to be clean and well maintained. Suitable handwashing facilities were available as well as personal protective equipment. The inspector reviewed a vehicle used to transport residents and this was clean and well maintained.

As mentioned staff had completed a range of IPC training modules. IPC risk management plans were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met through ongoing monitoring and care interventions, and through ongoing reviews with the relevant healthcare professionals.

The inspector reviewed the healthcare needs of a resident with the team lead, and the team lead comprehensively outlined the specific needs of the residents, and how the resident was being supported. These included a multidisciplinary approach to healthcare, specifically where the resident may find it difficult to manage some

healthcare visits and interventions.

The inspector reviewed healthcare records and plans and residents had attended their general practitioner (GP) for an annual review of their healthcare needs. Residents were also supported with a multidisciplinary team for example, a speech and language therapist, an occupational therapist, and a physiotherapist, and recommendations made by allied healthcare professionals were implemented. For example, a resident was provided with a modified diet recommended by a speech and language therapist. Healthcare plans guided the practice in how best to support residents and were reviewed recently.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs, and could access a behaviour support specialist, a psychiatrist, and a range of allied healthcare professionals to help them with managing their behaviour.

Residents' behavioural needs had been assessed, and included identification of potential triggers, and functions of specific behaviours. Comprehensive behaviour support plans were developed by the behaviour support specialist, and plans outlined a range of proactive supports to positively support residents while reducing the likelihood of behaviours of concern. The inspector observed that staff implemented these proactive supports, for example, by using drama, and distraction techniques. Staffing support was provided in line with the recommended supports, for example, two staff supported one resident. Reactive strategies were also outlined in behaviour support plans, and the inspector observed this was provided for a resident on the day of inspection.

There was a range of communication strategies used to support residents with coping, for example, using visual aids to help a resident develop skills of waiting, first and then cards, and visual schedules to help residents know what was happening next. Visual aids were also used to support residents to express their emotions, for example, staff used emotions cards for residents to indicate how they were feeling on a particular day.

There were some restrictive practices in use in the centre, and the rationale for use of these restrictions was assessed through risk management processes. The inspector found restrictions were implemented relative to the risks presented, and the impact of the use of restrictions on other residents was minimised.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and safeguarding incidents were managed appropriately.

HIQA had been notified of a number of safeguarding incidents in the centre, and the provider had outlined at the time of these reports the measures they were taking to reduce risks to residents and to ensure their safety. The inspector reviewed safeguarding records, and all incidents had been reported to the safeguarding and protection team. Safeguarding plans had been developed and the measures outlined in these plans had been implemented. These included, for example, high levels of staff supervision, installing sound proofing in one area of the centre, a social story for visiting peers in their homes, and supporting a resident to develop coping skills by completing daily deep breathing exercises.

At the time of the inspection, one safeguarding concern was under investigation, and the inspector found the person in charge had put appropriate measures in place to safeguard residents' finances while the matter was being investigated. The inspector reviewed the revised procedures for managing residents' finances. The person in charge and team lead took responsibility for the safekeeping of the residents' finances, and balances were then checked by either manager with one staff member. An emergency meeting had been facilitated with all staff to outline the revised finance procedures.

The inspector spoke with two staff members, one of whom outlined the current safeguarding measures for one resident, and the second staff member outlined the actions to take in the event of a safeguarding incident occurring. All staff had up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with the necessary information to make choices and decisions about their care and support.

The inspector met with a staff member who described the supports residents are offered to help them make choices and give or refuse consent. The staff member described how social stories are used to help residents know what is happening, and for centre procedures such as complaints. The staff member also described how they would know a resident is giving consent or not.

The staff member described how residents use visual aids to make choices. For example, a resident sought the help of staff to prepare their visual schedule every day, and a range of activity choices were provided to the resident in the evening,

and the weekends based on their preferences. There was a residents' meeting held every week, and activity choices, and meal choices were discussed at these meetings. The communicative responses of residents, both verbal and gestural were recorded in the minutes these meetings, and pictures of meals and activities were used to help residents identify their preferences.

Residents had specific interests, and preferences on how they wished to spend their time, and the day to day organisation of the centre was based on these choices. This included having quiet spaces where residents could go to, as well drama, and sensory based activities which residents were observed to enjoy on the day of inspection.

Judgment: Compliant

Regulation 17: Premises

The centre was laid out to meet the individual and collective needs of residents, and the premises was clean and well maintained. The centre consisted of a four bedroom house, with two single occupancy apartments to the side of the property.

The inspector was shown around the premises by the person in charge, and observed that all areas of the premises were clean and well maintained. The person in charge had continued to develop the premises in line with the needs of the residents, in particular in communal areas, where areas were defined by functions with each area well equipped for its purpose. For example, there were two large sitting rooms. One sitting room had a sensory area with a sensory tent, lighting and beanbags, as well as a separate area for arts and crafts, or board games and jigsaws. The second room had an area for floor exercises, and an exercise bike, and a separate area with a television. Some residents preferred to use the sensory area, while some residents liked to watch movies; however, the person in charge said that in the main, residents liked to spend time in the large kitchen cum sitting room.

The kitchen was equipped with suitable food storage and cooking facilities, and had a large dining area.

The back garden had seating, a swing and trampoline, and as mentioned one resident had their own sensory equipment to the back of their apartment. There was large gardens and parking area to the front of the centre, and residents could access the gardens at ease.

Each of the residents had their own individual bedrooms, and these had been decorated specific to their choices of, for example, paint colours, bedding, and soft furnishings. Equipment and furnishing were provided and arranged as residents wished. For example, one resident preferred to have the dining and sitting area together in their apartment, and used the original dining area for their sensory tent. Soundproofing had been installed in one area of the premises in response to a

previous safeguarding issue, with a positive impact for residents.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Compliant