Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Hamlet
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	04 August 2022
Centre ID:	OSV-0008092
Fieldwork ID:	MON-0037485

About the designated centre

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

The Hamlet provides a residential respite service for up to five male and female children between the ages of 4 and 18 years, who have an intellectual disability, autism, or acquired brain injury, who may also have mental health difficulties or behaviours of concern. The objective of the service is to provide a therapeutic home environment. It is a social care led service staff by direct support workers, with nursing staff available on site. The designated centre consists of a two-story house detached at the outskirts of a large town in north County Dublin, and each service user has use of a single-occupancy bedroom, multiple communal areas and garden spaces.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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
Thursday 4 August 2022	09:30hrs to 15:15hrs	Gearoid Harrahill	Lead
Thursday 4 August 2022	09:30hrs to 15:15hrs	Michael Keating	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with specific regulations, following receipt of information related to a number of adverse incidents which had occurred in the designated centre. This visit was also carried out to verify the implementation of a quality improvement plan outlined by the registered provider, to enhance the governance and oversight resources in the designated centre.

The Hamlet is a two-storey detached house which is registered to accommodate up to five service users under the age of 18 on short respite visits. At the time of this inspection, four young children were being accommodated in the house, each with a member of support staff allocated to them. Inspectors observed friendly and appropriate interactions between the front-line staff and the children. Examples included staff using personal communication techniques to support residents to choose their breakfast options, and inspectors observing staff on the floor with the child playing with toys together. The children appeared happy in the house and content with their support staff. Staff members spoken with, both those on the core team and deployed from the relief panel, were knowledgeable on the children's interests, personalities and preferred routines and had a friendly and supportive rapport with the children.

The children were supported to do what they wished in the centre, and inspectors observed unrestricted movement around the house and garden. The children had access to a swing set, jungle gym, slide and trampoline in the garden to enjoy in the sun, and on arrival inspectors observed one child coming home from a walk in the local area with staff. In the house, children were enjoying snacks, watching cartoons, playing with their toys and using their computer tablets. The children were supported to stay in bed late into the morning if they preferred. Each resident had an individual bedroom during their stay. One part of the house could be used for accommodating either children who required additional mobility support, or those who would benefit from being accommodated in a separate area from the other children. This area had its own kitchen, living, dining and garden spaces.

Inspectors observed examples of handover documents to be read upon a child coming in for a respite stay, which was written in consultation with the child and family and presented in simple language, explaining preferred activities and locations, what they enjoy doing when they come to the house, and their preferences during mealtimes, bath times, and television times.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that in response to a number of serious incidents, the provider had overhauled and strengthened their arrangements for governance and oversight of the operation of the designated centre. The implementation of these revised structures were in their infancy and had not yet addressed the deficits identified by the inspectors and by the service provider in their own reviews. However, the provider was able to provide assurance that the changes in resources and oversight were assessed as suitable to bring about improvement in the delivery of care and support to service users.

The provider had appointed a new person in charge of the designated centre the week before this inspection. They were found to be suitably qualified and experienced in management and leadership roles. The person in charge reported directly to the director of operations for respite services. The new person in charge was also directly involved in the recruitment of two respite coordinators to support them in the role and deputise for them in their absence. While long-term governance solutions were being implemented, a member of the provider-level management team was based on site to enhance the day-to-day supervision and leadership for the team. The person in charge was also supported by other members of management to support effective revision of resource and reporting systems. During the inspection, some systems and templates were in the process of being replaced with more effective measures.

Inspectors found evidence indicating how the provider had ensured that the number, skill mix and shift patterns of front-line staff was appropriate for the number and assessed needs of the children, the layout of the centre and the resources described in the statement of purpose. Records of planned and actual staffing rosters were readily available, and consisted of a complete record of personnel in the centre. All staff were up to date in their required training.

While there had been improvement in the day-to-day leadership and supervision of the front-line team, there was no evidence available to indicate that formal supervision sessions had taken place in line with provider policy. This had also been identified by the service provider, and the new person in charge had scheduled formal supervision meetings with all staff members over the following weeks, and quarterly after that.

Inspectors reviewed examples of audits of the service including a comprehensive inspection report by the provider on the infection prevention and control measures of the designated centre. As the centre was registered in September 2021, the provider was overdue to have completed a six-monthly unannounced inspection of the quality and safety of care and support in the designated centre. This had been identified by the provider and was planned to take place within the next month.

Regulation 14: Persons in charge

The newly appointed person in charge was found to be suitably experienced and qualified for the role and had already commenced implementation of governance and oversight enhancements, including being involved in interviewing staff to deputise them.

Judgment: Compliant

Regulation 15: Staffing

The inspectors found that the provider had maintained a level of staffing resources which was suitable for the number and assessed needs of the service users. The person in charge had ready access to a complete record of planned and actual shifts worked in the service.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had policies and procedures identifying the training required by staff working in this centre and the structure of their supervision and performance management. Staff were up to date on their training in mandatory subjects such as safeguarding, fire safety and medication management, as well as training assessed as required for the service delivered in this designated centre.

While staff advised inspectors that they had had formal supervision, there was no record available of these sessions to evidence that this was consistently taking place in accordance with provider policy. This risk was mitigated by a short term enhanced presence of management to provide day-to-day supervision of the team, and a plan in place by the person in charge to commence formal supervision and performance management cycles with all staff members within the coming weeks, and routinely thereafter.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had submitted an assurance report prior to this inspection in which

they outlined how they would be overhauling and strengthening governance structures following a number of serious incidents in the centre. Inspectors found that many of these systems were in place or in progress at the time of this inspection. The revised arrangements had not yet addressed a number of the failings identified on this inspection. This included sufficient guidance to staff on the use of some medicines and restrictive practices, risk assessment and review of a serious risk following a repeated incident, implementation of some risk mitigation measures, and gaps in records of supervision of staff. After eleven months of operation, the provider had also not conducted a review of the quality and safety of the service of the designated centre, required to occur no less often than every six months.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place and had identified the person who would be nominated to investigate complaints raised.

One complaint was open at the time of the inspection, and inspectors found evidence that complaints were responded to seriously, including the provider management arranging to meet with complainants. However, some of the issues raised within the complaint were not referenced in the provider's own report on same.

Judgment: Substantially compliant

Quality and safety

In the main, the provider had structures in place to provide guidance for staff on delivering safe day-to-day support for the children availing of this service. However, some areas of substantial improvement were required to provide guidance to staff on care and safety interventions in response to particular needs of residents. There were deficits in protocols for last resort or ad-hoc interventions in resident support delivery, and areas in which review of risk assessment had not taken place following serious incidents.

Inspectors reviewed incident reports for a number of serious adverse incidents which had occurred in the designated centre. The inspectors found these reviews to be detailed in gathering the facts, identifying the cause or control break contributing to the event, and setting out actions to be implemented to reduce risk of recurrence. While investigations on individual incidents were comprehensive, inspectors

observed examples of where actions planned by the provider had not been implemented in practice. Some serious incidents which occurred in the designated centre and posed a risk to residents had not been risk assessed or had any control measures identified to prevent a similar incident occurring again in the future.

The provider had implemented measures to reduce risks related to negative interactions between children using the service. The team utilised a tool identifying which children could not be accommodated at the same time, to be used when scheduling respite accommodation, as well as accounting for combinations related to risk factors and age profiles. There had been a decrease in the patterns of peer incidents following the implementation of this measure.

Inspectors reviewed a sample of support plans for residents who expressed anxiety or distress in a manner which posed a risk to themselves, their peers or staff members. In the sample of plans reviewed, there was a detailed account of how the child presents, what the identified distress triggers are, and how the staff team can respond to risk behaviour. While the proactive and reactive strategies were overall detailed and person-centric, some improvement was required in guidance to staff on the most effective methods to use where a child was prescribed physical intervention techniques as a last resort measure. Some examples were observed in which the reason listed for the recorded use of physical restraint was not in line with the positive behaviour support plan.

Inspectors reviewed systems for how medicines were recorded, administered and stored in the designated centre. The provider had a simple handover system in place to be assured that all medicine and updated prescriptions arrived to the centre with the child at the start of their stay and went home with them afterwards. Additional security and stock control measures were in situ for medicine listed on the controlled drugs register. Where a serious incident related to medication errors had occurred, there was a comprehensive investigation into the matter with appropriate learning taken from same. In the sample of medication records reviewed, the inspectors found that the record of administration of medicines was not complete. For a number of PRN medicines (medicines only taken as the need arises), there was no guidance or protocols for staff identifying its purpose, when it was to be used, or the safe time between doses.

Regulation 26: Risk management procedures

The provider had a risk management policy in place which included information required under the regulations. The inspectors found evidence that where adverse events had occurred, immediate action was taken to keep residents safe and investigation carried out to identify the facts of the matter and set out controls for future reference.

However, some of the control measures identified from risk assessments had not been implemented in practice. Risk assessments following serious incidents in the

centre had not been carried out to reduce the risk of a repeat adverse event.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

On reviewing the medications records for a sample of children, inspectors found there were gaps in guidance for staff on the purpose of the medication, when it was to be used, or the protocols on safe dosage for the child. In an instance in which staff did not know what some medicines were used for, there was no information available to which they could refer for guidance.

The record of medicines administered in the morning was not filled at the time it was taken, and was then filled in when the inspector brought this to the attention of staff in the early afternoon. This is a poor administration practice which results in inaccurate information and poses a risk to residents.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Where residents were assessed as exhibiting behaviour which may result in a risk to themselves, peers, staff or property, support staff were provided detailed positive behaviour support plans. These plans identified the behaviours likely to occur, the background and known triggers for same, and how to deescalate the risk when episodes occurred. Where residents were prescribed for physical restrictive practice interventions as a last resort when other measures were not effective, development was required to guide staff on the specific interventions which were effective in supporting the children. Inspectors found that some of the recorded reasons for why physical restraints were used did not reflect the reasons for their use in the behaviour support plan.

Judgment: Substantially compliant

Regulation 8: Protection

Staff were trained and familiar with their roles and responsibilities in responding to and reporting alleged, witnessed of suspected incidents of abuse. Where trends or patterns emerged in incidents of abuse, measures were taken to reduce the relevant risks. Reported incidents were referred to the appropriate external authorities as

part of the investigation and safeguarding process.
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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Hamlet OSV-0008092

Inspection ID: MON-0037485

Date of inspection: 04/08/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge has developed a schedule of supervisions and performance reviews for all staff on 06.08.22. This schedule has been commenced with all staff members and will continue routinely thereafter.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of the quality and safety of the service of the designated centre, required to occur no less often than every six months this was carried out on 30.08.22 by the Director of Operation & Assistant Director of Community & Chlidren .	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The provider has amended the report to reflect all the issues relevant to the complaint.	

The provider met the complainant on 15.08.22 and the complaint has been resolved to their satisfaction.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The person in charge will complete a full review of incidents and risk in the centre for all children by 30.09.22 and update relevant risk assessments accordingly.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The format of the PRN protocols will be redeveloped to capture the information and guidance missing, regarding safe dosages, indications for use and contra indications. This will be completed for each child accessing the Centre prior to admission and at each admission thereafter. In progress and to be fully completed for all children by 30.09.22. In addition, an Irish Medicines Formulary reference guide has been ordered for the Centre. Poor medication administration practice identified by the inspection on the day of the inspection was addressed with the staff member concerned in a performance review. Additionally, it has been addressed with all staff in informal discussions in the days after the inspection and in a team meeting 17.08.22 -. The person in charge is monitoring medication administration documentation and practices with all staff individually in an ongoing process of supervision and competency assessments. This will be completed with all staff by 30.09.22

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive

behavioural support:
The person in charge will complete a full review of all residents files and personal plans. Education sessions will be provided to staff on all current and future plans to ensure full understanding of the guidance contained within by 30.10.22 and ongoing

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/08/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/08/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the	Substantially Compliant	Yellow	30/08/2022

	chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/09/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	30/09/2022
Regulation	The registered	Substantially	Yellow	15/08/2022

34(2)(f)	provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Compliant		
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/10/2022