



**Health
Information
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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 Children's Respite
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	02 February 2023
Centre ID:	OSV-0008282
Fieldwork ID:	MON-0037499

About the designated centre

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

This designated centre provides a residential respite service for children who have an intellectual disability, autism, acquired brain injury or mental health difficulties. It is a social care led service, with nursing support on-site. The designated centre consists of a two-storey house in North Country Dublin with multiple communal areas, large garden spaces and an apartment annex with separate living space, which has the option of being divided from the rest of the house. Local amenities include cinemas, shopping centres, cafés and parks and the centre has use of vehicles to support transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 2 February 2023	12:10hrs to 17:10hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet the children staying in the designated centre, briefly speak with parents, and review written feedback provided from children and their families. The inspector also observed support and interactions from the front-line staff team. Overall, the inspector observed good examples to indicate a service which was person-centred and led by the children's choices in providing an interesting and enjoyable time for the few days they stayed in the house.

This centre was first registered in July 2022 and this unannounced inspection was the first since operation of the service commenced. On arrival two children were at school and one child was watching cartoons with the staff in one of the multiple living rooms. Later they went shopping and picked out a toy. When other children arrived from school they were supported to get changed and have some lunch. Another child arrived to start their respite stay in the afternoon and went to play with a child they had spent time with before. During the day staff engaged positively with the children, sitting with them as they played with their toys, taking an interest in what they were doing on their tablet or games console, playing football out in the garden, and giving them jobs to do around the house, for example one child enjoyed helping staff replace batteries for nightlights. Staff also gave space to children who wished to spend time alone to relax or engage in their own hobbies.

Later in the evening, staff were observed supporting a child who was causing distress to another child, keeping both children safe and calm until they could be suitably redirected to engage in enjoyable activities apart. Where there had been serious or recurring incidents which would indicate incompatibility, this was taken into account with a live record of which children could not attend at the same time. Conversely, the person in charge had notes on which residents went to the same school or were friends, which may indicate that it would be beneficial to schedule respite at the same time. One section of the house could be separated with its own living room and bedroom if there was a particular risk, however no such risk was present with the current residents and as such, the door to this section was open and children could use the whole space.

Staff were observed speaking with children in a respectful manner and encouraging them to engage with the service. The inspector observed a culture in which this respect and child-friendly support delivery was promoted, for example it being used as a competency development metric in individual performance management of staff.

Children were encouraged to respect each other's personal space and property when in a shared living environment. Systems were also in place to ensure that when children stayed in the house, they came and left with all their own clothes and property.

The house was large and decorated to be suitable for all ages and genders of children being accommodated. Each bedroom was decorated with a theme such as astronauts, penguins, unicorns and dinosaurs, with duvet covers, posters or lampshades in the rooms to reflect the themes. Some children commented that they had a favourite room they liked to stay in when they stayed in the house. However, the inspector observed a child arriving to the house in the afternoon and indicating to staff which bedroom they wanted, which resulted in another child who had been staying in that room the previous nights having their clothes and belongings moved to the vacant room. While the bedroom was thoroughly cleaned and the sheets laundered as part of this move, the inspector and provider discussed this unideal practice of moving residents mid-stay. The person in charge committed to ensuring room preference was taken into account when allocating bedrooms before children started their stay.

To the rear of the premises was a large garden with a jungle gym, swing set, trampoline, scooters and a slide. The garden was safely secured to allow children to run around and play safely without risk from the outside perimeter or driveway.

The provider had collected feedback from children and their representatives through simple surveys. The results of these indicated what residents liked or wanted to do more in the centre, such as wanting to do art, play ball games or play with clay or Lego. Comments named staff they enjoyed spending time with the most, while also commenting that children sometimes struggled when supported by less familiar staff or where there may be a communication barrier. The feedback from these surveys was used constructively as part of audits and team discussions.

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

The provider had suitable governance arrangements in place to effectively manage this designated centre and oversee the quality of resident support. In the main, the inspector found evidence to indicate that the provider was striving for regulatory compliance and continuous service improvement.

The service was sufficiently resourced to provide suitable premises, equipment, vehicles and staffing personnel to deliver support in accordance with the statement of purpose. Relief staffing resources were appropriate to ensure that the impact on support continuity during holidays or sick leave was mitigated. Staff commented that they felt supported by their colleagues and line management. This included staff who had recently moved to this new centre from other services, and one new staff member who was completing their induction and shadowing period during this inspection. The inspector reviewed a sample of supervision and performance

management records which indicated meaningful discussion on competency development and assurance that the person in charge was taking time to formally meet with all members of the team.

The provider and local management had conducted audits and service reviews to be assured that the centre operation was in compliance with provider policy and relevant regulations and standards, and was safe and suitable in meeting respite users' needs. The inspector observed examples of audit findings being discussed with the team to acknowledge their role in positive findings, and their duties in addressing areas for development. Incidents and complaints in the service were also used constructively to enhance the service going forward. Management presence on-site ensured that minor issues were being identified and addressed promptly to prevent service decline.

Regulation 14: Persons in charge

The centre was managed by a suitably skilled, qualified and experienced person in charge, working full-time and based at the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing complement working during this inspection correlated to the staffing resources described in the statement of purpose, and included nursing presence suitable to the needs of residents. The inspector reviewed a sample of weeks from worked rosters which clearly described hours and shift patterns worked, people on leave, and days on which the person in charge was on duty. The inspector observed evidence to indicate that there was limited use of relief personnel to cover shifts and where this was used, there was continuity through the week.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had identified what skills and training was required to support the needs of children availing of the service. The person in charge had identified requirements for additional or specialist training for the team based on the support needs of potential new admissions. The person in charge had a system for readily identifying staff who had passed or were approaching their dates for training refresher, and could provide evidence of sessions scheduled to keep staff skills up to

date.
Judgment: Compliant
Regulation 19: Directory of residents
The provider maintained a directory list of respite clients with information and contacts details required under the regulations.
Judgment: Compliant
Regulation 21: Records
Documentation and records required during this inspection were complete, up to date, and readily available for review.
Judgment: Compliant
Regulation 22: Insurance
The provider had appropriate insurance arrangements in place for this service.
Judgment: Compliant
Regulation 23: Governance and management
<p>The inspector was provided evidence to indicate the quality and safety review systems for this designated centre. The provider had conducted an unannounced six-monthly quality and safety inspection in October 2022, in which the provider found the service to be 93% compliant with regulations. The findings for improvement were observed during this inspection to have been completed or referred to the relevant personnel. The person in charge had conducted local audits in subjects such as infection control, restrictive practice, workforce planning and staff training, with evidence of how the findings of these audits were communicated to the staff team.</p> <p>The inspector observed evidence of staff members being subject to supervision in accordance with provider policy, and a schedule of meetings for probation and</p>

routine performance management. The inspector reviewed a sample of these meetings which discussed meaningful topics to the skills and competencies of staff and the quality of their interactions with the children.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider demonstrated their systems for engaging with the children and their families before admission, including time spent in the house before doing overnight stays. The person in charge factored known risks and positive or negative compatibility with other children into their planning for respite stays.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had composed their statement of purpose for the designated centre, including information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had submitted notifications of incidents or practices to the Chief Inspector in accordance with regulatory requirement.

Judgment: Compliant

Regulation 34: Complaints procedure

For complaints made regarding this centre, the inspector found evidence of engagement with complainants to reach satisfactory outcomes and take learning for future reference and service improvement. The records of these complaints were comprehensive in describing the concern, and explaining how the provider was assured that the person was, or was not, ultimately satisfied with the outcome.

Judgment: Compliant

Quality and safety

Throughout the inspection, the inspector observed an overall high quality of care and support delivered by this service. Measures and practices to keep the children safe, appropriately supported, and engaged in activities in the house were appropriate for the number and assessed needs of the residents. Being a short stay respite service, the provider had systems in place to ensure children's belongings came and left the centre with them. However on review the checks had not identified that some medicines had not arrived with their owner.

The premises was safe, comfortable and suitable for the number and assessed needs of service users. The premises was clean, bright and well-ventilated, was equipped with suitable fire safety features, and had adequate bathroom access, and sitting room and dining facilities for children to use alone or with others. The exterior of the premises was suitably equipped with playground equipment and large lawns. The provider indicated plans to add more features based on suggestions from parents and children in the summer.

Risk management and compatibility review measures were in effect to ensure that respite placements were suitable and mitigated any potential incident which would have a negative impact on the respite stay. Staff were suitably trained in maintaining a low-stress environment and in responding to potential or actual risk of abuse or distress between children in the shared environment. Staff were also observed encouraging children to be respectful of each other's space and property. Where the staff or management had identified potential risk to the safety or wellbeing of children, they had reported their concerns in a timely fashion, notifying relevant outside parties such as the Child and Family Agency (Tusla), social worker, or the Chief Inspector as required.

Residents and their representatives were invited to provide feedback and commentary on their experiences with the centre, activities, staff and routines. Residents were encouraged to socialise and engage with interesting activities, while also being facilitated to go about their time how they wanted.

Regulation 12: Personal possessions

The provider had an inventory system to be assured that residents went home with the same clothes, equipment and toys with which they arrived. Residents had space to store clothes and belongings in their bedrooms.

Judgment: Compliant

Regulation 17: Premises

The house was suitable in its size and design for the number and needs of the children. Bedrooms were appropriately decorated for all ages and genders of children to use. There was suitable playground equipment outside and multiple comfortable living spaces and hangout spots inside. The building was clean and in a good state of repair, and where minor cosmetic maintenance matters were observed, these had been recorded in a log for attention of the facilities team. One bedroom was observed to be used to store a mobility hoist which was not used by the person in that bedroom or any other current resident, however the management had this removed when raised, and committed to utilising a more appropriate storage option going forward.

Judgment: Compliant

Regulation 27: Protection against infection

The environment was clean and equipped to allow for easy sanitising of surfaces. Paper towels and pedal-operated bins were used where appropriate. Staff adhered to good practices regarding waste disposal, food labelling, storage of cleaning tools, and use of personal protective equipment. The policy on infection control identified required training and guidance for staff on standard precautions against healthcare-associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The premises was equipped with appropriate features to detect, contain and alert staff to fire or smoke in the house. All emergency escape routes were equipped with emergency lighting, maps and means of escape for people not carrying keys. Staff were up to date in their training on fire safety precautions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

In the main, the provider had appropriate systems for storing, administering and disposing of medicines and sterile stock. While the provider had a means of ensuring that children began their respite stay with all required medicines per their prescription sheet, when this was reviewed by the inspector a small amount of medicines were not readily available and their absence had not been identified by these checks.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found evidence to indicate that the staff and management had followed their policies and training in identifying and reporting suspected or witnessed instances of abuse. Where required, the provider had referred matters to the designated support officer or social worker. Safeguarding plans and compatibility assessments were kept under review following incidents of abuse between service users to keep them safe and reduce likelihood or impact of future incidents.

Judgment: Compliant

Regulation 9: Residents' rights

Examples were observed during the day of children being encouraged and supported to have a fun time during their respite stays and choose what they wanted to do. Staff were observed having a good rapport and connection with the children, and the inspector observed evidence of a culture of child-centric support delivery, with quality of interactions with young people included in performance management records as an important element of staff competency for this type of service.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Hamlet Children's Respite OSV-0008282

Inspection ID: MON-0037499

Date of inspection: 02/02/2023

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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge has reviewed the individual respite admission checklists to ensure all required medicine stocks are with the children on admission. Additionally, Parents and Guardians have been reminded to ensure all prescribed medicines accompany the children for their admission to respite. Completed February 2023.	

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 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.	Substantially Compliant	Yellow	28/02/2023