Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Spires
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	10 October 2024
Centre ID:	OSV-0008515
Fieldwork ID:	MON-0044107

About the designated centre

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

The Spires provides a residential service for up to six adults with intellectual disabilities, autism and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern. This designated centre is located in a rural setting outside of a town in County Kildare with local amenities in the area such as shops, pubs, restaurants, and sports and recreation services. The premises consists of a single building containing four apartments, two of which are single-occupancy and two which can accommodate two people. Each apartment features separate living areas and residents are provided with private bedrooms, accessible bathroom facilities, and access to suitable vehicles. There is an open plan office in the main lobby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 10 October 2024	09:40hrs to 18:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to meet five of the six residents of this centre, and speak with their direct support staff team. The inspector observed routines and interactions in the residents' day, and observed their home environment and support structures, as part of the evidence indicating their experiences living in this designated centre.

Overall, residents appeared happy and relaxed in their home, and the inspector observed kind, patient and respectful interactions between residents and their support staff. Following the findings of the previous regulatory inspection, staff demonstrated an improved knowledge of residents' personal support needs and how to respond in situations in which residents required assistance or social and recreational engagement. Residents went into the community during the day, to go for canal and forest walks, go swimming, collect their personal money, or go to the local shops. The residents in the house spent time exercising, playing on their trampoline, watching videos on their devices or listening to music. One resident was attending a day service three days a week.

The majority of the service users did not communicate using speech, and the house manager discussed how communication passports were due for review to ensure they were each tailored to reflect residents' preferred communication style to support staff to speak with them. The inspector observed staff members demonstrating positive communication skills when receiving resident requests, offering choices, discussing activities and communicating using their preferred methods. The inspector observed one staff member laughing along with a resident and making sure they were happy in their day before the resident went outside for a run around their garden. When speaking with the inspector, this staff member described how the resident was more happy and confident in their day after a year living in this centre, including in how they were more patient in asking for support, and engaged with healthy daily routines such as doing their own households chores. The resident had also succeeded in personal achievements in the past year, including tolerating more healthy and varied snacks, losing weight, and becoming more confident in their activities of daily life such as washing and dressing.

Another member of staff supported a resident to tell the inspector what they had been working on, highlighting improved tolerance and normalisation of getting out of the house for fresh air and exercise, gradually increasing the time and distance travelled when out in the community. This resident communicated primarily by sensory engagement, and the staff member demonstrated good knowledge of how to use these techniques to gauge interest, satisfaction and choices. A photo diary was kept of the resident enjoying sensory play with sand, water, paint and toys, as well as riding their bike and going for walks. This diary was used to measure what was effective in ensuring that the resident enjoyed a varied and busy day and where their interests changed.

The inspector spoke with a resident who was in discussion with the provider about possibly transitioning to a new house more suitable for their changing mobility needs. The resident understand that it was ultimately their choice and that they would not move unless they felt happy and supported in a new environment. The resident explained to the inspector that they had visited a potential new home, and were still thinking about it, but wanted assurance from the provider that they could keep features they currently enjoyed such as a large bedroom and space to relax and be alone.

Each resident lived in separate apartments alone or with one housemate, and incident records indicated an overall decrease in residents presenting risks to each other as they had settled into this centre. Based on the needs of residents, and following incidents or trends of incidents, the provider had amended the apartments to be more suitable to each person. Where necessary, shower enclosures and kitchen and laundry appliances had been removed, and furniture and bathroom ware had been replaced with reinforced solutions to reduce risk of damage or injury. The occupational therapist and local management had made recommendations on further improvements such as more suitable wardrobes for two residents, removal of an unused en-suite, and creation of a larger wetroom space. The provider was also waiting for additional furniture suitable for residents' needs. The house manager described plans to designate parts of the outdoor space into personal gardens and play areas, to further reduce risk of peer incidents on the external grounds. While some cosmetic and surface repairs were required to floors and furniture, in the main the apartments were clean and bright.

Due to risks or preferences of residents, food was not prepared or cooked in three of the four apartments. The inspector observed on the previous inspection how this resulted in the kitchen of the fourth apartment being very busy with staff coming in and out, and food standing for extended periods of time. On this inspection, central food storage had been added to reduce the need to go into the fourth apartment for food and snacks, and improved routines were in place to ensure that cooked food was collected and served promptly.

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

This unannounced inspection was undertaken to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013), to follow up on the findings of the previous regulatory inspection of this designated centre in November 2023, and to follow up on information submitted to the Office of the Chief Inspector in 2024. The inspector

found this service to be appropriately resourced with staff, equipment and accessibility features, with a management structure which facilitated continuous improvement and staff accountability, and communication channels by which residents and front-line staff were kept up to date on topics meaningful to them.

The centre was staffed according to the statement of purpose and residents' assessed support needs. There were no staff vacancies in the service at the time of this inspection, and rosters indicated who led on shifts, who was on annual leave, and that the service did not rely on relief resources to meet staffing requirements. Staff were suitably supported by local management arrangements and out-of-hours supervision. As of the time of this inspection, arrangements were in progress to provide full-time presence of the person in charge role to further enhance this oversight.

Staff were appropriately supervised through monthly team meetings. The inspector observed useful discussion in the minutes of these meetings including highlighting good practices by staff, opportunities for learning from experiences and incidents in the centre, and ensuring that front-line staff were aware of the changing needs of service users.

Regulation 15: Staffing

The inspector was provided evidence indicating the staffing complement, worked rosters and allocations. The centre was fully staffed in accordance with the statement of purpose, and there were no vacancies as of the day of this inspection. Evidence provided through rosters indicated that in the main the centre was staffed per the needs of each apartment, and for their occupants who required a 1:1 or 2:1 staffing ratio during their day. Shift patterns were amended where required to facilitate community access for residents such as weekly swimming classes. Rosters clearly indicated when staff were on sickness absence or annual leave, and these records indicated a minimal use of relief or contingency staff. Local management including team leads and a supernumerary house manager provided for seven day leadership in this centre, and the inspector observed evidence of staff attaining guidance from out-of-hours supervisors where required.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found evidence to indicate how the provider's reporting, accountability and oversight systems monitored the operation of the centre and the quality of resident support. The inspector reviewed a report from an unannounced inspection carried out by the provider in June 2024. Actions arising from this inspection report

were described with deadlines and personnel responsible for their completion.

The person in charge was responsible for the day-to-day operation of the centre. They carried out audits in line with the provider's schedule or as required. The person in charge was deputised by two team leads and a house manager, and the inspector was advised that the latter was due to take over as person in charge in the days following this inspection. This change would allow for full-time presence of a person in charge in this centre. The inspector was provided evidence to indicate that this incoming manager was suitably experienced and qualified in management and leadership of health and social care settings.

The inspector reviewed a sample of minutes of recent team meetings, in which updates related to residents were discussed, including changes in assessed needs, those waiting for appointments, and findings and actions following audits. These meetings also discussed selected reports from adverse incidents to highlight where staff were doing well, or required improvement, in recording salient information for learning and future review.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed all notifications submitted by the provider to the Office of the Chief Inspector of Social Services in 2024. The provider had submitted notifications on practices and adverse events as per the requirements of this regulation.

Judgment: Compliant

Quality and safety

The inspector found evidence through speaking with residents and staff, reviewing documentary evidence and observing routines that residents felt safe and were supported in their choices, communication styles and independence levels. The staff team demonstrated examples of residents who had progressed with personal objectives in the past year and had achieved more varied and healthy routines, daily activities and community participation. The inspector observed examples of where key workers worked with residents to develop meaningful goals and objectives, and how the rest of the team maintained records to provide evidence that these were consistently occurring, such as with daily household jobs and exercises, and revised where not successful or where residents' interests changed.

The provider supplied evidence on how they were keeping risk under review and

responding appropriately to adverse incidents or the findings of audits and routine checks. Risks related to fire safety and infection control were kept under review, and revised based on learning taken from outbreaks and practice evacuations. In the main, where restrictive practice was utilised, the rationale for their introduction was clear, however some practices required improved evidence to demonstrate how they had been kept under review to ensure they remained the least restrictive option for the lowest amount of time compared to considered or trialled alternatives, and remained a last resort measure as residents' risks and presentations changed.

Residents were supported to maintain supported access to their property and finances. In response to adverse incidents and ongoing risks, some aspects of the residents' apartments had been refurbished to be more suited to their assessed needs and to reduce risk of injury. These changes had been done in consultation with the occupational therapist, and business cases were in progress to carry out further renovations to bathroom, garden and storage spaces. The purpose of these plans were based on providing a safe but homely environment for residents, maximising their enjoyment of sensory or outdoors spaces, renovating spaces based on what was not being used by the residents, and reducing risks related to negative peer interactions.

Regulation 12: Personal possessions

Since the previous inspection, the provider had completed actions to support all six residents in this centre to establish accounts with financial institutions. Each resident had an account in their own name into which their income was received, with debit cards and bank statements accessible to them with appropriate levels of staff support. Some long-term goals were noted by key workers to support education for residents to further maximise their autonomy and use of these when in the community.

Judgment: Compliant

Regulation 17: Premises

The inspector walked the premises of the designated centre, and in the main found that the apartments were clean, bright and sufficiently spacious for the number and mobility needs of residents. Some damage was observed to flooring and furniture in apartments, and the person in charge provided evidence of how this was reported for repair or replacement.

Some changes to the premises had been prescribed following review by occupational therapy or following adverse incidents of injury or property destruction. Since the previous inspection, during which it was observed that a kitchen had been

closed off in one apartment due to the risks and support needs of the resident, a decision had been made to remove the kitchen entirely and use the space for a different purpose. Other plans were in discussion to renovate the living space, to provide more suitable storage solutions, safe showering facilities and personalised outdoor space. This would allows for the resident to have a space in which they were safe, and less affected by environmental factors which posed a risk to themselves and others.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector was provided examples of detailed incident reports related to matters such as fire safety, control of infection spread, resident injuries and behavioural risks. Where relevant, these incidents were used to inform revision of risk control measures and reduce risk of recurrence. Risk assessment was carried for residents affected by restrictive practices and reduced access to apartment facilities, to mitigate the impact of these practices. For example, cupboards and fridge storage were now available in a central area of the designated centre to reduce the footfall into other residents' apartments when providing for people without active kitchen facilities.

Quality of incident reporting was a regular topic of discussion with staff, and the inspector was provided examples of how these reports could be enhanced to capture meaningful detail and response strategies by staff, to be assured that they were consistently implemented and effective. In the sample of incident reports reviewed, where post-incident review indicated a need to revise risk controls or residents' support plans, or to refer incidents for multidisciplinary review, this had been done.

Judgment: Compliant

Regulation 27: Protection against infection

During the walk of the premises, the inspector observed that in the main the premises was clean and well-ventilated, with surfaces in kitchen and bathroom spaces which could be effectively cleaned and disinfected. Suitable spaces were available for residents and staff to carry out hand hygiene which included paper towels and hands-free bins. Quality of service audits noted that all staff were up to date in formal training for management and prevention of healthcare associated infection.

There had been an outbreak of COVID-19 in this centre in 2024 which affected

residents and staff members. The inspector was provided a post-incident report which highlighted good practice in supporting residents in their home until the outbreak was clear, identified likely control breaks contributing to the event, and what learning could be taken to reduce future risk.

Judgment: Compliant

Regulation 28: Fire precautions

During the premises walk, the inspector spot-checked fire-fighting equipment, and closure mechanisms on fire doors, and observed these to be operational and routinely checked and tested. Where fire doors were kept open by preference or necessity, this was done using a device which would allow the door to close during an emergency to contain spread of fire or smoke.

The inspector reviewed records of practice fire drills which had been conducted in this centre, including those carried out when staffing was at a minimum, as would be the case at night. Where delays or risks arose during these practice drills, they were reflected in the relevant personal evacuation support plans to advise staff on the relevant risk.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector observed improvement from the previous inspection in the identification of environmental, chemical and physical restrictive practices in this designated centre. The inspector discussed restrictive practices with staff members who could describe the purpose and rationale for practices in effect, such as electronically locked doors, locked cupboards, plastic cutlery and crockery, and limited access to household items.

The inspector reviewed evidence with management personnel on how restrictive practices were identified, implemented and kept under review in line with provider policy, national standards and guidelines. In the main, the risks assessments setting out restrictions as a control measure were clearly described. However, there were some gaps in how information on their use was being reviewed at provider level with a view to develop strategies to reduce their use. The inspector reviewed a policy on restrictive practices dated June 2023 which identified a provider-level rights review committee, however there was no evidence provided that the practices active in this centre had been subject to their review.

The inspector reviewed a sample of support plans developed to guide staff on

responding to residents whose frustration or anxiety presented a risk to themselves or others. In the main, the plans were detailed, person-centred, and written with respect to the choices and rights of the residents. One of these residents' plans required review to ensure it reflected a trend which had arisen in recent months. A review of reports of these events showed differing responses by staff in supporting the resident when they were feeling distressed or anxious and ensuring less restrictive measures were explored before using restraints. A review of the associated response guidance was required to ensure it provided guidance to staff so they could consistently respond to this support need.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector observed support delivery and interactions between staff and residents during the day which was overall respectful and dignified. The inspector spoke with a number of staff and discussed residents' personal and social care needs including life skills, community participation and social opportunities. The inspector observed that where key-worker staff were responsible for setting out long and short term personal goals and observing their progress, other members of the staff team recorded data which would be used to determine if a plan was successful or required revision.

For example, some residents' goals centred around healthy eating, household chores, physical exercise, and normalising engagement with the community, and simple records indicated where these were occurring more frequently or becoming part of the resident's daily routine, and these objectives were tracked in a measurable fashion. This had resulted in some observable improvements in the residents' wellbeing, including in weight management, positive engagement with other people, confidence with personal care and hygiene, and in tolerance with going outside.

Due to the assessed needs and risks associated with certain residents, the kitchen for one of the apartments was also being used to cook meals for the three other apartments. Since the previous inspection, risk controls to reduce staff coming and going from residents' living space had been implemented, such as storing some food and drinks in a central area outside of someone else's apartment, and improving staff routines to ensure cooked food was collected and served without delay.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Spires OSV-0008515

Inspection ID: MON-0044107

Date of inspection: 10/10/2024

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 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 (PIC) has carried out a review of the incident reports and all restrictive practices in the centre. Where restrictive practices have been identified as necessary, all efforts will be made to ensure the least restrictive option is used for the shortest duration possible.

Restrictive practices will be implemented with the consent of resident's and or their representatives. Where resident's or their representatives are unhappy with the restriction put in place, the implementation of this restriction may be appealed to the Rights Review Committee.

The use of Restrictive practices will be discussed at monthly Governance meetings between the PIC and Assistant Director of Service's.

The Talbot Group Rights Review Committee will review organisational statistics, on the use of restrictive practices and monitor for trends. Where trends are identified, this information will be used to inform restrain reduction strategies.

Where residents are being prescribed PRN medications, this will be captured in their Positive Behaviour Support Plans (PBS) or applicable individualised care plan's. This will provide appropriate guidance to staff should reactive strategies be required to support them in times of distress.

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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/12/2024
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/12/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates	Substantially Compliant	Yellow	31/12/2024

	intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			