



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

## Issued by the Chief Inspector

Name of designated centre:	Hollyoaks
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	07 March 2024
Centre ID:	OSV-0008540
Fieldwork ID:	MON-0040368

## About the designated centre

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

Hollyoaks is a designated centre registered to provide full-time residential service for people over the age of 18 years with intellectual disability, autistic spectrum or mental health diagnoses. The objective of the service is to promote independence and maximise quality of life, in a home-like environment which promotes dignity, respect, and support to empower residents to make choices on their goals and futures. The centre consists of a large two-storey detached house in a rural area of County Kildare in which every resident has a large private bedroom and shared use of large communal living rooms, kitchen and dining room, garden spaces and accessible bathroom facilities. The support team consists of social care and direct support workers, with nursing and clinical support available as required.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
--	---

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 7 March 2024	10:10hrs to 18:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet briefly with two of the four residents in the designated centre and observe some of their day, as well as speak with their direct support staff and review documentary evidence of their support plans, as part of the evidence indicating their experiences living in Hollyoaks. Residents were busy with their day's activities and outings, and one resident was staying with family on the day on this inspection. Another resident was at a day service which they attended five days a week, and was supported in their choice to be alone in private on their return in the evening. The inspector observed a friendly and respectful rapport between staff and residents, and staff were seen to respect residents' dignity and privacy in their interactions.

Residents were all new to this designated centre and were facilitated to meet each other prior to each new admission. Residents had been supported to decorate and personalise their living spaces to their preferences and choices, and where required, the provider had ensured that adaptations had been made to the house to ensure it was suitable for their needs on their arrival.

The house walls featured photos of the residents enjoying trips and events together and in the community. The residents had also put together a scrapbook of their first months together in this house, which included photos and stories of the resident group and their staff team playing board games together, going bowling, having their hair done, enjoying Halloween and Christmas, visiting one resident during a hospital stay, and going on day trips together. The inspector observed evidence to demonstrate how the management and staff team encouraged residents to make friends with each other and engage positively with the shared living environment.

The staff demonstrated an overall good knowledge of residents' needs and interests, and described some hobbies, education programmes or other meaningful community engagement opportunities with which they were supporting residents to start or resume engagement. Residents were supported to use their finances as and when they wished with an appropriate level of support, and residents were supported to navigate and use their home without unnecessary restrictions.

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 was the first inspection of this designated centre for the purpose of monitoring the provider's regulatory compliance since the service was registered in 2023. In the main, the inspector found this to be a service that was appropriately resourced, with a management and oversight structure which pushed for continuous improvement, staff accountability and development, and timely resolution of challenges and regulatory deficits identified through incidents and audits.

The centre was appropriately resourced with staff, equipment, accessibility features and vehicles. While the staff who could drive made up a relatively small portion of the team, risk controls were in place to ensure that this was taken into account when allocating staff shifts, to ensure that the potential impact on residents' routine and community access was mitigated. Quality of service was a key feature in staff members' supervision, probation and performance management meetings with the management. Managers worked with staff to ensure that not only were they adequately skilled in performing care duties, but that they were supported to overcome any potential challenges related to language, culture or confidence to ensure that they could build a meaningful and trusting relationship with the residents in their home.

As this was a new service, the provider demonstrated how they had reassessed the requirements of the centre as each new resident progressed through the admission process. This included ensuring that staffing number and skill mix was revised, ensuring that staff had the requisite training for each resident's assessed needs, and ensuring that residents had the opportunity to visit the house and their housemates to identify or rule out any potential compatibility concerns.

#### Regulation 14: Persons in charge

The person in charge held appropriate qualifications for this role, and worked full-time in this designated centre. They were appropriately experienced in leadership and management roles in health and social care services.

Judgment: Compliant

#### Regulation 15: Staffing

The designated centre was appropriately resourced with staff and a worked roster in the service provided a clear record of who was working shifts in the house. The inspector observed evidence to indicate that, as service users moved into this new centre, the ratio and skill-mix of staff members was kept under revision based on assessed resident needs.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were suitably trained in mandatory skills and had completed specialist training related to the assessed care and support needs of residents. Where training was approaching expiry or required practical sessions, such as safe moving and handling of people, this was scheduled for staff to attend.

Judgment: Compliant

### Regulation 19: Directory of residents

Information required under this regulation was maintained in the centre.

Judgment: Compliant

### Regulation 21: Records

Records related to the residents, staff and centre operations were readily available for inspection.

Judgment: Compliant

### Regulation 22: Insurance

The centre was appropriately insured, including against accidents or injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

An unannounced quality and safety inspection had been carried out by senior provider management in November 2023. The service was assessed as being

compliant in 63% of assessed regulations, standards and policies. Where service deficits or areas for further development were identified, a specific and time-bound set of actions were identified to bring the service into compliance. The majority of these had been completed or were in progress during this inspection.

The inspector reviewed a sample of minutes from performance management, supervision and probation reviews, which set out actions and goals for staff to work on with their manager to develop skills, identify strengths and weaknesses, and address concerns raised.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The inspector observed that pre-admission and transition planning had been carried out in accordance with provider policy and the requirements of the regulations. This included identifying adaptations required to the centre, opportunities for people to visit the house, and means by which the provider was assured that residents would be compatible to share a home together.

All four residents, or their representatives, had signed a written contract with the registered provider outlining the terms of conditions of residing in this centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had composed a statement of purpose for this designated centre which included information required under Schedule 1 of the regulations.

Judgment: Compliant

## Quality and safety

The inspector found this to be a well-run service led by the choices and assessed needs of residents. While some records and practices still required improvement in oversight, including vaccination records and separation of medicine for return, in the main the inspector observed that the provider had identified and controlled risks arising in this centre in its first six months of operation.



Support structures observed were person-centred and based on evidence and knowledge of residents' needs. For example, residents lived in a mostly restraint-free environment, which did not feature any locked doors or gates around the house, or restricted access to household items, and secure document storage meant there was no need to lock the office in the residents' home. Residents were supported to travel together where suitable, and harnesses and seat belts were primarily safety features while using mobility equipment, which residents could unlock themselves.

Residents' assessed needs related to personal health were identified, and where required, staff guidance and clinical appointments were arranged. This included day-to-day support such as mobility support and safe feeding and nutrition.

Risks had been formally assessed related to fire safety, which had arisen from routine checks and learning from evacuation drills. As the management were not yet satisfied that all residents and staff could consistently achieve prompt evacuation times from the centre in an emergency, drills took place frequently to support residents and staff to normalise the practice and follow correct procedure such as using optimal exit routes.

## Regulation 12: Personal possessions

Residents had accounts with financial institutions which were in their name, and associated debit cards and bank statements were available in the residents' home to facilitate access and control. Residents were facilitated to decorate and personalise their home and bedrooms as they wished, and had suitable storage space for their belongings and clothes.

Judgment: Compliant

## Regulation 17: Premises

In the main, the premises was clean, well-lit, ventilated and appropriately maintained. Some works were identified for attention such as house painting and floor repair, and these works were scheduled with the relevant facilities personnel. Adaptations had been made to the premises where required for accessibility, such as installing a wet-room shower, and a chair lift on the stairs.

Judgment: Compliant

## Regulation 18: Food and nutrition

The house was equipped with suitable and varied meals, snacks and drinks. Staff had completed training in monitoring and operating enteral feeding systems and could describe to the inspector how they would support a resident with these needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

Where risks had been identified or adverse incidents occurred in the designated centre, the provider had formally risk assessed these, and set out appropriate actions and control measures to reduce the associated risk to an acceptable level.

Judgment: Compliant

### Regulation 27: Protection against infection

The inspector observed the environment to be clean and suitably equipped to facilitate appropriate hand hygiene, waste management and disinfection of surfaces. Appropriate arrangements were in effect regarding food safety and testing for waterborne bacteria.

The provider did not have information on the vaccination history of any of the four residents and could not be assured whether or not they were vaccinated against COVID-19, with other records also being unclear on the seasonal flu vaccine.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The premises was suitably equipped with extinguisher equipment, emergency lighting, smoke and heat detectors, and fire rated doors which could close automatically to contain flame and smoke. Practice evacuation drills were carried out frequently in this centre as there had been a pattern of delays and challenges in performing a consistently prompt evacuation. The provider had conducted risk assessments based on learning from drills and staff were provided guidance and protocols for responding to identified risks.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Overall staff knowledge and practices related to medicine management was appropriate. However, on reviewing residents' prescriptions and administration records, the inspector observed medicine which had been discontinued but not been separated for disposal or return. This had resulted in staff continuing to administer after discontinuation by the prescribing doctor.

Judgment: Not compliant

## Regulation 6: Health care

Appropriate healthcare was made available for each resident's assessed needs. The inspector observed guidance to staff regarding specialist healthcare devices used by residents, and upcoming appointments for checks and procedures related to optical, dental, cervical and osteopathic healthcare.

Judgment: Compliant

## Regulation 8: Protection

In the main, staff could describe what types of safeguarding risks could occur in a residential care setting, and could describe the procedures to follow in response to alleged, suspected or witnessed incidents. Systems were in effect to ensure protection of residents from financial abuse, and in protecting the wellbeing and dignity of residents being supported with personal or intimate care.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' right to privacy and dignity was promoted and there was sufficient space in the centre for residents to spend time alone. Support was delivered in a manner which respected the residents' choice and preferences, and the inspector observed respectful interactions between staff and residents.

Residents lived in a mostly restraint-free environment. There was no assessed risk requiring doors or gates to be locked, and residents had unrestricted access to the

kitchen, garden and staff office spaces.

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
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hollyoaks OSV-0008540

Inspection ID: MON-0040368

Date of inspection: 07/03/2024

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Person in Charge (PIC) shall conduct a review of the vaccine status for all residents. The PIC will ensure that the Covid 19 &amp; Flu vaccine status of all residents is clearly recorded. This record will note what steps were taken to help resident make an informed choice.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The Person in Charge (PIC) shall conduct a full review of medication protocols within the centre, to ensure that all medication is prescribed as per the Talbot Group medication procedures. This will include,</p> <ul style="list-style-type: none"> <li>a) PIC to review the process for short term medication administration.</li> <li>b) PIC to review the communication to the team for short term medication being discontinued.</li> <li>c) PIC to review the return to Pharmacy protocol for medication that is discontinued.</li> <li>d) Medication Management added to the team meeting as a standing agenda.</li> <li>e) Medication Management added to staff Supervisions as a standing agenda.</li> <li>f) Weekly Kardex reviews implemented.</li> </ul> <p>Additionally, the Talbot Group have devised a new medication audit tool. This tool will be used to periodically assess that medication is being managed in line with best practice.</p>	





## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/05/2024
Regulation 29(4)(c)	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	Not Compliant	Orange	01/04/2024

	<p>of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.</p>			
--	---	--	--	--