



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

Issued by the Chief Inspector

Name of designated centre:	Roganstown
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	03 April 2024
Centre ID:	OSV-0008593
Fieldwork ID:	MON-0041220

About the designated centre

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

Roganstown provides a resident service for up to five male or female residents with an intellectual disability, autistic spectrum and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by Positive Behaviour Support in line with our model of Person-Centred Care and person centred support. The designated centre consists of a large bungalow in North County Dublin with five bedrooms, a large kitchen and dining area, living room, sun room and large surrounding garden. The centre is staffed by a person in charge, a team of social care workers and direct support workers, with access to clinical services when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 April 2024	10:00hrs to 16:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre Roganstown. The inspection was carried out to assess compliance with the regulations since the centres opening. The inspection was facilitated by the person in charge for the duration of the inspection. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The centre comprised of a large bungalow situated in a small community in North Dublin. Roganstown is located in close proximity to a local town. The centre had exclusive use of a vehicle in order to access the community, day service and activities of residents choice. Residents had access to a local bus route, which was regularly used by residents to attend employment and college. The premises consists of five bedrooms (two equipped with en-suite), large shower room and two bathrooms, staff office, kitchen with dining area, large living room and sun room. The centre is surrounded by a large garden which was furnished with picnic tables, football posts and small garden sculptures.

The inspector was facilitated in a walk through of the centre by one resident and the person in charge. The resident informed the inspector that the centre had been tailored to meet their individual accessibility requirements. The centre was decorated in line with each residents tastes, with a number of sporting games and equipment located throughout the centre such as a football table, golfing accessories and goal posts in the garden. All residents had their own bedrooms, which were neatly decorated and well furnished. Each bedroom contained personal items such as family pictures, art work, posters, tablet devices and music systems. The inspector observed that the designated centre was clean and tidy with large space and bright natural lighting in each room.

There was five residents living in the designated centre on the day of the inspection, the inspector had the opportunity to meet with three residents during the course of the inspection. Two resident were on a pre-planned day trip to the Aran Islands and would not have the opportunity to meet the inspector on this occasion. Throughout the course of the inspection the inspector could hear residents and staff laughing and joking, making plans for their day. The inspector observed residents changing plans and discussing with staff how this would work for plans for the rest of the day. The inspector observed an atmosphere of clear communication, understanding and autonomy for residents.

One resident told the inspector that the centre was adapted to meet their needs as a wheelchair user and that if they felt they would like any changes made to the centre they would speak to the person in charge or any staff member. The resident spoke to the inspector in detail about their previous experiences prior to their

admission to the designated centre. The resident spoke to the inspector about the positive impact the move had on their overall wellbeing. The resident informed the inspector that it was things that others took for granted such as having access to your belongings whenever you required due to the accessibility of the centre. The resident told the inspector that they wanted greater access to public transport. Over the last few months the residents and the staff team had contacted local members of government to have greater access to public transport near the designated centre. The residents had been successful by sending weekly letters and follow ups with a new bus route being sanctioned. However, the resident noted that this bus was not accessible therefore the resident and the staff team had returned to daily emails and letters until the issue was resolved. The resident informed the inspector that each resident could speak up when they wanted to in the centre to members of the staff team or the person in charge even if they felt it was a negative complaint and that it would be looked at. The resident told the inspector that they like to speak up on behalf of others that can not always do that for themselves and that they like to make sure that if someone in the house is too quiet to speak that they get the opportunity to do so if they wish. The resident told the inspector that this is usually done at house meetings.

Another resident spoke to the inspector prior to going out to the cinema. The resident told the inspector that they always have access to transport in the centre however, since the introduction of the new public bus route they are testing the buses with taking connecting buses across Dublin. The resident told the inspector that they love living in their new home. The resident told the inspector that they enjoyed living with other residents, that no matter what each of them had found a common interest such as sports or music. The resident told the inspector that the people they lived with were "a good laugh". The resident told the inspector that were they had previously lived the noise level was having a negative impact on their well being. The resident told the inspector that Roganstown was busy but it was a different type of busy noise. The resident told the inspector that in the last number of months they have found that the reduction in noise has helped them to slow down their thoughts and given them time to think about what they wanted to do in the future. The resident told the inspector that they wanted to go back to work, they had recently completed an interview for a job and were excited for upcoming news if they had been successful. The resident told the inspector that staff had helped them with their CV, interview preparation and to pick interview clothes. The resident told the inspector that they had worked in the past but felt like they were in a good place to return to work.

One resident spoke to the inspector about their excitement for their upcoming birthday and that this would be the first in their new home with friends and family coming. The resident also discussed with the inspector plans made for a summer garden party, however the resident did note to the inspector that as we live in Ireland the party may turn into a house party but that they had discussed the plans for this with staff.

The inspector observed residents relaxing in their home and eating meals with staff during the course of the inspection. One resident choose to say good morning to the inspector and allowed staff to go through the residents plans for the day. Support

staff discussed residents plan for the day and the residents preferred communication style. The inspector reviewed the residents social store for the planned day and staff discussed how the resident may change their mind and how this is adapted to assist the residents form of communication.

The inspector found that staff had completed training in human rights and that human rights was a standing agenda and discussed at residents weekly meetings. The inspector found that residents rights, views and opinions were integrated into all aspects of their care and the running of the centre. Staff had also completed training in areas that was relevant to support residents to excel in areas that residents themselves had identified as causing barriers to their independence.

The next two sections of this report will 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 provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and standards. The inspector found that this designated centre met and exceeded the requirements of the regulations in many areas of service provision and was striving to meet national standards in areas such as individualised supports and care and decisions-making in accordance with residents' abilities and preferences.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently monitored. The provider had systems in place to monitor and review the quality of services provided. These systems included a series of audits such as six-monthly unannounced visits and enhanced management audits. The person in charge had implemented a number of local level audits that further enhanced the oversight of the centre and contributed to an environment of shared learning amongst the staff team.

A planned and actual roster were maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. There was evidence that the person in charge had completed risk assessments based on residents' assessed needs and that they were subject to regular review as residents continued their transition journey to the designated centre. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service.

Staff had access to regular and quality supervision. A review of supervision records found that the content of supervision was thorough and sufficient to meet the needs

of staff. There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding adults, fire safety and infection control. In addition to mandatory training staff had access to training in areas such as autism, communication skills and positive risk taking. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. The inspector found that all staff in the designated centre had completed training in Human Rights and the Assisted Decision-Making (Capacity) Act 2015, the inspector found through discussion with residents and staff that this training was having a positive impact on everyday choices and the quality of life for residents.

The provider had developed and implemented an admission policy, including protocols, which were in line with the admission's criteria in the centre's statement of purpose. The inspector found that all admissions to the centre had been in line with the providers policy and the centres statement of purpose. The inspector found that all residents had been included in the admission process and are were actively involved in the running of their centre. The inspector observed evidence that demonstrated that all admissions to the centre had been reviewed to ensure that since moving to the centre all residents were satisfied with their living arrangements.

The inspector found that the person in charge ensured that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff members employed in the centre to meet the assessed needs of residents. The resident group were observed to receive assistance, care and support in a respectful, timely and safe manner. There was good continuity of care and support being provided. There were actual and planned staff duty rosters maintained which clearly communicated the start and finish times of shifts, the names of staff members on duty along with their job titles.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. There was good oversight of the training needs of staff, and arrangements were made to plan for training as required. Staff had been afforded additional training that would better support residents, for example, in alternative communication, positive risk taking and autism training.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre. The inspector reviewed a sample of supervision notes and found them to be in-depth and promoted the personal and professional development of staff.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined lines of authority and accountability in the designated centre. The centre was run by a person in charge who was supported in their role by a person participating in management (PPIM) an assistant director of services for the provider. The person in charge and PPIM were well informed regarding the residents' needs and the presenting risks in the centre

There were a series of audits in place in the centre which were effective in identifying risks in the centre. A six monthly audit had been completed for the centre. These audits reflected the stakeholders' views on the quality of service and set out SMART action plans to address risks where required. Staff in this centre were performance managed and facilitated to raise concerns about the quality and safety of care provided to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector was provided with evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable for meeting the assessed needs of all residents. The provider had completed compatibility assessments prior to admission. The person in charge and staff team had completed a review post admission to the centre for all residents.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated, and was located in an accessible place in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that occurred in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. The person in charge had submitted notifications regarding adverse incidents within the required three working days as set out in the regulations and had ensured that quarterly and six-monthly notifications were submitted as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies were available in the centre for staff to refer to. The inspector viewed a sample of the policies and procedures, including those on the safeguarding of residents from abuse, provision of intimate care, admission of residents, behavioural support, the use of restrictive procedures and restraints,

communication with residents, risk management, medication management, and complaints. The policies had been reviewed within the previous three years

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Overall it was found that the centre had the resources and facilities to meet residents' needs.

The premises was found to be well maintained and homely. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes. Residents had access to a large garden that surrounded the designated centre. The inspector found the designate centre to allow for natural light throughout.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The inspectors found that the person in charge was promoting a restraint free environment; while there were number of restrictive practices utilised in the centre these were used to manage a specific risk and were under regular review. A review of restrictive practices in the centre found that there had been efforts made to reduce and eliminate restrictive practices and to ensure that they were used as a measure of last resort.

There were systems in place to promote the rights of the residents and to ensure their individual choices were respected. Residents participated in regular meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans. Residents spoke to the inspector about using mobile devices and tablets in order to make daily choices around their home or to keep in contact with family and friends.

There were arrangements in place that ensured residents were provided with

adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities and could make decisions about the meals that were served. Staff were knowledgeable with regard to residents' eating and drinking support needs and implemented any recommendations from specialists in this area. Staff were also knowledgeable of residents specialised diets and where they could shop locally to source a wide range of products to meet the needs and likes of identified residents.

There was a risk management policy and associated procedures in place. There was an accurate risk register in place that reflected the risks identified in the centre. The processes in place ensured that risk was identified promptly, comprehensively assessed and that appropriate control measures were in place.

The provider had effected appropriate procedures and policies to ensure the safe administration of medications. Staff had received training in this area and could competently describe the processes for the ordering, administration and disposal of medications. Staff spoken to on the day were knowledgeable of each residents medication and precautionary measures in place such as fluid balance charts and the need for regular blood reviews for some residents. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preference. There was clear auditing systems in place to identify medication errors and medication audits were discussed at staff meetings in order to promote shared learning.

There were systems in place to monitor the rights of the residents and to ensure that their individual choices were respected. Residents participated in regular meetings in the designated centre in relation to the everyday running of their home and future planning for activities such as social outings and events in the centre.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. Furthermore, staff were observed to using social stories and accessible information to residents during the course of the inspection. Residents had access to Internet, communication devices, mobile phones and tablets.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities with residents attending college and personal interest classes in the local community. Residents were encouraged to maintain relationships with their families and friends.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. Residents had access to facilities which were maintained in good working order. Assistive technology, aids and appliances were available as per residents' assessed needs. There was adequate private and communal space for residents as well as suitable storage facilities. The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs. There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks. The inspector found evidence of options available for residents who required a specialised diet in line with their assessed needs.

Where residents needed assistance with making choices of meals and snacks, staff had introduced various methods to ensure that preferences were respected. These included visuals about food choices and healthy options, and visual aids to assist residents in making choices, which were displayed on the kitchen notice board. Inspectors observed that staff had a good knowledge of residents' food preferences and any dietary needs. Food was safely stored, and there were both healthy snacks and treats available to residents. The kitchen was well-organised and well-stocked with fresh and frozen, nutritious food.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had an effective risk management policy which met the requirements of the Regulations. A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre. Control measures to mitigate against these risks were proportionate to the level of risk presented. Risk assessments were individualised and included a falls risk management plan, manual handling assessment, IPC and emergency evacuation plans.

All staff in the centre had completed a course in positive risk taking and the education and learning from this could be seen throughout residents support plans within the designated centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. There was a system in place for return of out of date medication and a form was stamped by the pharmacy. The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection. On review of documentation it was clear that residents had been assisted to fully understand their medication and the rationale for use. Both residents and staff spoken to on the day of inspection were aware of medication management. Staff spoken with were knowledgeable regarding the procedures for the administration of medication. For example, staff spoken to by the inspector could detail specific possible side effects associated with specific medication prescribed for residents and the supports required.

Medicine audits were completed on a monthly basis, along with a review of any medication errors each month. Medication management was discussed at staff meetings.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date

knowledge and skills to respond to and appropriately support residents with behaviours of concern, for example, they completed positive behaviour support training and there was a written policy to guide their practices. Individual behaviour supports plans had also been prepared to support residents with their behaviours. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning.

Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible. All residents spoken to on the day of the inspection were aware of the restrictive practices within the centre and this topic was regularly discussed at residents meetings.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights.. Residents attended weekly meetings where they discussed activities, menus, the premises, and aspects of the national standards including some of the rights referred to in the standards. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals. Residents rights were further supported by staff who advocated for services on behalf of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant