



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

Issued by the Chief Inspector

Name of designated centre:	Marlton Court
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	23 January 2024
Centre ID:	OSV-0008614
Fieldwork ID:	MON-0041204

About the designated centre

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

Marlton Court is operated by Talbot Care Unlimited Company. Marlton Court provides a residential service for adults both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern. The services at Marlton Court are provided in a home like environment that promotes dignity, respect, kindness, and engagement for each resident. They encourage and support the residents to participate in the community and to avail of amenities and recreational activities. The centre is managed by a full-time person in charge, and the staff skill-mix includes nursing leads and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 23 January 2024	10:00hrs to 14:40hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre which had been newly registered in August 2023. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments. Overall, the inspector found that the centre was operating at a high level of compliance with the regulations, and that appropriate arrangements were in place to ensure that residents were being supported in line with their assessed needs and personal preferences to have a good quality of life.

The centre comprised a large two-storey house located in a housing estate close to a large town with many amenities and services such as shops and eateries. There was also a vehicle available to facilitate residents in accessing their wider community.

The inspector carried out an observational walk-around of the centre with the person in charge. The premises comprised three bedrooms (two had en-suite facilities), kitchen, utility room, dining room, sitting rooms, sun room, bathrooms, and an office. The provider had renovated the house to a very high standard before it was registered. It was found to be very clean, bright, tidy, homely, comfortable, nicely decorated, and spacious. The kitchen was well equipped and there was a good selection and variety of food for residents to choose from. The inspector also observed a large noticeboard in the hallway with information for residents on complaints, safeguarding, and the staff rota. There were front and rear gardens (containing a trampoline and shed).

There were good fire safety systems, for example, the fire doors were fitted with self-closing devices which closed properly when released, and the exit doors were fitted with easily opened devices to aid a prompt evacuation.

There were two residents living in the centre with one vacancy. The inspector observed staff engaging with residents in a kind and professional manner, and there was a calm and relaxed environment in the centre.

One resident spoke with the inspector and showed them around their home. Their bedroom had been personalised to their tastes. There was a calendar with pictures of different activities displayed on the wall which the resident used to plan their daily and social activities. The resident showed the inspector their prized possessions and spoke about their interests. They also showed the inspector some of the environmental restrictions in the centre (for example, a locked sharps drawer in the kitchen) which they said were implemented for safety reasons. They also showed the inspector the menu, and said that they liked the food on offer. They freely moved around the centre, and appeared to be comfortable and content. Later, they went out for lunch and a drive around the Wicklow mountains with staff.

The other resident did not wish to engage with the inspector, and spent most of the

day in their bedroom and adjoining sitting room.

The inspector did not have the opportunity to meet any residents' representatives but did have the opportunity to read some of the recent compliments received from them. The compliments indicated that they were happy with the service residents received in the centre, for example, the comments included "staff were doing an amazing job" and that representatives were "very pleased and grateful for the the care [resident] received from staff".

The inspector spoke with the person in charge, assistant director of service, and a nurse during the inspection.

The person in charge and assistant director described the service provided to residents in the centre as being "person-centred" which respected residents' choices. They were satisfied that the supports in place to meet residents' assessed needs were appropriate, for example, there was adequate staffing levels and good access to multidisciplinary team services. They said that the residents' admission to the centre had been positive for them, for example, they were living closer to their families and could easily visit each other. The management team demonstrated that they had effective oversight and management of the centre, for example, they visited the centre often and had established good communication systems.

The nurse demonstrated a good understanding of the residents' support needs, for example, they spoke about their communication aids, behaviour support interventions, and dietary requirements. They had completed human rights training which they described as been beneficial in promoting positive practices such as ensuring residents have choice and control in their lives. They told the inspector about how residents were encouraged to participate in the running of the centre, for example, they had weekly house meetings and were supported to develop life skills. They were aware of the procedures for reporting safeguarding concerns, and evacuating residents from the centre. They had no concerns, but told the inspector that they could easily raise any potential concerns or complaints with the person in charge.

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

Capacity and capability

There were effective management systems in place to ensure that the service provided in the centre was safe, consistent, well resourced, and appropriate to residents' needs.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and supported in their role by

nursing leads. The person in charge ensured that incidents occurring in the centre were notified to the Chief Inspector as required. They reported to an assistant director, and there were effective systems for the management team to communicate and escalate any issues.

The provider and person in charge had implemented good systems to monitor the quality and safety of the service provided in the centre, for example, comprehensive audits were carried out, and where required, clear actions were identified for quality improvement.

The person in charge maintained planned and actual rotas showing staff working in the centre. The staff skill-mix and complement was appropriate to the number and assessed needs of residents and for the delivery of safe care. Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

The person in charge ensured that staff received support and ongoing supervision. Outside of the local management team, staff could utilise an on-call service for support and guidance. Staff also attended regular team meetings which provided a forum for them to raise any potential concerns. Recent staff team meeting minutes noted discussions on residents' needs, incidents, human rights, restrictive practices, safeguarding, infection prevention and control, and fire safety.

The provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The provider had also established an effective complaints procedure that was in an accessible format to residents.

Regulation 15: Staffing

The provider had ensured that the staff complement and skill-mix, comprising nursing leads and direct support workers, was appropriate to the number and assessed needs of residents. There were no vacancies, and staff leave was covered by regular relief staff and permanent staff working overtime to ensure that residents received continuity of care and support.

The person in charge maintained planned and actual staff rotas, and the inspector found that they clearly showed the names of staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. Staff training logs showed that staff had completed training in relevant areas, such as fire safety, first aid, safeguarding residents from abuse, administration of medicines, manual handling, infection prevention and control, complaints management, behaviour support, human rights, and supporting residents with dietary needs.

The person in charge provided informal support and formal supervision (such as probation reviews) to staff, and maintained a schedule of supervision meetings. Staff could also utilise an on-call service outside of normal working hours for support.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced to deliver effective care and support to residents and to ensure that they had a good quality of life in their new home, for example, staffing levels were appropriate to their needs, multidisciplinary team services were involved in the development of care plans, and there was a vehicle for residents to access their wider community.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge had responsibility for another two centres, however this did not impact on their effective governance, management and administration of the centre concerned. They were supported by nursing leads in managing the centre, and reported to an assistant director. The management team visited the centre often and there were good systems for them to communicate.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including unannounced visit reports, and audits on medication, personal plans, safeguarding, staffing and training, fire, residents' finances, infection prevention and control, risk management, the premises, complaints, and records. The audits were comprehensive, and where required, identified areas for ongoing quality improvement.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a written statement of purpose. It had been recently revised and contained the information set out in Schedule 1. The statement of purpose was readily available in the centre for residents and their representatives to view.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre, such as serious injuries requiring medical treatment, loss of power, and use of restrictive practices, were notified to the Chief Inspector in the manner specified under this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established an effective complaints procedure for residents. The procedure was underpinned by a written policy, and had been prepared in an easy-to-read format for residents. The procedure was prominently displayed in the centre.

Residents also had access to easy-to-read information on independent advocacy services, and the topic had been discussed during residents' meetings to aid their understanding.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. It was clear that moving to the centre

had been positive for the residents. They were being supported in line with their assessed needs, will and personal preferences, and were settling well into their home and community. Some residents told the inspector that they were happy in their new home. There was also positive feedback received from residents' representatives.

The premises, comprising a large two-storey house, had been refurbished and renovated before the residents moved in. The premises was found to be well maintained, clean, spacious, and homely. It was well equipped, and provided sufficient private and communal space. Residents were being supported by staff to develop skills to utilise the facilities in their home, for example, they were supported to cook meals and launder clothes.

Assessments of residents' individual needs had been carried out which informed the development of personal plans. The plans viewed by the inspector were up to date and available to staff to guide their practices, however the inspector found that some of the plans would benefit from more consolidation. The plans reflected multidisciplinary team service input, and parts of some plans had been prepared in easy-to-read formats for residents.

Arrangements were in place to support residents with behaviours of concerns. Positive behaviour support plans had been developed by the relevant multidisciplinary team service, and staff were required to completed relevant training in this area. Residents were also involved in the development of strategies of reduce behaviours of concerns, for example, a resident showed the inspector a visual aid they used to help them manage their behaviour.

There were several restrictive practices implemented in the centre. Generally, there were good arrangements for the oversight and management of restrictions, and residents had consented to their use. However, the inspector noted an environmental restriction that had not been previously recognised as such by the provider. The assistant director and person in charge responded by reviewing the restriction before the inspection concluded, and made arrangements to lift it.

There were good arrangements, underpinned by policies, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. There had been no safeguarding concerns since the registration of the centre.

There were good fire safety systems in the centre. Staff completed daily and weekly checks on the fire safety equipment, and there were also arrangements for the servicing of the equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of fire drills carried out in the centre. The inspector found that one personal evacuation plan required further detail on the physical intervention that may be required to support the resident to evacuate. The assistant director began to revise the plan before the inspection concluded.

Regulation 17: Premises

The provider had ensured that the premises was appropriate to the number and assessed needs of the residents living there.

The premises comprised a large two-storey house with front and rear gardens. The house was bright, clean, homely, spacious, comfortable, and nicely decorated and furnished. It contained individual residents' bedrooms (some with en-suite facilities), bathrooms, a kitchen, utility room, sitting rooms, sun room, dining room, and staff office.

The house was well equipped and maintained to a high standard. Parts of the house had been enhanced to support residents' individual needs, for example, panelling had been installed in a bedroom as part of a risk management strategy. Some residents showed the inspector around their home, and said that they were happy with the premises and facilities.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their meals as they wished.

The kitchen was well equipped for cooking and storing food. The inspector observed an adequate selection and variety of food and drinks including dairy, meat, fruit, vegetables, dry and baked goods, juices, sauces and condiments, and confectionery. Residents choose their main meals during their weekly house meetings, and had options if they changed their minds. The menu was displayed in the kitchen using pictures, and a resident told the inspector that they liked the food and had their favourite meal often. Some residents liked to prepare small meals, and were being supported by staff to develop this life skill.

Information on residents' food preferences was noted in their care plans, and dietitian services had provided input on supporting their dietary needs.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had implemented good fire safety systems in the centre. There was fire prevention, detection, fighting, and containment equipment, such as fire doors,

alarms, blankets, extinguishers; and emergency lights. Staff completed daily and weekly fire safety checks, and the provider had arrangements for the servicing of the equipment.

The inspector observed that the fire doors closed properly when released, and the exit doors were fitted with easily opened mechanisms to aid prompt evacuation in the event of a fire.

Staff working in the centre had completed fire safety training, and there was written fire evacuation plans and personal evacuation plans to guide staff in evacuating residents in the event of a fire. Fire drills were carried out to test the effectiveness of the plans. Some residents had been reluctant to engage in drills, and easy-to-read information had been prepared to aid their understanding and participation in fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans which outlining the associated supports and interventions they required.

The inspector viewed a sample of the residents' care plans, including those on epilepsy, skin care, and intimate care; they were up to date and readily available to staff to guide their practices. The provider's multidisciplinary team had provided input where required. The plans also reflected important information about the residents' personal preferences, likes and dislikes, and interests. Easy-to-read information has also been prepared to aid residents understanding of different topics such as safety and social activities.

As part of the planning process, the provider planned to meet with the relevant stakeholders to ensure that they were aware of any risks to residents' safety (for example, engagement in behaviours of concern) and agreed to the associated interventions in place.

Overall, the inspector found that appropriate arrangements were in place to meet the residents' needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that residents with behaviours of concerns

received appropriate support to manage their behaviour, for example, written behaviour support plans had been prepared with multidisciplinary team input, and staff received training in behaviour support. Staff spoken with were familiar with the support plans and associated interventions.

There were several restrictive practices implemented in the centre including environmental and physical interventions. The person in charge maintained a restrictive practice log and there were protocols in place for each restriction. The person in charge had also completed a self-assessment questionnaire to assess the arrangements for the oversight and management of restrictive practices.

Visual information had been prepared for residents on the restrictions affecting them. Residents had consented to the use of restrictions. One resident showed the inspector some of the restrictions in the centre (for example, a locked sharps drawer) and was clear on their rationale.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by written policies. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The inspector found that staff spoken with were familiar with the procedure for reporting safeguarding concerns.

Easy-to-read safeguarding information had been prepared for residents, and it was discussed at weekly house meetings to aid their understanding of self-care and protection.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their dignity and bodily integrity.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant