



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

## Issued by the Chief Inspector

Name of designated centre:	3 The Sparrow
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	20 June 2024
Centre ID:	OSV-0008745
Fieldwork ID:	MON-0043197

## About the designated centre

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

This service can provide high-quality living accommodations for up to four children. It consists of a two-story community house in a town in Co Meath. There are 4 individual

bedrooms. On the first floor there are 2 bedrooms 1 with en-suite, a shared bathroom and a staff office. On the ground floor there are 2 bedrooms, large living room, kitchen /dining room, and a sitting room.

A staff team comprising a person in charge, team leaders, social care workers, a staff nurse, and direct support workers supports the residents twenty-four hours a day

**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
Thursday 20 June 2024	09:00hrs to 15:30hrs	Eoin O'Byrne	Support

## What residents told us and what inspectors observed

This was an announced inspection carried out to monitor compliance with regulations and standards. The inspector was greeted by the person in charge and a team leader on their arrival.

This service opened in April 2024, the house was a new build which was appropriately furnished, and its overall appearance was that of a large family home. The centre is registered to meet the needs of four young people (residents) and supported two at the time of the inspection. Residents had ample space to take time alone and not interact with one another if they wished to do so.

Throughout the day, the inspector was introduced to the two residents and met with the person in charge, the team leader and the providers director of operations. The inspector also had brief interactions with members of the staff team. The inspector reviewed a large volume of information relating to how the service was managed and the care and support provided to the residents. The review of information and discussions with the persons mentioned earlier confirmed that the transition for both residents had been challenging.

The review of information showed that since their admission the residents had negatively impacted one another, resulting in some intense physical altercations. On inspection day, the residents spent limited time together in the house. The person in charge stated that this was not always the case but did note that, for the most part, the residents were engaged in separate activities when at home. The review of information identified that this was often the residents' preference. However, engaging the residents in separate activities was also used as a control measure to reduce the likelihood of adverse incidents. The inspector noted from a review of behaviour support plans that aspects of the plans were focused on reducing the negative impact the residents could have upon each other.

The residents were still settling into their new homes. The inspector found that the provider, the house management, and staff team were actively seeking to support the residents to engage in positive interactions and activities together when it was appropriate to do so. This had been identified as a goal for the residents.

The inspector found that since their admission, the residents had received input from a number of aspects of the provider's multidisciplinary team (MDT). The needs of the residents were under close review, and the provider was putting systems in place to support the residents and give them the opportunity to have positive experiences and outcomes.

The inspector reviewed the residents' daily notes for the previous two weeks. The staff team and the residents were in the process of developing relationships with one another; there was evidence of residents being offered opportunities to engage in activities in their new community on a regular basis. One resident was partaking

daily, whereas the other resident often declined, preferring to engage in activities in the house and in the large back garden.

The communication needs of the residents were assessed by an appropriate person, and support plans for staff members to implement were being developed. The inspector observed staff members communicating with residents in a calm and respectful manner and giving them choices on a number of occasions.

When the inspector arrived, one of the residents had already left for school. The other resident had declined to attend school and was relaxing in their room, watching videos on their phone. When the resident came downstairs, they moved about the house and interacted with the staff team. The inspector said hello to the resident, but they chose not to interact. The resident spent some time in the garden and went out with staff in the early afternoon for a walk.

The inspector was introduced to the second resident when they returned from school. The resident was lying on the couch watching videos on their tablet device and appeared relaxed. The resident chose not to interact with the inspector and carried on watching the video. This resident also went out with staff members in the afternoon.

During the review of information, the inspector identified two areas that the provider could review and improve. Firstly, while steps were being taken to support the residents and promote positive outcomes, residents were still impacting negatively on one another. Secondly, the pre-admission process had not identified the level of behaviours of concern the residents presented with and the impact that could have on those they lived with.

In summary, this placement for the two residents was in its infancy. The residents had struggled with the transition, and there had been a number of challenging incidents. The provider and those supporting the residents were actively seeking to support them and develop systems and routines for the residents. The provider had ensured that the residents had been assessed by members of their MDT, and individualised supports had been developed to guide staff on how best to support the residents.

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

## Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. The review of information and discussions on the day of the inspection informed the inspector that, the provider was taking steps to provide a service that best met the needs of each resident. The person in charge

followed the provider's systems, and there was evidence to show strong oversight of the service provided to the residents.

An area that required improvement was the provider's practice regarding admissions. The referral process had not identified the level of aggression the residents engaged in when at home. The impact of this will be discussed in later sections of the report.

The inspector also reviewed the provider's arrangements regarding staffing, staff training, and the notification of incidents. The review of these areas found them to comply with the regulations.

The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the resident. The provider was also ensuring that staffing levels were under review and increased same following a review of recent adverse incidents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was under close review and was adapting to the changing needs of the residents.

## Regulation 15: Staffing

The inspector studied the current week's roster, and two weeks from May. There had been a number of additional staff added to the roster to support the needs of the residents, but the review did show that there was a core group of staff supporting the residents, which ensured that the residents were receiving continuity of care.

After reviewing adverse incidents, the inspector had concerns regarding the skill-mix and the number of staff supporting the residents. During the review of rosters, the inspector found that the skill mix of staff members was appropriate.

The statement of purpose for the house outlined that, three staff members were rostered each day, and two were rostered at night. The rosters' review showed that four staff were regularly rostered each day but that this was not always possible. During the inspection, the inspector was provided with written assurances that the provider was formally increasing staffing numbers from three to four staff each day, meaning that both residents would receive two-to-one staffing support. The increase in staff was appropriate to the changing needs of the residents. The provider also had arrangements where they could access additional staff if required.

The staff team comprised, team leaders, a staff nurse, social care workers and direct support workers. Following the review of incidents, the provider and the management team identified the need for male staff members to be present each shift, and the review of rosters showed that this was the case for the current roster and the planned roster for the next two-week period. This showed that the provider

was responding to incidents.

An experienced team lead from another service had also been added to the staff team to enhance the skill mix following a review of an incident that occurred on 14.06.24.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector sought assurances that the staff team had been provided with appropriate training to support the residents effectively. The inspector reviewed four of the staff team's training records and found they had received relevant training.

The training needs of the staff team were under close review by the person in charge, and there was evidence of the staff team meeting with the person in charge regarding their induction and probationary reviews. These meetings were in line with the provider's supervision processes.

The review of the staff members' training records showed that the staff had completed in areas such as:

- Children first
- Infection prevention and control
- Moving and handling
- Fire safety
- Safeguarding
- Feeding, eating and drinking
- Medication management
- First aid
- Positive management of challenging behaviour
- Positive risk taking
- Human rights.

In summary, the inspector was assured that the staff team had been provided with appropriate training and that their training needs were being reviewed. The person in charge was also meeting with the staff members in line with the provider's supervision policies and procedures.

Judgment: Compliant

## Regulation 23: Governance and management

The provider's governance and management systems were found to be appropriate.



There were incidents between two residents that had a negative impact on each other, but the provider took steps to address the issue and promote positive outcomes for the residents. For example, after an incident on 14.06.24, a meeting was held on 17.06.24 with members of the provider's senior management team and the person in charge. The following actions were identified:

- an emergency referral would be made for the residents' positive behavior support plans to be reviewed
- the provider's Chief Operating Officer (COO) would visit the service and carry out their review
- a team leader would be redeployed from another of the provider's services
- the person in charge's responsibilities would be reduced in other areas to enhance their oversight of this service
- a plan would be drawn up for the residents to be supported in separate designated services if further incidents occurred
- the residents' presentation would be further assessed at a meeting on 24.06.24.

The provider demonstrated that they were responding promptly to issues and making changes to enhance the service provided to the residents. For example, the provider's COO met with the residents and the staff team on the 19.06.24, and an experienced team lead was added to the staff team. The provider also conducted a placement review for both residents on 19.06.24, focusing on maintaining their safety.

Audits covering various topics such as staffing, complaints, food and nutrition, fire safety, and staff training were completed in line with the provider's oversight policies and procedures. These audits led to effective monitoring and oversight of the service provided to the residents.

In summary, the provider and the person in charge were developing and implementing systems and support to respond to the needs of the residents. They were actively seeking to enhance the service and promote positive interactions between the residents.

Judgment: Compliant

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

The inspector studied the pre-admission documentation for both residents. Pre-admission plans had been developed and implemented. The residents and their family had visited the house before admission. Residents had chosen the rooms they wanted, and they had been prepared for the move.

During the review of pre-admission meeting notes, the inspector found that the meetings and discussions had not identified the level of aggression that the

residents displayed towards those they lived with. The pre-admission practices should have identified this in order to ensure that the residents were suitable to live with one another and also to have the best possible start for both residents. As discussed earlier, there had been incidents where the residents had engaged in physical aggression towards each other and this had had negative impacts for both.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's adverse incident log. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.

Judgment: Compliant

### Quality and safety

As discussed in earlier sections, there were incidents where residents negatively impacted one another. The provider sought to reduce these incidents and support the residents in positively interacting with each other. Despite this, adverse incidents continued to occur. As a result, at the time of the inspection, the provider could not appropriately safeguard the residents from abuse. The impact of this will be discussed later in the report.

The inspector noted that, since the residents' admission, the provider had ensured the residents' needs were comprehensively assessed and that support plans were developed to guide staff members in promoting positive outcomes for the residents. The inspection found that guidance documents were created to help staff support the residents in the best possible way.

The care and support provided to the residents were tailored to their specific needs and provided in a way that respected their rights. The residents were being offered opportunities to engage in activities on a daily basis, and staff were encouraging them to get to know their new community.

The inspector reviewed other areas, including general welfare and development, communication, risk management, and positive behaviour support. The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team were developing a

service based on the needs of the residents. While there were safeguarding concerns, the provider was taking steps to address them and had plans to support the residents separately if required.

## Regulation 10: Communication

The inspector was provided with evidence that the provider had ensured that the communication skills and needs of the two residents had been assessed by a speech and language therapist (SLT). The SLT was engaging with the person in charge and the staff team and was due to attend a meeting with one of the resident's teachers in the days following the inspection.

While the communication assessments were incomplete, the staff team developed communication booklets with information about the residents and how they liked interacting with others and getting their points across. During the inspection, the inspector observed that staff members appropriately interacted with the residents and that the residents responded to the staff members and engaged with them.

Judgment: Compliant

## Regulation 26: Risk management procedures

As discussed throughout the report, there have been a number of challenging incidents since the residents' admission to the service. Of particular concern were eight incidents where residents engaged in aggression towards one another. Two of the incidents caused concern due to their intensity. Since the residents' admission, the inspector found that the provider had identified the potential risks and was taking steps to maintain the safety of the residents and those supporting them.

The provider had conducted a thorough review following an incident on the 14.06.24, and a number of actions had been taken to respond to risk in the residents' home and to also ensure that the needs of both residents could be met.

There was a system where adverse incidents were reviewed by the person in charge and senior management if required. Where possible, learning was identified and shared with the staff team. The inspector found that individual risk assessments had been created for both residents. The inspector reviewed these and found that the control measures were proportionate to the level of risk.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The provider had ensured that the residents' needs had been comprehensively assessed as per the regulations. Since their admission to the service the residents had received input from a number of the providers MDT team including occupational therapist, speech and language therapist and positive behaviour therapy.

Care and support plans had been developed following the assessments in most cases, The inspector reviewed the plans that had been finalised and found that they gave the reader appropriate information on how best to support each resident.

As discussed throughout the residents had only recently moved into the service. The provider was seeking to support the residents to continue living together and promote a positive relationship for them. However,, the provider had also acknowledged that the residents may have to live separately and were taking steps to arrange this if required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Both residents had received support from the providers positive behaviour support team. Positive behaviour support plans had been developed for both residents. There was evidence of the plans being adapted to the changing presentation of the residents, as noted one of the plans had been updated following a recent incident.

Following the review of the plans the inspector was assured that the provider and staff team were making every effort to identify and alleviate the cause of the resident's challenging behaviour. The plans gave the reader insight into the potential reasons for the residents challenging incidents, how to respond to incidents and more importantly how to promote positive interactions and outcomes for both residents.

As alluded to in a number of earlier sections the residents were still in the early stage of their placement and they were still settling into their new environment and in the early stages of developing relationships with those supporting them.

In summary the inspector was satisfied that the provider had ensured that the residents were receiving adequate positive behaviour support.

Judgment: Compliant

## Regulation 8: Protection

As part of the preparation of the inspection the inspector reviewed solicited information that had been submitted by the provider and person in charge. The appraisal showed that there had been incidents where the residents had negatively impacted one another. On the day of inspection, this remained the case. The provider and staff team were seeking to reduce incidents and promote positive interactions between the residents but the residents continued to impact one another meaning that the provider could not protect each resident from all forms of abuse at the time of the inspection.

The provider and the person in charge had ensured that the staff team had been provided with suitable training regarding safeguarding the residents. The person in charge had conducted investigations following safeguarding incidents and had followed national guidance in the process notifying the necessary bodies and persons. The residents had been provided with information promoting positive interactions between one another and there was further information displayed on a notice board.

Judgment: Substantially 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 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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for 3 The Sparrow OSV-0008745

Inspection ID: MON-0043197

Date of inspection: 20/06/2024

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The pre-admission practices have been reviewed to ensure all appropriate stakeholders have involvement in the assessment and admission process. Where contradictory information is disclosed from professionals or nominated representatives, the assessors will will review the information provided and seek clarity prior to making a placement recommendation to the admissions team.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>On the day of inspection, the provider increased the staffing quota from three per day to four per day to support the residents. This increase in staffing is intended to enhance the arrangement in place to ensure each child’s safety in the event of an adverse incident. Additionally, this will increase the opportunity for positive interactions and reduces the likelihood of peer to peer incidents.</p> <p>All staff have completed Positive Management of Complex Behaviour (PMCB) and Positive Behavior Support (PBS) Training. PBS plans are implemented and updated as per guidelines from Behavior Support Specialists.</p> <p>All staff have been delegated Children’s first and Safeguarding training which is monitored by PIC to ensure compliance and is currently ongoing</p> <p>.A new PIC has been identified for the house to ensure full implementation of plans and processes. This PIC is currently undergoing the induction process. PIC will review incidents as they arrive and implement required actions as necessary.</p> <p>The Assistant Director reviews all incidents and liaises with the PIC to ensure effective</p>	



management and follow up of same.

To ensure effective communication between staff and residents, SLT is currently facilitating LAMH training sessions with all staff.

Two additional drivers have been added to the weekly roster to ensure that meaningful activities are taking place with both residents as this has been proven to alleviate anxiety in each resident.

Monthly audits are currently completed by the PIC to ensure full overview of all aspects of the residents care needs and requirements.

On the day of the inspection, The Director of Service provided an assurance to the Inspector that both residents would be moved to an alternative placement, at the earliest possible opportunity. This process of identifying appropriate accommodation is underway with the Provider and is being expedited as urgent

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	19/07/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2024