



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

Issued by the Chief Inspector

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| Name of designated centre: | The Warren |
| Name of provider: | Talbot Care Unlimited Company |
| Address of centre: | Co. Dublin |
| Type of inspection: | Announced |
| Date of inspection: | 12 September 2022 |
| Centre ID: | OSV-0007716 |
| Fieldwork ID: | MON-0028732 |

About the designated centre

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

The Warren provides a residential service for people under the age of 18 years with intellectual disabilities, autistic spectrum and 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 the organisations model of support. Services at The Warren are provided in a home like environment that promotes dignity, respect, kindness and engagement for each service user. The Warren encourages and supports the residents to participate in their community and to access local amenities and recreational activities. The premises is a two-storey community house. Its design and layout replicates a family home and environment, where possible. There are five individual bedrooms for residents. The ground floor of the house is fully wheelchair accessible and can accommodate residents with mobility issues. The remaining bedrooms are on the first floor and one of these is en-suite. Residents are supported by a team of nurses, social care workers and direct support workers who are supported by a person in charge and the internal multidisciplinary team.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 |
|-----------------------------|-------------------------|-------------------|------|
| Monday 12 September 2022 | 12:20hrs to 19:20hrs | Gearoid Harrahill | Lead |

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to meet all four young people living in the designated centre as well as speak to their direct support staff. As this inspection was announced to residents in advance, they had all been advised what would be happening on the day and were invited to complete surveys on their experiences in the designated centre.

This inspection took place in the afternoon as the residents were arriving home from school and going about their afternoon routines alone or with staff members. This included residents going for a lie down or a shower, playing videogames, watching cartoons, playing in the garden, having a snack or practising sports. Staff were familiar with each person's routine and the inspector observed friendly, casual and supportive interactions during the day. This service had a 1:1 ratio of residents to staff, which allowed routines and activities to be followed individually.

Some of the residents did not communicate using speech, and staff were aware of their interests and support needs when speaking with the inspector. Other residents talked about what they had been doing in school, and what they were working on with their key-worker. Good examples were observed of key-working staff including the residents in conversations about them and their interests. Some residents played cricket, rugby and football and were part of local teams, and told the inspector about their recent matches. Residents were also chatting to staff about games on television, and played sports together with some members of staff as well.

Residents were provided with care and support which respected their privacy and dignity. Residents could lock their bedroom doors if they wanted. Residents could freely move about the house and garden without restriction. Since the last inspection the provider had removed locks and codes in the house which were related to the support needs of former residents, although some review was required to ensure the level of remaining restriction was appropriate for the current residents and their needs.

Each resident had a private bedroom which was painted, furnished and decorated as per their wishes and interests. The two-storey house was generally clean and well-maintained and had recently replaced much of the flooring and painted the walls to maintain a homely living environment. The house had a large front and back yard with playground equipment and space to practice sports. The centre had exclusive use of a vehicle and access to local parks, sporting grounds and shops.

Residents commented positively on activities, meals, the staff and how their choices were respected. Overall they got along well with their housemates, and staff were observed reminding residents to be respectful and patient when speaking about one another. The house rules and culture of mutual respect were also reiterated in house meetings. Where residents had made complaints, they commented that they

felt listened to and comfortable to do so.

Resident feedback and commentary was also sought as part of the provider's own audits, with the annual report including comments and quotes from residents about what they liked about living here, and what they wished to change. Residents commented that multiple recent changes in staff and management through turnover over the past year was frustrating to them, and at the time of the inspection, residents were still in the process of getting to know new staff members in their home.

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

The provider had suitable governance arrangements in place to effectively manage this designated centre and oversee the quality of resident support. Some review was required in the provider's oversight of incidents and practices being notified to the Chief Inspector within the required times, and in how the provider was assured that staff had attended training in the required skills for their roles. However, in the main, the inspector found evidence to indicate that the provider was striving for regulatory compliance and continuous service improvement.

The designated centre was registered until January 2023, and the provider had submitted their application with all required information to renew the centre for a further three years. The purpose of this inspection was to assess compliance with the regulations and to inform the decision to renew the registration of the centre.

The provider had completed a comprehensive quality and safety review in the service in August 2022 in which they had self-assessed their levels of regulatory compliance and areas in which standards could be improved. These reviews had been effective in the main for identifying regulatory deficits such as gaps in training, records or contracts, and areas in which the service was not operating in accordance with the provider's own policy. For areas identified for improvement in the centre, a time-bound plan of action was detailed to address same. The provider had completed improvement works identified following the previous inspection of this designated centre in January 2022.

There had been a recent change in centre management in the service as well as turnover in staffing resources in the past year. The new person in charge had identified their priority work in their role, including ensuring that new members of staff were suitably supported in their role through the induction and probation processes. In a sample of working rosters reviewed, the inspector found that the staffing resources were sufficient to provide the level of staffing identified as

required to meet residents' support needs. The person in charge had a means of reviewing attendance at training, however these records indicated that some staff had not yet attended training in important areas such as safeguarding of children and vulnerable adults, safe administration of medicines and prevention and control of infection risk.

The provider had a suitable complaints procedure which was accessible to the residents. The records of major and minor complaints raised provided evidence of the process being used for continuous improvement of the service. People who had raised complaints commented that they were satisfied the matter was resolved.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of the designated centre, along with the required associated documentation, within the timeframe required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had an appropriate complement of staffing personnel based on the number of residents and the layout of the houses. Where relief personnel were deployed to the houses to cover absences and holidays. The provider maintained a clear record of the hours and locations worked by all regular and relief staff members.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had scheduled all staff to attend formal supervision and line management meetings. New members of staff were subject to a probationary review periods in accordance with stated guidelines.

A suite of training programmes required for the team of this designated centre was outlined in the statement of purpose. The records of attendance at these training sessions indicated that some members of staff had not attended training in safeguarding children and vulnerable people, medicines management, infection prevention and control, and supporting positive behaviours.

Judgment: Substantially compliant

Regulation 23: Governance and management

Sufficient premises, equipment and transport resources were available to ensure the effective delivery of support for residents. The provider has recruited a number of new staff who were progressing through their probation period.

The provider had completed their annual report for the designated centre, reflecting on the challenges and achievements of the service in the past year, and inviting and incorporating commentary from the residents living in the house.

The provider had conducted a number of audits of the centre as well as a review of the quality and safety of the service and its regulatory compliance. The findings of these reports were comprehensive and where areas were identified which required improvement or quality development, a time-bound plan of action was set out to address same.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose outlining the services of the designated centre, which included the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

In reviewing records of incidents, accidents and practices in the designated centre, the inspector identified that a number of these had not been reported to the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider kept a detailed record of complaints raised by residents, parents and other parties. A record was kept of how the matter was addressed and how the provider was assured of a satisfactory outcome. The complaints process was used as an opportunity for learning and service development, and residents stated that they felt listened to when they used it.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider maintained a suite of policies and procedures on matters required under Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Throughout the inspection, the inspector observed an overall high quality of care and support delivered by this service. The residents were central in their support structure and decisions made about them, and their rights, dignity and social activation was a key consideration in how support and routines were planned out. Some areas were identified as in need of development, primarily around the accuracy, completeness and evaluation of support plans, and in the ongoing review of risk control measures and restrictive practices.

The inspector reviewed a sample of support plans written to guide staff on delivering support for residents' assessed needs. Overall plans were detailed and person-centred, however there were some examples in which the information in support plans was not complete or had not been revised following changes in circumstances. For example, when speaking to direct support staff about residents' needs, the detail and information known to the staff who mostly worked with the residents was not reflected in the care and support plans. This could potentially result in less familiar staff not having the most up-to-date information on relevant risks and support interventions. In the sample of plans reviewed, there was limited information on how the effectiveness of support plans in achieving their objective had been evaluated.

The provider had a policy and procedure in place for risk management and safeguarding of vulnerable people, and had detailed reports and analyses of adverse incidents which had occurred in the centre or community. Where referral was required to the Child and Family Agency (Tusla), this had been done in a timely fashion and the provider had records of notes or queries returned from them.

Measures were in place to safeguard residents and protect their privacy and dignity.

While reports of adverse incidents were detailed, the inspector found examples of actions which had been prescribed following serious events which had not been implemented in the centre, including revision of risk controls, development of personal plans, or additional guidance to staff to avoid future incidents.

Since the previous inspection, the provider had reduced the use of some environmental features which restricted movement around the premises. What remained were primarily safety features such as car harnesses, window restrictors, locked roadside gates and controlled access to sharp items. While the rationale for their implementation was clear, some of these measures had not been reviewed in more than two years, to reflect on evidence for their continued use for all residents or identify where less restrictive measures had been trialled. However this had also been identified in the provider's own review with an action planned to revise the restrictive practices register.

The provider had addressed a range of premises matters identified on the previous inspection. This included replacing carpets with flooring which could be washed more easily, repainting the walls and ceilings, replacing furniture and repairing play equipment. There has also been an improvement in the management of cleaning equipment to ensure that it was itself clean and stored appropriately. The premises, including the gardens and vehicle, were overall clean and in a good state of maintenance. Staff were following good practice related to infection prevention and control, hand hygiene and use of face coverings.

The inspector discussed practices for recording, storing, administering and disposing of the residents' medicines with staff, who exhibited a good knowledge of their purposes and procedures and how to properly document when they are taken or refused.

The inspector observed a relaxed environment in which residents could pursue their own routines and activities. Staff were friendly and respectful with residents, while also encouraging mutual respect and understanding of different needs when residents interacted with each other or spoke about their peers. Residents spoke positively about their support staff, and their commentary on the challenge of staff turnover was taken seriously by centre management. Residents were supported and invited to make their concerns or opinions known through house meetings, complaints and one-to-one sessions with their key workers. The inspector found that resident consultation and their feedback both positive and negative made up a meaningful component of the six-monthly review of the quality and safety of service delivery.

Regulation 17: Premises

Following the non-compliant findings of the previous inspection, there had been a substantial improvement to the appearance, cleanliness, and ongoing maintenance

of the premises, with damaged fixtures, play equipment, floor coverings, walls and ceilings repaired or replaced to maintain a pleasant home environment.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which included information required under the regulations. The inspector found evidence that where adverse events had occurred, immediate action was taken to keep residents safe and investigation carried out to identify the facts of the matter and set out controls for future reference. However, some control measures set out following serious incidents had not been implemented in practice, and other risk controls had not been revised to reflect changes in circumstances.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The designated centre premises were clean. Since the previous inspection there had been changes to the storage of cleaning equipment to ensure it was clean and disinfected and readily for its next use. The provider had also replaced worn floors and carpets with material which was easier to clean and sanitise. Suitable hand hygiene and sanitising stations were available around the premises. A station for donning personal protective equipment and checking temperatures on arrival was available inside the front door. Staff were observed following good practice on disinfecting areas and using infection control equipment.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Suitable arrangements for the storage, prescription, administration and disposal of medicines were in place in the centre. Staff were familiar with the purpose of medicines and the protocols around their administration. All medicine prescribed to the residents was available and kept secure.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

In the main, resident support plans were detailed, person-centred, with simple language versions and social stories available for residents. The inspector found some examples in which the specific risks and interventions described by direct support staff was not reflected in the support plans, or where plans had not been revised following changes in circumstances or adverse incidents. There was also limited evidence that all plans had been evaluated for their effectiveness in meeting their objective.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some restrictive practice measures which were not relevant to the current residents had been removed. While the rationale for implementing the current restrictions was described, there was limited evidence of periodic review of these or what alternative measures had been assessed, as well as conflicting information relating to restrictions which did not apply to all residents.

Judgment: Substantially compliant

Regulation 8: Protection

Where there had been incidents of potential or actual abuse towards service users, detailed accounts of incidents were recorded and reported for the purposes of investigation. The provider had referred incidents to the designated liaison person. Staff were aware of their roles and responsibilities in keeping residents safe and responding to alleged or witnessed instances of abuse. Measures were in effect related to maintaining the dignity of residents with intimate or personal support needs.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed good examples of residents' choices, privacy and dignity being supported during the day. Residents were encouraged and reminded to observed mutual respect for their peers in the shared living space. The regular

house meetings, complaints process, and surveys and interviews conducted as part of the service audits were used to formally consult matters with residents and record their commentary and feedback on the operation of the designated centre.

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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for The Warren OSV-0007716

Inspection ID: MON-0028732

Date of inspection: 12/09/2022

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. The PIC will conduct a full review of all staff training. 2. The PIC will outline a clear plan for staff for training completion. 3. The PIC will ensure that all staff have at a minimum all mandatory training completed. 4. The PIC will run a outstanding training report each Monday and report the findings of this during monthly governance meetings with their assigned Assistant Director of Service. | |
| Regulation 31: Notification of incidents | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> 1. A review of all adverse incidents within the centre will be completed, to identify any notifications that have not been notified as required. 2. Any outstanding notifications will be submitted via the HIQA Portal, retrospectively. 3. All adverse incidents within the centre will be reviewed and closed within a 3 working day period. These are reviewed by the PIC and closed by the Assistant Director of Service responsible for the center. 4. Going forward the PIC will ensure that all statutory notifications are submitted to HIQA in accordance to regulatory requirements. | |

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| Regulation 26: Risk management procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. The PIC will conduct a review of all Risk Assessments within the centre. 2. The PIC will ensure to schedule full Risk Assessment reviews following any adverse incidents. 3. All learning identified from adverse incidents, will be shared with staff via <ul style="list-style-type: none"> • Handovers • Team Meetings and • Escalated organisational as required | |
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1. The PIC will conduct a review of all residents' personal plans. 2. The PIC will ensure to schedule a review of personal plans following adverse incidents. The purpose of these reviews will be to ensure that there is sufficient guidance in place for staff regarding the control measures put in place to mitigate against any identified risk. 3. The PIC will ensure to schedule a review of personal plans following reviews of Risk Assessments. 4. Each residents Personal Plan will be subject to a review at least annually, to measure the effectiveness of each plan. | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> 1. The PIC will conduct a full review of all restrictive practices within the centre. 2. Any restrictions deemed necessary, will have a clear rationale recorded. Additionally, all alternatives considered or trialed will be recorded. 3. The PIC will ensure there is a schedule in place to review all restrictions at least | |

annually or more frequently if required.

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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 30/11/2022 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 31/10/2022 |
| Regulation 31(1)(f) | The person in charge shall give the chief inspector notice in writing within 3 working days of the | Not Compliant | Orange | 22/09/2022 |

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| | following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident. | | | |
| Regulation 31(3)(a) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. | Not Compliant | Orange | 31/10/2022 |
| Regulation 31(3)(d) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d). | Not Compliant | Orange | 31/10/2022 |
| Regulation | The person in | Substantially | Yellow | 30/11/2022 |

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| 05(6)(c) | charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan. | Compliant | | |
| Regulation 05(8) | The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6). | Substantially Compliant | Yellow | 30/11/2022 |
| Regulation 07(4) | The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice. | Substantially Compliant | Yellow | 30/11/2022 |
| Regulation 07(5)(b) | The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all | Substantially Compliant | Yellow | 30/11/2022 |

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| | alternative measures are considered before a restrictive procedure is used. | | | |
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