



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

Issued by the Chief Inspector

Name of designated centre:	Larch View
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	13 February 2024
Centre ID:	OSV-0008031
Fieldwork ID:	MON-0033873

About the designated centre

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

This centre provides residential services for up to five adults with an intellectual disability, autistic spectrum disorder and acquired brain injury. The centre is based in a rural location in the community, and transport is provided for residents to access facilities and services in nearby towns. The aims of the service are to promote residents' independence, and to maximise residents' quality of life through interventions and supports. Residents are supported in the centre by a team including a person in charge and direct support workers. Residents can also access a range of professionals in order to support their health, social and personal needs. In line with their preferences residents are supported to attend day services, or to engage in activities in the centre and in the community.

The centre is homely and comfortable and laid out to meet the individual and collective needs of residents.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 13 February 2024	09:50hrs to 18:00hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From speaking with residents about their experiences in the centre, and from observing the residents in their home, it was clear that residents were enjoying a life of their choosing, and were offered a variety of opportunities, with which they had the freedom to choose how and when they participated.

The inspector spoke with all five residents who lived in the centre, and some of the residents were happy to show the inspector their bedrooms, and to speak about some of the things they enjoyed about their life in the centre. The inspector spoke with three staff members, the person in charge and the assistant director of services, all of whom described the support provided to the residents.

Residents appeared very content in their home, and went about their day at the pace that suited them. For example, some residents liked to have a sleep-in in the morning, and some residents had specific plans everyday, and preferred to follow these routines. All of the residents told the inspector they were happy living in the centre, and got on well with the people they lived with, and with the staff.

All of the residents had completed a survey with the help of staff before the inspection, about what it is like to live in their home, and overall positive feedback was received. Residents replies included, the centre was a nice place to live, they can make their own choices and decisions, and that they felt safe in the centre. Residents also gave positive feedback on the support they receive from staff, and replied staff knew what was important to them.

Residents views had also been sought as part of the provider's annual review, and residents had expressed they were very happy with their home, and with the care and support received, and one resident reported that staff always supported them. Family feedback has also been sought as part of the annual review, and positive feedback had been received. Families said they were happy with the approach and attitude of the staff team, and noted staff were lovely and were very helpful.

The inspector spoke to one family member by phone on the day of inspection, and they said their loved one was happy in the centre, and was well looked after. The family member was happy with the response to a recent power outage in the centre, when alternative accommodation was provided to residents overnight in a hotel. The family member said that staff were very welcoming when they visited the centre every month.

There was positive and engaging interactions between residents and staff, and staff were at all times observed to be respectful in their interactions with residents. For example, one staff member was observed to spend time with a resident, sensitively talking about a specific healthcare need, and another staff member spent time with a resident when they were unsure about the choice they had made for an activity in the afternoon. On the day of the inspection, residents were celebrating pancake

Tuesday, and the inspector observed that, residents were free to choose throughout the day when they wanted pancakes, and staff helped them prepare these.

It was evident that residents felt at home in the centre, and liked to welcome visitors to the centre. For example, residents told the inspector they liked to use the kitchen to make tea, coffee and snacks as and when they wanted, and it was important to them to offer visitors and staff a tea or a coffee too.

Overall, the inspector found the centre had a warm, welcoming, and homely atmosphere. The centre was located in a rural location and was within driving distance of a number of towns and villages. Residents enjoyed a range of amenities in the local area, for example, beaches, shopping centres, coffee shops and restaurants. The centre comprised of a large detached house, and each of residents had their own bedroom. Some of the residents showed the inspector their bedrooms, talking about photos they had on display, or in albums, and the important people in their life. One of the residents enjoyed taking photos of places they had visited, and printed their photos on their own printer in their room. The resident also had a number of scenic photos of places they had visited on display in the sittingroom.

There were large front and rear gardens, and residents were planning to do some planting in the garden once the weather improved later in the year.

All of the residents communicated verbally and some residents also used picture communication aids, for example, visual schedules, and a visual board. Residents told the inspector about some of the plans they had, and had been supported by staff to develop and achieve goals, for example, visiting a coastal town, revisiting an interest in horses, or attending a college course. One of the residents told the inspector they could go to their doctor if they are feeling unwell, and spoke about some of the healthcare supports they were receiving. The resident also told the inspector they had been told about their rights, and that staff were very approachable, and would help them if they had any problems.

As mentioned, residents were supported to access activities in the community. Residents were also supported to maintain links with their families. For example, a resident showed the inspector a list of numbers of important family members, and described how they link in by phone with a family member every week. Another resident told the inspector they had plenty of contact with their family and that they had their own mobile phone. Residents were supported to visit their families at home, or their families visited them in the centre.

The person in charge, staff team, and the assistant director of services knew the residents well, and described a range of supports provided to residents. There was an emphasis on ensuring the daily experiences of residents were led by their own preferences, of the timing, type and location of activities, meals, and interactions, as well as respecting residents' choice to spend time alone at times.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being

delivered.

Capacity and capability

This inspection was completed following an application by the provider to renew the registration of the centre, and five residents could be accommodated in the centre.

The residents were provided with a good standard of care and support, and there were suitable systems and sufficient resources in place, in order to meet the needs of the residents, promote their wellbeing, safety and rights, and to support residents to lead the life that they chose.

The resources in place included a full time person in charge, a skilled staff team, and a spacious and homely premises. Staff resources were managed effectively, and this allowed for residents to choose how they spent their day, for example, to go out in the community, or if they preferred, to enjoy activities in their home. There was ongoing monitoring of the service, and where improvements were required, actions had been implemented.

There were sufficient staff employed in the centre, and staff had been provided with all of the mandatory and additional training required to meet the needs of the residents. Staff were directly supervised by the person in charge on a day to day basis, and supervision meetings were facilitated on a quarterly basis.

There were clear and transparent processes in place for the admission of residents to the centre, and for the management of complaints.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of the centre was received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 14: Persons in charge

There was a full time person in charge employed in the centre, and the person in charge worked in a supernumerary capacity. The person in charge had commenced

in their role in October 2023, and was responsible for this centre only.

The person in charge was a registered nurse, and had the required management qualifications and experience to fulfil their role. The person in charge facilitated the inspection, and was knowledgeable on the needs of the residents, and on their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff employed in the centre, and the staffing levels were in line with the details set out in the statement of purpose. Staff knew the residents well and continuity of care and support was maintained for residents.

The staff team consisted of the person in charge, two team leaders, and direct support workers. There were four staff on duty during the day, and two staff at night time. There was one staff vacancy, and the person in charge told the inspector a staff member had been recruited and was due to start in the coming weeks.

The inspector reviewed a sample of rosters over a three month period, and found regular staff were employed, meaning continuity of care was maintained for residents. The inspector spoke with three staff members over the course of the inspection, and staff were knowledgeable on the needs of residents and their support requirements. Rosters were appropriately maintained.

The inspector review two staff files and all records as per schedule 2 of the regulations were available.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with training, to ensure they had the necessary knowledge and skills to safely and effectively support residents.

The provider had outlined in their statement of purpose, the mandatory and additional training staff were required to complete. The inspector reviewed the training matrix, and a sample of training certificates, and all staff had completed the required training. Mandatory training included fire safety, adult safeguarding, managing behaviour that is challenging, manual handling, feeding, eating, drinking and swallowing, health and safety, and children's first. All staff were training in medicine management, and had completed a suite of eight online trainings in infection prevention and control (IPC). All staff had completed a four module online

training in human rights.

Staff were supervised appropriate to their role, and the person in charge worked five days a week in the centre, providing direct staff supervision. The person in charge also met staff four times a year, and the inspector reviewed a sample of supervision records for two staff. The supervision provided staff and person in charge with the opportunity to discuss their role in the centre, any concerns they may have, and to develop goals for the next quarter.

Judgment: Compliant

Regulation 22: Insurance

An up-to-date insurance certificate was submitted to HIQA, as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate management systems and sufficient resources in the centre to ensure residents received a consistent, safe, and effective service, and the service provided was monitored on an continual basis. High levels of compliance were found on inspection of this centre, reflecting a service that was responsive to the needs of residents, to issues identified through review processes, as well as respecting residents' rights to live a life of their preference.

The provider had ensured sufficient resources were available in the centre. Resources included for example, a skilled staff team, staff training, an accessible vehicle, and a well maintained premises.

There was a clearly defined management structure. Staff reported to the person in charge, and two team leads were employed, with one team lead on duty during the day. Team leads supported the person in charge in managing the centre, and in providing direct supervision of the day to day care and support for residents. The person in charge reported to the assistant director of services who reported to the director of services. The director of services reported to the chief operating officer, and onwards to the chief executive officer.

The person in charge met with the assistant director of services once a month, and meetings included for example, reviews of incidents, staffing, outcomes of audits, and restrictive practices. Where improvements were required, actions were developed and implemented. For example, a review of restrictive practices, had resulted in the removal of two environmental restrictive practices, the risk register

had been reviewed and updated, and personal emergency evacuation plans had been reviewed, updated and made available in the emergency folder.

Staff meetings were facilitated on a monthly basis, and two staff told the inspector they can raise concerns with the person in charge or the management team about the care and support provided to residents if needed.

A range of reviews and audits had been completed in the centre. An annual review of the quality and safety of care and support had been completed in September 2023 and had included consultation with residents and their representatives. Overall positive feedback was received from residents and families, and some improvements were recommended following this review. The inspector found these improvements had been implemented, for example, a review with a resident to support them to manage their laundry, and staff training in human rights and in assisted decision making.

Unannounced visits were completed six monthly by the provider, in January 2024, and in July 2023. Most actions from the recent unannounced visit were complete, and one action was still in progress. A range of audits were completed by the person in charge, for example, health and safety, residents' finances, risk management, safeguarding, medicines management and fire safety. The inspector reviewed a sample of audits, and where issues were highlighted in medicines management and fire safety audits, the actions were either completed or in progress. For example, residents PRN (as needed) prescriptions had been reviewed and updated to include the maximum dose in 24 hours, and practical demonstrations for staff on the use of a ski sledge was near completion.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector followed up on an action from a previous inspection. Suitable procedures were in place for the admission of residents to the centre, and the admission procedures took into account the need to protect residents. The provider had updated their policy on transition procedures for residents' in 2023.

The inspector reviewed records pertaining to the admission of a resident in 2022, and found a compatibility assessment had been completed prior to the resident moving into the centre. Assessment had included the development of control measures, for example, the provision of one to one staffing during the day. A planned transition plan had been completed, and the resident had been given the opportunity to visit the centre before they moved in.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose, that contained all of the information as per schedule 1 of the regulations. The statement of purpose had been recently updated.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure, and residents had been given information to allow them to raise concerns if needed.

The provider had a complaints procedure, that been developed into an accessible format, and was on display in the centre. The person in charge had been nominated as the complaints officer, and the provider had nominated a person to maintain records of all complaints, including the investigation, outcomes to, and satisfaction of complainants regarding complaints made. The complaints procedure included the process for making a complaint, the time lines for response to complaints, and the appeals process.

The inspector reviewed a record of a complaint made. The complaint had been responded to and investigated in line with the provider's procedures, and the complainant informed of the outcome of the complaint.

Judgment: Compliant

Quality and safety

Arrangements had been put in place by the provider to meet the identified needs of residents, and residents were provided with a good standard of care and support.

Residents chose the way they wanted to spend their day to day life, and this included taking part in activities both in the community, and in the centre. Residents were supported to develop goals, and met with their keyworker every month to review progress, and develop new plans if they wished.

Residents' preference of communication style was respected, and most residents used verbal communication, with some residents also being supported with additional picture communication aids. Residents' healthcare needs had been identified, and staff were knowledgeable on how to support residents. Residents could access a range of healthcare professionals, and the recommendations made

by these professionals following a review of residents' healthcare needs, were found to be provided for by the team in the centre.

There were suitable and safe arrangements in place for the management of risk, and for medicines management, and the person in charge had responded appropriately to two reports of suspected safeguarding concerns.

Regulation 10: Communication

Residents were supported to communicate in line with their needs.

The person in charge described the communication preferences of the residents, and all of the residents could verbally communicate. Some residents also preferred to have accessible communication aids, for example, it was important for a resident to have a picture board with a choice of activities displayed, as well as displaying the staff who were on duty during the day and at night time. The resident also had a detailed picture schedule in their room, supporting their preference for a structured routine during the day.

Residents told the inspector they had their own mobile phones. Residents could access the Internet and television, and the inspector observed residents were supported to use these media as they wished. A range of policies had been developed into accessible format for residents, and were visibly displayed in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Appropriate care and support was provided to residents in line with their assessed needs, and their expressed choices.

Residents' needs had been assessed, and support was provided in line with the details set out in health, social and personal care plans. Residents chose how they wanted to spend their day, and the diverse preferences of residents, was planned and provided for by the team. One resident went to a day service three days a week, and four residents were supported by the team with activities either in the community or in the centre.

The inspector reviewed records of activities and goals for two residents and residents were supported to go out for meals, go shopping, attend parties, go to the beach, go to salt caves, or go for walks. A resident told the inspector they were planning to revisit their interest in horses, and plans were in progress for this goal to

be achieved.

A resident told the inspector that they like to go walking on the beach, and it was important to them that they ring their relative every week.

Another resident told the inspector they set new goals every month, and meet up with their keyworker to plan this, and had recently gone to an aquarium as part of their goal plan. On the day of the inspection, the inspector observed that two residents went out for coffee, and another resident preferred to stay at home and do arts and crafts in the afternoon. Where a resident chose not to go out as planned, this choice was respected.

Some of the residents spoke about the importance of linking in with their families, for example, regular phone calls, visits home, and family visiting the centre.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide, that contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate arrangements in place for the management of risks in the centre, and for the reporting and response to adverse incidents.

The inspector reviewed incident records since January 2023, and incidents had been reviewed by the person in charge and the assistant director of services. Where require, follow-up actions had been taken following adverse events, for example, implementing a preventative pain management strategy in response to behaviours of concern, and a review with a general practitioner following a resident falling.

There was an up-to-date risk management policy, and the policy included the risks as specified in regulation 26 (1)(i),(ii),(iii), & (iv). The policy outlined the responsibilities, as well as the process for risk identification, analysis, and evaluation, the development of control measures, and the process for risk escalation.

The inspector reviewed a sample of risk management plans and found the process outlined in the centre policy was implemented. For example, individual risks specific to residents had been identified, and the control measures were implemented.

Control measure included, for example, the implementation of a feeding, eating, drinking, and swallowing plan, following assessment by a speech and language therapist, supporting a resident to transfer using a hoist, and a low stimulus environment to support a resident's behavioural needs. Staff described a specific healthcare intervention with known potential risks, and the ongoing monitoring in place for a resident in order to identify and respond to potential healthcare risks that may arise.

The centre had a vehicle that was insured, and had a certificate of road worthiness.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Suitable arrangements were in place for the management of medicines in the centre.

The inspector reviewed the medicines management practices with a team leader. Medicines were supplied from a community pharmacy. Regular medicines were supplied in monitored dosage systems, and some medicines were provided in original packaging. Medicines were locked in individual medicine presses, one for each resident, and keys were held securely.

The provider had recently begun using a digital medicine prescription and administration recording system, and the inspector reviewed records for two residents with two staff members. Administration and prescription records were complete. Staff were knowledgeable on most of the medicines prescribed for residents. One minor improvement was required on staff knowledge related to one medicine, and how to access information on medicines, and the person in charge had rectified this issue by the end of the inspection.

Suitable arrangements were in place for the disposal of medicines, and separate storage was available. Records were kept of all medicines returned to the pharmacy, and the pharmacist signed these records.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met through ongoing healthcare interventions, and monitoring activities, and they had timely access to healthcare professionals.

Residents healthcare needs had been assessed, and healthcare plans were developed in line with recommendations made by healthcare professionals.

Healthcare plans outlined the interventions and monitoring guidelines needed to help residents maintain good health, and the inspector found these recommendations were implemented in practice. For example, daily observations, blood monitoring, dietary plans, and staff described these plans in detail.

Residents accessed the services of a general practitioner, and if needed could access a range of allied healthcare professionals, for example, a physiotherapist, a speech and language therapist, a dietician, and an occupational therapist, within the organisation.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to protect residents, and safeguarding procedures were implemented in line with national policy.

There was an up-to-date adult protection policy in the centre. The policy was available in an accessible format, and was prominently displayed for residents to refer to if needed. There had been two safeguarding incidents reported to HIQA since the last inspection, and the inspector found the incidents had been reported appropriately. Where required an investigation had been initiated, and was near conclusion on the day of inspection. In the meantime, safeguarding measures had been implemented, specific to the management of residents' finances.

Residents told the inspector they were happy in the centre, and felt safe. All staff had been provided with training in the protection of adults and in childrens' first.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents to choose their preferred lifestyle, and to lead in decisions about their care and support was positively promoted in the centre. The organisation of the centre was centred on these choices, and was led by residents with the support of staff.

The pace of life in the centre was based on how residents wished to spend their day, for example, some residents preferred to get up later in the morning, while some residents liked to get up early, and follow a specific plan for the day. Some residents liked to have a structured day, for example, a resident had a specific routine each day, and used a visual timetable with each activity displayed, and another resident told the inspector they enjoyed going to a day service where they

met up with friends three days a week.

Residents were given the freedom to choose what they would like to do for the day, and also to decline a planned activity if they changed their mind. For example, the inspector observed a resident tell a staff they had changed their mind about going out in the community, and this choice was respected.

Staff told the inspector that all residents could verbally consent to care and support, and the inspector heard a resident discuss with a staff member the pros and cons of a specific health care plan. At all times, the staff was heard to remind the resident about their right to choose in terms of this healthcare intervention, and was sensitive and kind in their interactions with the resident. Residents also told the inspector about the choices they make in terms of new community activities, and how they meet with their keyworker every month to decide on new goals.

The privacy and dignity of residents was respected. For example, residents' personal information was kept secure, and there was ample space in the centre for residents to spend time alone if they wished. Each resident had their own room, and their needs in terms of respecting their privacy and dignity was highlighted in intimate care plans.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant