



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

Issued by the Chief Inspector

Name of designated centre:	Dean Hill
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	31 May 2023
Centre ID:	OSV-0008090
Fieldwork ID:	MON-0038635

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 adults with intellectual disabilities, and can cater for up to six residents. The centre aims to promote the independence of residents and to maximise their quality of life through interventions which are delivered in a home-like environment. The centre is located in a rural setting close to a large town, and transport is provided to residents to enable them to access community amenities. The centre comprises a large house which can accommodate four residents, and two adjoining apartments which can accommodate one resident in each apartment. Twenty-four hour care and support is provided by a staff team which includes a person in charge, two team leaders and direct support workers. Care and support is planned around the assessed needs and wishes of residents, and residents can access a range of healthcare professionals either through the service provider, or local community health providers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 31 May 2023	09:00hrs to 13:15hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to monitor and review the provider's arrangements concerning infection prevention and control (IPC). The inspection was completed over one day, and during this time, the inspector spoke with the residents and met with the staff. In addition to discussions, the inspector observed the residents' daily interactions and lived experiences in this designated centre.

At the time of inspection, some residents had left to attend their educational placement. Some residents were spending time in their gardens, and other residents had yet to begin their morning routine. The inspector observed that the residents' home was large, with ample space for residents.

The inspector was introduced to three residents and observed one of the other residents engage in their routines. The residents appeared to be happy in their environment and seemed to have positive relationships with the staff team supporting them.

The inspector observed three residents enjoying the good weather in their garden, they appeared to really enjoy their activities and were at ease with those supporting them. One of the residents relaxed, watching TV in the living room area, and another listened to music in their room.

Some residents attended day service programmes part-time, and as mentioned above, one was in an educational placement. The review of information and discussions with staff identified that the residents were active, they were involved in Special Olympics, attended social clubs, went horse riding and swimming, went to sensory rooms and liked to go out for food or coffee. On the inspection day, an arts and crafts programme was scheduled with an external person coming to do a session with the residents.

There was a significant staff presence, with some residents receiving two-to-one and one-to-one staff support. Staff members were observed to engage with residents respectfully throughout the inspection. The inspector also spoke with staff members reviewing standard-based precautions relating to IPC practices. The staff members demonstrated that they had appropriate knowledge.

The inspector observed the resident's home to be clean. Some areas required improvement from an IPC and maintenance perspective; these will be discussed in more detail in the quality and safety section.

The next two sections of the report outline 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 residents lives.

Capacity and capability

The inspection found that the staff team employed appropriate IPC practices which effectively safeguarded residents from healthcare-related infections.

The staff team comprised a person in charge, two team leaders and direct support workers. The review of rosters identified that there had been staff shortages in the past. However, the provider had addressed this, and there was a full staff complement on inspection day. Safe staffing levels were maintained, and there were sufficient staffing numbers to carry out our IPC tasks daily. The inspector was also shown staff training records demonstrating that, the staff team had access to appropriate IPC training.

The person in charge ensured the staff team had access to the most up-to-date information regarding IPC practices. As mentioned earlier, staff members that were spoken to demonstrated that they had appropriate knowledge of standard-based precautions.

The person in charge was responsible for the overall management of IPC practices in the service. The staff members supported the person in charge in ensuring the IPC practices were effective.

The inspector was provided with copies of audits focused on IPC practices and the provider had also recently completed a bi-annual review of the service offered to the residents. The audits identified that there were improvements required to the residents' home. On the inspection day, the provider's head of maintenance assessed the property and informed the inspector that steps were being taken to address the issues identified.

The provider and person in charge had also ensured that a robust contingency plan had been devised to guide staff in the event of residents suffering an acute respiratory infection. A step-by-step guide had been developed that reflected current guidance. A staff member spoken with, informed the inspector of the steps they would take if a resident was unwell, and the information reflected the contingency plan in place.

Quality and safety

Residents were provided information regarding IPC practices and control measures through resident meetings. The inspector reviewed a sample of meeting minutes and found that enhancements were required. While some information had been shared, improvements were needed to ensure residents were regularly provided

information regarding IPC practices in their homes.

The inspector reviewed residents' information pertaining to IPC practices and the COVID-19 pandemic. The inspector found that risk assessments had been developed. However, there was limited information regarding, how to support residents to isolate if required. The person in charge informed the inspector that some residents would find isolation difficult and would continue their regular routines. The person in charge had not developed isolation plans for the residents; this needed to be addressed to effectively guide staff members in supporting residents.

A review of records showed that IPC practices were part of staff members' everyday routines. There were daily cleaning schedules where staff members were assigned cleaning duties. The inspector found the residents' home to be clean and free from clutter. Staff members had access to appropriate information regarding cleaning and disinfecting practices, including cleaning shared equipment.

The provider also ensured appropriate guidance documents for staff regarding waste and laundry management. Staff members demonstrated that they were aware of the arrangements regarding clinical waste management.

The provider completed an audit on the 29.05.2023; the audit identified issues with the premises. In particular, three bathroom areas required updating as they posed IPC risks and detracted from the house's overall appearance. Three bathroom areas required enhanced cleaning; there was damage to tiles and grouting around showers. A shower tray in one bathroom was also damaged. The surface damage meant the areas could not be appropriately cleaned and posed an IPC risk.

The inspector reviewed the cars used to transport residents. The inspector observed surface damage to the seats in one of the cars; the damage again posed a risk as the areas could not be appropriately cleaned.

Regulation 27: Protection against infection

The inspector found that, the provider and person in charge had, for the most part, appropriate arrangements in place to safeguard residents from healthcare-related infections. However, some areas required improvements.

The inspection found that some areas posed IPC risks:

- three bathroom areas required deep cleaning and repair. The surface damage posed a risk as the areas could not be appropriately cleaned
- there was also surface damage to the seats in one of the cars residents' were transported in. This again posed a risk.

Other areas that required attention included:

- improvements were required to residents' care plans and risk assessments relating to IPC practices and control measures
- the provider had failed to ensure that appropriate isolation plans were in place. These were required to guide staff members should residents require to isolate to minimise the risk of spread of infection.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Dean Hill OSV-0008090

Inspection ID: MON-0038635

Date of inspection: 31/05/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Manitence manager completed a review of the bathrooms in Dean Hill and a plan has been developed for the renovation of three bathrooms outlined in the report <ul style="list-style-type: none"> · Ensuite – work to commence on the 28/7/23 · Bathroom – quote has been sent in and work to commence within a two week time frame. · Main shower room – Quote has been sent in and work to commence with a two week period. • Washable seat covers have been ordered and installed in the house bus and are cleaned as per cleaning sehcdule. • PIC completed a full review of all resident’s care plans and risk assessments relating to IPC practices and control measures. All relevant IPC plans have been upadted . • PIC reviewed isolation plans for each resident and an in-house contingency plan has been put in place for residents who won’t self-isolate. 	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/08/2023