



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

## Issued by the Chief Inspector

Name of designated centre:	Bramble Wood
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	07 June 2023
Centre ID:	OSV-0008462
Fieldwork ID:	MON-0039265

## About the designated centre

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

This is a service providing care and support to five adults with disabilities. The centre is located in a rural setting in County Meath however, private transport is available to residents so as they can access their various day services and community-based activities. The centre is a two-story detached house. On the ground floor there is an entrance hall, sitting room, kitchen/dining room, a lounge, an additional dining room and sitting room, a sun room, a utility room, one en-suite bedroom and a bathroom. On the first floor there are four double bedrooms of which one is en-suite. There is also a shared bathroom facility and a staff office on this floor. The house is surrounded by a large garden and a driveway with the provision of ample private parking. All residents have access to a telephone and Wi-Fi. The centre is staffed by a person in charge, two team leaders and a team on assistant support workers.

**The following information outlines some additional data on this centre.**

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
Wednesday 7 June 2023	09:45hrs to 17:45hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection, there were 4 residents living in the centre and the inspector met with three of them. Written feedback on the quality of care from three family representatives was also viewed by the inspector as part of this inspection process.

The centre comprised of a large detached two storey house in a quiet rural location in County Meath however, private transport was available to the residents so as they had access to their various day services and the community.

On arrival to the centre the inspector observed that the premises were generally well maintained, clean and spacious. They were also homely and, laid out to suit the needs of the residents. The inspector also saw some of the residents bedrooms and observed that they were decorated to suit their individual style, preferences and choices.

The inspector met briefly with three of the residents and all appeared happy and content in their home. One of them told the inspector that they liked the house and that they were keeping well. Another also said that they were happy in the house. The third resident did not directly speak with the inspector. However, staff were observed to be person centred, kind and caring in their interactions with them and, the resident appeared comfortable in the presence of the staff team.

The team leader also informed the inspector that one resident had expressed that they would like to live in a different house and, the service had a meeting planned later in the month to discuss and further explore the residents wishes.

Two residents attended a day service and the team leader explained to the inspector that they would engage in activities of their choosing and preference there. Residents also liked to go for walks, drives, swimming and horse riding.

Feedback from three family members on the quality of service provided to the residents was found to be positive. For example, one family member said that their relative was happy living in the house and was very settled. Another reported that they were happy with the management team in place. Additionally, a third family member thanked the staff team for all the support they provided to their relative as they were transitioning into their new home.

Some issues were found on this inspection with regard to risk management, the individual planning process, fire precautions and the premises. Notwithstanding, residents appeared settled in their home, staff were observed to be kind and caring in their interactions with them and, feedback from family members on the service

was found to be positive.

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 care provided to the residents.

## Capacity and capability

Residents appeared to be settling in well into their new home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a team leader and an assistant director of services.

The person in charge was employed on a full-time basis with the organisation and was a qualified social care professional with a number of years experience of working in and managing services for people with disabilities. However, they were on leave at the time of this inspection and, the team leader and assistant director of services facilitated the inspection process. Both demonstrated a good knowledge of the residents' assessed needs and were aware of the services' responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from May 2023 indicated that there were sufficient staff on duty each day to meet the needs of the residents as described by the team leader on the day of this inspection. It was observed that the service was operating with a shortfall of one team leader however, the inspector saw evidence that this issue would be addressed by the end of June, 2023.

One staff member was spoken with as part of this inspection process and it was found that they had a good knowledge of the assessed needs of the residents needs and how best to support them in line with their care plans.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken training in safeguarding of vulnerable adults, children's first fire safety and the safe administration of medicines.

The provider had systems in place to monitor and audit the service. While the annual review of the quality and safety of care for 2023 and the first six-monthly unannounced visit to the centre was not yet due to be completed at the time of this inspection, a number of other local audits were also being facilitated. On completion

of these audits, action plans were developed to address any issues identified in a timely manner.

### Regulation 15: Staffing

A review of a sample of rosters from May 2023 indicated that there were sufficient staff on duty each day to meet the needs of the residents as described by the team leader on the day of this inspection.

It was observed that the service was operating with a shortfall of one team leader however, the inspector saw evidence that this post had been advertised prior to this inspection and the assistant director said it would be filled by the end of June, 2023.

One staff member was spoken with as part of this inspection process and it was found that they had a good knowledge of the assessed needs of the residents needs and how best to support them in line with their care plans.

Judgment: Compliant

### Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken training to include:

- Safeguarding of vulnerable adults
- Children's First
- Fire safety
- The safe administration of medicines (to include the administration fo emergency medication for residents with epilepsy)
- Feeding Eating Drinking and Swallowing Difficulties (FEDs)
- First Aid
- Health and Safety
- Manual Handling
- Positive Behavioural Support
- Autism
- Infection Prevention Control

It was observed that one staff member required refresher training related to the management of behaviours of concern however, they were scheduled to attend that training the day after this inspection on June 08, 2023.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had systems in place to monitor and audit the service.

While the annual review of the quality and safety of care for 2023 and the first six-monthly unannounced visit to the centre was not yet due to be completed at the time of this inspection, a number of other local audits were also being facilitated.

On completion of these audits, action plans were developed to address any issues identified in a timely manner.

For example, the auditing process during April/May 2023 identified the following:

- PRN protocols were required to be signed off by a GP and
- Impact Risk Assessments were required regarding each new admission to the centre

These issues had been addressed at the time of this inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

Judgment: Compliant

### Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and assessed needs. However, some issues were identified with regard to risk management, the individual planning process, fire precautions and the premises.



Residents' assessed needs were detailed in their individual personal plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities based on their interests. They were also being facilitated and encouraged to maintain contact with family members. However, the process documenting and updating residents individual goals and daily activities required review.

Residents were being supported with their healthcare-related needs and had as required access to allied healthcare professionals. They were also supported to experience positive mental health and where required, had access to psychology and behavioural support.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There were policies on risk management and safeguarding available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. Additionally, infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Adequate fire fighting systems were in place to include a fire alarm panel, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also had training in fire safety and fire drills were being conducted as required. However, it was observed that one resident's personal emergency evacuation plan required review.

While some aspects of the premises required review they were laid out to meet the needs of the residents and on the day of this inspection were found to be generally well maintained, clean, warm and comfortable.

## Regulation 17: Premises

The premises were laid out to meet the needs of the residents and on the day of this inspection were observed to be generally well maintained, clean, warm and comfortable. A number of risks identified in the previous inspection of this service to do with the premises had been addressed. For example, access to an open farm and open rooftop had been restricted.

However, some issues remained with the premises to include:

- Additional storage space was required in one residents bedroom (for the storage of their personal items)
- The roof on the sun room required cleaning
- There were some cracks on the wall in the utility room

It was observed that a drain needed attention however, by the end of this

inspection the team leader had arranged for this issue to be resolved.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management and each resident had a number of individual risk assessments of file. However, aspects of the risk management process required review.

For example, where there was a risk of absconding or aggression, residents were provided with 1:1 staff cover during the day, external doors were key coded, residents had access to behavioural and psychology support and where required, had a positive behavioral support plan in place.

However, aspects of the risk management required review. For example, some of the control measures in place to manage and mitigate some risk required review and updating.

Additionally, one resident could refuse to engage in their healthcare related appointments and care plans and, could refuse to have their bloods taken. While a risk assessment was in place regarding self-neglect, more information was required on what support, advice and input their GP had provided on this issue and how the resident was being educated to understand the risks involved in disengaging from their healthcare related appointments and care plans.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre. Additionally, contingency plans and COVID-19 risk assessments were also in place. On the day of this inspection the house was found to be clean, adequate hand sanitizing gels were available throughout the centre as was COVID-19 related signage.

It was observed that the storage of mop heads required review but when this was brought to the attention of the team leader, they addressed the issue immediately.

From a sample of files viewed, staff also had training in the following:

- Infection Prevention and Control

- Standard and Transmission Based Precautions
- Respiratory and Cough Etiquette
- Donning and Doffing of Personal Protective Equipment
- Hand Hygiene
- Cleaning and Disinfecting of Healthcare Equipment

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm panel, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also had training in fire safety and fire drills were being conducted as required.

However, it was observed that one resident's personal emergency evacuation plan required review.

This was because on two recent fire drills the resident refused to evacuate the house however, their personal emergency evacuation plan had not been updated to reflect this and no written guidance was available to staff on how they would address the risks associated with this issue.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual personal plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities based on their interests.

For example, two residents went to a day service five days a week. Residents were also supported to go swimming, horse riding, go-carting, shopping and for drives. They were also being facilitated and encouraged to maintain contact with family members.

However, the process identifying, documenting and updating some of the residents individual goals and daily activities required review as it was difficult to assess the effectiveness of some individual care plans. For example:

- In some instances, progress on achieving goals was not being adequately documented and it was difficult to ascertain if some goals were achieved.
- Additionally, where a goal was not achieved, there was insufficient evidence available as to why this was the case

- Going for a walk was identified as a goal for one of the residents yet in their person centred plan it stated that they liked to go for walks.
- While the team leader was able to inform the inspector about the recreational, social and learning activities available to the residents in their various day services, little written information on these activities was available for the inspector to view on the day of this inspection.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to allied healthcare professional.

This included as required access to the following services:

- general practitioner (GP)
- occupational therapy
- chiropody
- speech and language therapy
- dietitian
- physiotherapy

Where required, care plans were also in place to guide practice.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and had regular access to psychology and behavioural support. Additionally, where required, positive behavioural support plans were in place.

One staff member spoken with had a good knowledge of the plans in place on how to support one of the resident's in regulating their behaviour.

A psychologist has visited the centre on a regular basis so as to support and up skill staff in positive behavioural support.

As noted under regulation 16: Training and Staff Development - It was observed that one staff member required refresher training related to the management of behaviours of concern however, they were scheduled to attend that training the day after this inspection on June 08, 2023.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place.

It was observed that four safeguarding plans were open at the time of this inspection however, the issues detailed in these plans had been reported to the designated officer, the person in charge and assistant director of services.

Additionally, the safeguarding and protection team (SPT) had been notified as had HIQA.

Interim and formal safeguarding plans had been developed and implemented in the centre as required and from a sample of files viewed, staff had training in safeguarding of vulnerable adults and Children's First.

One staff member spoken with said that if they had any concerns in the centre they would report them to the person in charge immediately.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Bramble Wood OSV-0008462

Inspection ID: MON-0039265

Date of inspection: 07/06/2023

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            A review of the premises has been completed by the Person In Charge and the Maintenance Manager. The storage within the service has been reviewed and appropriate storage is now in place within the Centre.</p> <p>The crack on the wall within the Centre has been fixed and addressed by the Person In Charge.</p> <p>A review of the sunroom glass room has been completed by the Person In Charge and an appropriate professional has been identified to complete this work by the 14/07/2023</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:            The Person in Charge has completed a review of all risk assessments within the Centre in line with the Talbot Groups risk management policy. This review included,</p> <ul style="list-style-type: none"> <li>• Ensuring that the control measures in place to manage and mitigate risk have been reviewed and updated</li> <li>• Ensuring that Risk Assessments for self-neglect, provided detailed on what support, advise and input their GP should provide on this issue and how the resident is being made aware of the risks involved in disengaging from their healthcare related appointments and care plans.</li> </ul>	



Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The Person in Charge has reviewed all resident's personal emergency evacuation plans (PEEPS). All plans have been updated to ensure they reflect the residents support needs during an emergency fire drill.</p> <p>The Person in Charge has provided clear guidance to staff on what measures need to be taken in the event a resident does not evacuate the centre. This guidance is reflected in the resident PEEPS.</p>	
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:  A review of all residents' goals was completed in the Centre by the Person In Charge. The templates were reviewed in detail and staff were shown how to log residents goals which have not been achieved or if extra support is required to complete the goal .PIC has given guidance to staff on how to complete the document and how to achieve goals within the centre in a timely manner.</p> <p>Progress with residents goals will reviewed Monthly by the Person in Charge</p>	

## 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	03/07/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	14/07/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	14/07/2023

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	14/07/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	14/07/2023
Regulation 05(6)(c)	The person in 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.	Substantially Compliant	Yellow	14/07/2023