



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

Issued by the Chief Inspector

Name of designated centre:	Pebble Bay
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	26 February 2024
Centre ID:	OSV-0008630
Fieldwork ID:	MON-0042684

About the designated centre

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

Pebble Bay is a designated centre operated by Talbot Care Unlimited Company. The centre is located in a large town in county Wicklow that is close to many services and amenities. The centre provides a residential service for children both male and female with intellectual disabilities, autistic spectrum who may also have mental health difficulties and behaviours of concern. The services at Pebble Bay are provided in a home like environment that promotes dignity, respect, kindness, and engagement for each child. Children are encouraged and supported to participate in the community and to avail of the amenities and recreational activities. The centre is managed by a full-time person in charge, and the staff complement includes team leads and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 26 February 2024	09:30hrs to 13:50hrs	Michael Muldowney	Lead
Monday 26 February 2024	09:30hrs to 13:50hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

This short-notice announced inspection was carried out as part of the regulatory monitoring of the centre which had been newly registered in September 2023. Inspectors used observations, conversations with staff, and a review of documentation to form judgments. Overall, inspectors found that the centre was operating at a high level of compliance with the regulations, and that appropriate arrangements were in place to ensure that residents were receiving good-quality and safe care and support.

The centre was registered to accommodate five children (referred to as residents in this report). Two residents were living in the centre since December 2023. The provider did not have plans to admit any more residents at that time of the inspection.

The centre comprised a large two-storey house located in a housing estate close to a large town with many amenities and services, such as shops and eateries. The residents attended external educational services, and there was a vehicle available to transport them to their crèche and school, visit family, and access their wider community.

Inspectors carried out an observational walk-around of the centre with the person in charge. The premises comprised five bedrooms (two were occupied), a kitchen, a sun room, a dining room, two sitting rooms, bathrooms, and an office. The provider had renovated the house to a very high standard before it was registered. It was found to be very clean, bright, tidy, homely, comfortable, nicely decorated, and spacious.

There were front and rear gardens (containing a trampoline and safe space for residents to use). Inspectors also observed a variety of toys (including arts and crafts, games, and soft items) for residents to play with both indoors and outdoors. The house had also been decorated to promote a homely environment, for example, photos of residents and their families were displayed throughout the house, and residents' artwork was displayed in the dining room. Inspectors also observed communication aids used by residents such as visual choice boards and information on manual signs.

Inspectors observed some environmental restrictions in place in the centre. The rationale for the restrictions was clear, and inspectors found that they were implemented in line with best practice.

There were good fire safety systems in place. For example, the fire doors were fitted with self-closing devices which closed properly when released, and the fire panel was easily located in the hallway. The premises, restrictive practices, and fire safety is discussed further in the quality and safety section of the report.

The residents were not present during the inspection as they were attending crèche and visiting family. However, inspectors had the opportunity to speak with different members of staff including the person in charge, assistant director of service, and a senior social care worker during the inspection.

The person in charge and assistant director told inspectors that residents were safe and well cared for by a good staff team. They described the environment in the centre as 'home' like, and told inspectors that residents were settling in well and had developed their independence skills since they moved into the centre. They were satisfied with the resources available to residents such as the staffing levels and multidisciplinary services. They spoke about the different activities residents enjoyed, such as going to play grounds and indoor play centres, day-trip excursions, art and crafts, and general play activities. They also told inspectors about how residents were supported to communicate their needs and wishes, for example, communication strategies were in place such as use of communication aids.

A senior social care worker told inspectors that residents were well cared for in the centre, and they had no concerns for their safety. They explained the rationale for some of the restrictive practices in place for residents' safety, and were aware of the arrangements to safeguard residents from abuse. They were satisfied with the support they received from the management team, and were aware of the arrangements for reporting incidents and concerns. They told inspectors about how residents were supported to make choices, for example, they planned their meals at weekly meetings using visual aids.

Inspectors viewed a sample of the recent resident meeting minutes which noted discussions on meal planning, activities, residents' rights, making complaints, and fire safety.

Overall, inspectors found that residents' needs were being met in the centre, and that they were in receipt of a good-quality and safe service.

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

Capacity and capability

There were effective management systems in place to ensure that the service provided in the centre was safe, consistent, well resourced, and appropriate to residents' needs.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full time, and supported in their role by team leads. The person in charge ensured that incidents occurring in the centre were notified to the Chief Inspector of Social Services as required. They reported to

an assistant director, and there were effective systems for the management team to communicate and escalate any issues.

The provider and person in charge had implemented good systems to monitor the quality and safety of the service provided in the centre, for example, comprehensive audits were carried out, and where required, actions were identified for quality improvement.

The person in charge maintained planned and actual rotas showing staff working in the centre. The staff skill-mix and complement was appropriate to the number and assessed needs of residents and for the delivery of safe care. Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

The person in charge ensured that staff received support and ongoing supervision. Outside of the local management team, staff could utilise an on-call service for support and guidance. Staff also attended regular team meetings which provided a forum for them to raise any potential concerns.

The provider had also established an effective complaints procedure that was in an accessible format to residents.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably experienced and skilled, and possessed relevant qualifications in social care and management. The person in charge demonstrated a good understanding of the residents' needs, and of the service to be provided to them in the centre.

The person in charge had responsibility for another centre, however, this did not impact on their effective governance, management and administration of the centre concerned.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staff complement and skill-mix, comprising senior social care workers, team leads and direct support workers, was appropriate to the number and assessed needs of residents. There were no vacancies.

Inspectors viewed a sample of the staff files, and found that they were up to date

and contained the information documents specified in Schedule 2.

The person in charge maintained planned and actual staff rotas, and inspectors found that they clearly showed the names of staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. Staff training logs showed that staff had completed training in relevant areas, such as fire safety, first aid, safeguarding residents from abuse (*Children First: National Guidance for the Protection and Welfare of Children (2017)*), communication, paediatric manual handling, infection prevention and control, behaviour support, and human rights. Bespoke training in trauma-informed care was also scheduled for staff to attend in the coming weeks.

Supervision records reviewed were in line with the provider's policy. The inspectors found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced to deliver effective care and support to residents and to ensure that they had a good quality of life in their new home. For example, staffing levels were appropriate to their needs, multidisciplinary team services were available to residents, and there was a vehicle for residents to access their wider community.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge was full time. They were supported by team leads in managing the centre. For example, the team leads helped to supervise staff, organise rotas, and complete reports. The person in charge reported to an assistant director. The management team visited the centre often and there were good systems for them to communicate including formal governance meetings.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including comprehensive unannounced visit reports, and audits on staff training, fire, complaints, positive behavioural support, healthcare, and the written policies and procedures. The audits

were comprehensive, and where required, identified areas for ongoing quality improvement.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre, such as allegations of abuse and use of restrictive practices, were notified to the Chief Inspector in the manner specified under this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established an effective complaints procedure for residents. The procedure was underpinned by a written policy, and had been prepared in an easy-to-read format for residents. The procedure was prominently displayed in the centre.

Residents also had access to easy-to-read information on independent advocacy services, and the topic had been discussed during residents' meetings to aid their understanding.

The inspector found that complaints made by residents and their representatives had been recorded and managed appropriately in line with the provider's policy. The inspectors reviewed a sample of these logs and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

There were three compliments noted in the sample reviewed. They were from professionals working with the residents and a parent. The compliments were in relation to the quality of care provided to the residents.

Judgment: Compliant

Quality and safety

The inspectors found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support provided to them in the centre.

Residents were being supported in line with their assessed needs and interests, and were settling well into living in the centre. Inspectors did not have the opportunity to meet residents or their representatives, however, it was clear that the provider and staff team were endeavouring to ensure that the environment in the centre was homely, warm, and personalised to the residents' needs.

The premises, comprising a large two-storey house, had been refurbished and renovated before the residents moved in. The premises was found to be well maintained, clean, spacious, and comfortable. It was well equipped, and provided sufficient private and communal space. It also provided sufficient outdoor recreational areas and play facilities.

Assessments of residents' needs had been carried out before they moved into the centre which informed the development of personal plans. The plans viewed by the inspector were up to date and available to staff to guide their practices. The plans reflected multidisciplinary team service input where relevant, and parts of some plans had been prepared in easy-to-read formats.

Communications plans had also been prepared which outlined the supports residents required to communicate in their individual means, for example, through the use of manual signs and visual aids.

Arrangements were in place to support residents with behaviours of concerns. Behaviour support plans had been developed, and staff were required to complete relevant training in this area to inform their practices. There were several restrictive practices implemented in the centre. There were good arrangements for the oversight and management of the restrictions, to ensure that they were proportionate and applied in line with best practice.

There were good arrangements, underpinned by policies, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns.

There were good fire safety systems in the centre. Staff completed daily, weekly and monthly checks on the fire safety equipment, and there were also arrangements for the servicing of the equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of fire drills carried out in the centre.

Regulation 10: Communication

The provider had ensured that residents were supported to communicate in

accordance with their needs and wishes.

Residents' communication needs had been assessed and plans had been developed to guide staff in communicating with residents. Some residents used alternative communication means such as manual signs, choice boards and visual aids such as pictures to express their wishes.

The provider had also ensured that residents had access to media sources such as televisions, smart tablet devices, and the Internet.

The staff team had recently received training in supporting play and language development.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises was appropriate to the number and assessed needs of the residents currently living there.

The premises comprised a large two-storey house with front and rear gardens. The house was bright, clean, spacious, comfortable, and nicely furnished. It contained individual residents' bedrooms (some with en-suite facilities), bathrooms, a kitchen, sitting rooms, a sun room, a dining room, and a staff office. The house was well equipped and maintained to a high standard. It had been nicely decorated to be a homely environment. For example, there were photos of residents and their families displayed throughout. Where required, hazards in the house had been mitigated for the safety of residents, for example, radiators were fitted with covers.

The provider had ensured that the centre had appropriate indoor and outdoor spaces and facilities for residents to play, for example, there was wide variety of toys and equipment for residents to play with.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had implemented good fire safety systems in the centre. There was fire prevention, detection, fighting, and containment equipment, such as fire doors, alarms, blankets, extinguishers, and emergency lights. The fire panel was addressable and easily found in the hallway. Inspectors also observed that the fire doors closed properly when released. Staff completed daily, weekly and monthly fire-safety checks, and the provider had arrangements for the servicing of the

equipment.

Staff working in the centre had completed fire safety training, and there was a written fire evacuation plan (a minor revision to the plan was made by the person in charge during the inspection) and personal evacuation plans to guide staff in evacuating residents in the event of a fire. Evacuation information was also in an easy-to-read format displayed in the hallway. Fire drills were carried out to test the effectiveness of the plans. A drill reflective of a night-time scenario was scheduled during the week of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans which outlined the associated supports and interventions they required.

The inspectors viewed a sample of the residents' care plans; they were up to date and readily available to staff to guide their practices. The plans reflected multidisciplinary service input where required, for example, psychology, social work, occupational therapy, speech and language therapy, and dietitian services. Aspects of the plans used pictures to be more accessible to the residents. Some easy-to-read information has also been prepared to aid residents' understanding of different topics relevant to them.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that residents with behaviours of concerns received appropriate support to manage their behaviour. For example, written behaviour support plans had been prepared with multidisciplinary team input, and staff received training in behaviour support.

There were several environmental restrictive practices implemented in the centre, and inspectors found that they were managed appropriately and implemented with consultation with residents' representatives.

The person in charge maintained a restrictive practice register to monitor their use. They had also completed a self-assessment questionnaire to assess the arrangements for the oversight and management of restrictive practices. Risk assessments had been prepared which outlined the rationale for the restrictions, and overall inspectors found that the use of the restrictions was proportionate to the

associated risks and hazards in the centre.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by written policies and a safeguarding statement displayed in the hallway.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Inspectors found that staff spoken with were familiar with the procedures for responding and reporting any safeguarding concerns. Inspectors also found that safeguarding concerns in the centre had been managed in line with the provider's policy to resolution.

Intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their dignity and bodily integrity.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant