



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

## Issued by the Chief Inspector

Name of designated centre:	Balruddery Fields
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	14 June 2024
Centre ID:	OSV-0008661
Fieldwork ID:	MON-0041922

## About the designated centre

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

Balruddery Fields provides a residential service for children with intellectual disabilities, physical disabilities and acquired brain injuries. The objective of the service is to provide a therapeutic home environment. Balruddery Fields is a nurse led service and the designated centre aims to promote each child's independence and maximise their quality of life through interventions and supports which are underpinned through therapeutic care approaches particularly trauma and attachment informed care and practice and Person-Centred Care and Support. The provider aims to provide services at Balruddery Fields are provided in a home like environment that promotes Dignity, Respect, Kindness, and Engagement for the child.

**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
Friday 14 June 2024	10:00hrs to 15:00hrs	Karen Leen	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre Balruddery Fields. The inspection was carried out to assess compliance with the regulations since the centres opening. The inspection was facilitated by the person in charge and the person participating in management (PPIM) for the duration of the inspection. The inspector of social services used observations and discussions with children in addition to a review of documentation and conversations with key staff to form judgments on the children's quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The designated centre comprises of a bungalow located in a small town in County Dublin. The centre had exclusive use of a vehicle in order to access the community, children's school and activities of choice. The centre was also a close walk to the centre of the town. The premises consists of two bedrooms, large shower room which had been adapted during the children's transition plan to the centre when support staff identified changes that were required to increase accessibility, sitting room, kitchen and dinning area. The centre had a use of a garden which was furnished with picnic table and accessible work stations for the children to help prepare plants and vegetables to be planted. The garden area was fully accessible to children in the centre.

The inspector was facilitated in a walk through of the centre by the person in charge. The inspector found the centre to be homely, bright, with artwork and pictures of family and friends. On arrival to the centre the inspector observed that the staff team had decorated the house in celebration of one child finishing a placement and starting their new school for the coming September. Each child's room was decorated to their personal taste with pictures of families and friends on the wall and soft toys and music systems in each room. The sitting room was equipped with a soft play area and the inspector observed one child listening to music while being supported by staff to sit in the play area and complete a sensory programme. The centre had access to an accessible garden where the support staff and residents had completed a large mural on the surrounding walls and work had commenced on a sensory plot in the garden which included different sensory smells and a small vegetable patch. The centre had access to a utility shed which was used for storage of household cleaning equipment.

There was two children living in the centre on the day of the inspection and the inspector had the opportunity to meet with both children with the support of staff. The inspector met one child who was due to commence school in the coming September. Support staff and the person in charge discussed that they were completing a number of summer activities in the local community as part of the transition to the centre. The inspector observed the child going for a walk with support staff and later attending a trip to a local park. The inspector observed the child to be smiling at interactions with staff and during aspects of their care.

The inspector met another child on their return from school, the inspector observed that the child was very excited to come into their home. The support staff informed the inspector that the child had recently started to stand and walk with the assistance of staff. The child had support from the multidisciplinary team and a rollator device had been delivered to the centre to promote the child's independence and walking skills. The inspector observed that the child was very eager to demonstrate their walking skill to staff and the inspector and was seen walking throughout the centre and in and out of the garden with support of staff. The child also demonstrated their walking to their peer member which was met with laughter from both children. The inspector observed the child to be impressed with the celebration decorations prepared by the staff team to mark the end of the school year.

Written feedback on the quality and safety of care in the centre was received from both children's families which was positive and complementary. One family member noted that the staff are very helpful and considerate of their child's needs and wishes

Another family discussed that the person in charge and the staff team kept them informed and up-to-date and were always friendly towards all family members.

Overall, the inspector found high levels of compliance with the regulation and standards and found the operation of the designated centre to be focused on the development and support of each child as they got to know their home ensuring that enjoyment, happiness, family and friendships were at the forefront of service provision for young children in the centre.

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

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and standards. The inspector found that this designated centre met and exceeded the requirements of the regulations in many areas of service provision and was striving to promote an environment that promoted the development of each child while ensuring the delivery of a quality and safe service.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the children living in the centre.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for additional services, the inspector found that governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfill their professional responsibilities. The inspector found evidence of monthly meetings between the person in charge and the PPIM, these meetings the governance systems in the centre and concerns as they arise in the centre.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet the children's current assessed needs. The inspector noted that the provider had completed a staffing review during the admission process of children to the centre and had acted in accordance with the findings of the roster review by increasing the whole time equivalence of staffing in the centre. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for children in the centre. The inspector observed interactions in the centre to be warm, kind and caring between children and staff. The inspector also observed a number of interaction of staff encouraging children to complete new activities which created an element of excitement within the designated centre, for example one resident trying a new walking system was met with excitement with staff discussing the next steps for the child in this area of development.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and supervision records for all staff were maintained in the designated centre. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had completed a report of the quality and safety of care and support for the centre in May 2024. The provider had not completed an annual review of the centre as the centre was recently opened, however the inspector observed that the person in charge was in the process of information gathering and feedback with families and staff for the annual review.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described the service and how it is delivered. Furthermore, an accurate and current directory of residents was made available to the inspector on the day of inspection.

The provider had developed and implemented an admission policy, including protocols, which were in line with the admission's criteria in the centre's statement of purpose. The inspector found that all admissions to the centre had been in line with the providers policy and the centres statement of purpose. The inspector found that the provider had ensured that all children and their representatives had been included in the admission process and are were actively involved in the running of their centre. The inspector observed evidence that demonstrated that all admissions

to the centre had been reviewed in the first three months of admission.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for children and their representatives in a prominent place in the centre.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge was responsible for the management of one other service, in addition to the designated centre, and the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The qualifications and skill mix of staff were appropriate to the number and assessed needs of the children living within the designated centre. The provider had reviewed the designated centres whole time staffing equivalence in line with residents transition plans. The review highlighted a required increase in staffing in order to met the assessed need of each child, which the provider had implemented post review.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed both the planned and actual rosters from January, February, March, April and May 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Planned leave or absenteeism was mainly covered from within the permanent staff team, or familiar relief staff to ensure continuity of care and support for children.



Judgment: Compliant

### Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

There was a high level of compliance with mandatory and refresher training. All staff were up-to-date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Staff had completed additional training in areas such as communication, assisted decision making and Percutaneous Endoscopic Gastrostomy (PEG) care.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular formal and informal supervision as appropriate to their role. The person in charge had completed a schedule of supervision for the coming year.

Furthermore, all staff had training in human rights and the inspector observed aspects of the training throughout interactions with support staff and children.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the designated centre. The inspector saw that this contained all of the information as required by the Regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found the governance and management systems in place had ensured that care and support was delivered to children in a safe manner and that the service was consistently and effectively monitored.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all children. The provider had completed a review of each child's assessed needs following their transition to the designated centre and had identified that an increase in the centres whole time equivalence was required.

The person in charge and provider had carried out a suite of audits for the centre included the providers six monthly unannounced audit, fire, medications audits and Infection prevention and control (IPC) audits. As the centre was recently registered the provider had yet to complete an annual report for the centre, however the inspector observed that family and representative feedback had been sought by the person in charge in relation to the running of the centre.

The inspector reviewed the provider led six monthly audit for the centre completed on the 03rd of May 2024 and found that the person in charge had set a schedule in place for the completion of recommendations and had updated staff of the recommendations highlighted promoting an environment of shared learning.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The inspector was provided with evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable for meeting the assessed needs of all children. The provider had completed compatibility assessments prior to admission. The person in charge and staff team had completed a review post admission to the centre for all children.

The provider and staff team had completed a review of each child's assessed needs in the weeks following admission to the designated centre. The provider had identified that the whole time equivalence for the centre required an increase in order to meet each child's needs. This had been implemented and reflected in the designated centres statement of purpose.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the children's well-being and safety.

A copy of the statement of purpose was readily available to the inspector on the day

of inspection. It was also available to children and their representatives.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure was accessible to children in an accessible format and that a copy of the procedure had been made available to children's families or representations. The inspector found that there was clear communication between children and their representation to ensure that complaints could be made if necessary on their behalf.

On the day of the inspection there were no complaints in place. Families had made a number of compliments to the person in charge in relation to the care and support their loved one was receiving.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies were available in the centre for staff to refer to. The inspector viewed a sample of the policies and procedures, including those on the safeguarding of residents from abuse, provision of intimate care, admission of residents, behavioural support, the use of restrictive procedures and restraints, communication with residents, risk management, medication management, and complaints. The policies had been reviewed within the previous three years.

The inspector observed that policies and procedures were regularly reviewed at staff meetings and the content of policies were also discussed during staff supervision.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of service for the children who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to children in a safe manner and that the service was consistently and effectively monitored. The inspector found that children's support needs were assessed on an ongoing basis as part of the admission process to the designated centre and that there were processes in place that assured that changes in children's assessed needs were appropriately met.

The premises was found to be well maintained and homely and that the provider had responded to children's assessed needs by making areas of the centre more accessible and therefore more comfortable for each child. There was adequate private and communal spaces, children had their own bedrooms which were decorated with their favourite characters and soft furnishings. Children had access to garden which they were active in designing in line with their wishes.

Staff had completed training in positive behaviour support to aid them in appropriately responding to behaviours of concern. Positive behaviour support plans were developed for children and adapted through regular review as children explored and developed their new home. The inspector found that restrictive practices were regularly reviewed and those in place were as a safety mechanism due to the nature of the designated centre and the children living there.

The registered provider had ensured that children could receive visitors to their home in accordance with each child's wishes. The inspector found that the person in charge and staff team were promoting each child's connection with family and friends in the designated centre.

The provider had ensured that children's communication support needs had been comprehensively assessed by an appropriate healthcare professional. Each child was assisted and supported to communicate through clear guidance and support plans.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The person in charge had ensured that training and competency assessments had been completed by staff for Percutaneous Endoscopic Gastrostomy (PEG) care.

There was a risk management policy and associated procedures in place. There was an accurate risk register in place that reflected the risks identified in the centre. The processes in place ensured that risk was identified promptly, comprehensively assessed and that appropriate control measures were in place.

Children engaged in activities in their home and community and were supported to maintain relationships with family and friends. Children had access to opportunities for leisure and recreation and the inspector found evidence of the providers review of school placements to ensure that each child had access to school that was

suitable to their assessed needs.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of children from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Each child had an intimate care support plan in place.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape which was accessible to all children.

## Regulation 10: Communication

The inspector saw that children in this designated centre were supported to communicate in line with their assessed needs and wishes.

Children's files contained communication support plans and a communication profile which detailed how best to support each child.

Staff were in receipt of communication training which supported and informed their communication practice and interactions with children living in this centre and as observed by the inspector during the course of the inspection. The inspector observed the person in charge and staff promoting new communication styles with children in order to further develop skills at a young age.

Communication aids, including visual supports, had been implemented in line with children's assessed needs and were readily available in the centre. The inspector saw evidence of new communication plans for each child being implemented. For example, children were in PECs phase one, where children were learning to use picture exchange as form of communication. The inspector also observed small social stories and picture exchanges for children.

Judgment: Compliant

## Regulation 11: Visits

There were no visiting restrictions in the designated centre. Children were supported by staff to receive visitors in line with their choices.

There was a visitors policy displayed on the wall in the hall and visiting arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to children and their representatives. The inspector noted that as this was a designated centre for children the staff team were

strongly advocating on the behalf of children to welcome visitors into their home and provide a comfortable and homely environment for each visit.

Judgment: Compliant

### Regulation 13: General welfare and development

Children had access to a range of opportunities for recreation and leisure. Children were supported to engage in learning and development opportunities with children having school placements that were accessible and suitable to their assessed needs. The centre was recently opened with children transitioning to their new home, the inspector observed that support staff and the person in charge had promoted access to the local community so children could avail of an array of activities close to their home. The inspector observed that children had attended a number of local activities as part of their transition to the designated centre for example local soft play areas, cinema, swimming lessons.

The inspector reviewed evidence of the provider accessing appropriate school placements for each child and the supports in place prior to children commencing their school placements in the coming September and summer project plans for each child.

Judgment: Compliant

### Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm and cheerful, with children listening to music while staff carried out Tac Pac with children a form of sensory play accompanied by music.

The registered provider had ensured the premises were designed and laid out to meet the number and needs of children. The inspector observed there were toys and recreational activities available throughout the common areas of the house and in each child's bedroom.

There was adequate private and communal spaces and children had their own bedrooms, which were being decorated in line with their tastes. The living room in the house had a soft play area filled with sensory balls, teddies and soft toys.

The centre had a back garden which had been decorated by the children with the assistance of staff. The back garden had a large painted mural which was completed by children and staff. Each child had their own individual accessible workstation in

the garden to work on individual pieces. The staff team and children were in the process of creating a sensory garden and on the day of the inspection the sensory garden had a number of plants in bloom. The children also had a small vegetable patch in place.

The inspector found the centre to be accessible to residents needs with adaptation to areas such as the bathroom to promote accessibility to each child.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies. There was a risk register in place which was regularly reviewed since the opening of the centre to highlight risk that had arisen in the transition stages. The inspector found that the person in charge was ensuring that the risk register was regularly discussed at staff meetings and that the centre was ensuring that positive risk taking was occurring for children as they explored their new environment and community.

Children had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. These were trended on a monthly basis by management to ensure that any trends of concern were identified and actioned. The provider also had risk management assessments in place to assist in addressing any known or potential safety concerns. These risk assessments were found to be robust in nature and they were reviewed on a regular basis.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment throughout the centre.

The inspector completed a walk through of the designated centre and completed a manual check on each fire door. The inspector observed a double door leading from the kitchen to the sitting room was not closing fully. When the self closing mechanism on the fire door was activated the closing of the double door was causing one side of the door to push open slightly meaning the fire seals of the doors were not meeting. Once informed of the problem highlighted with the double

door the provider contacted the relevant fire department and maintenance work was completed to the door before the end of the inspection. The provider followed up with further photographic evidence of the work completed.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

There was a written plan to follow in the event of a fire or emergency during the day or night.

All children had individual emergency evacuation plans in place and fire drill had taken place on a routine basis in the designated centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector observed safe practices in relation to the ordering, receipt and storage of medicines. The medication administration records reviewed on the day of the inspection clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. The inspector observed staff during the process of medication management and found it to be completed in a safe manner.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet children's assessed needs.

Comprehensive assessments of need and personal plans were available on each of the children's files. The inspector observed that each child had access to a number of stakeholders that supported their care and this was reflected throughout each



children's individual assessment and personal plan. Individual assessments and personal plans were personalised to reflect the needs of the child including the activities they enjoyed and their likes and dislikes. The inspector reviewed all children's files during the course of the inspection.

Support plans in place detailed steps to support children's autonomy and choice while maintaining their dignity and privacy. The inspector identified that care and support plans were under continuous development while children transitioned to their new home and community. The inspector saw support plans available in key areas including communication, positive behaviour support, health care, nutrition and maintaining meaningful relationships.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that where children required behaviour support, suitable arrangements were in place to provide them with this. The inspector reviewed children's positive behaviour support plan and found they had clearly documented plans which included input from relevant stakeholders. The inspector also observed a number of supporting documentation such as social stories, choice boards and communication systems.

The inspector found that restrictive practices were regularly reviewed and those in place were as a safety mechanism due to the nature of the designated centre and the children living there .

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were informed of the safeguarding procedure and were knowledgeable about their

safeguarding remit.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant