



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

Issued by the Chief Inspector

Name of designated centre:	Deerpark Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	11 November 2021
Centre ID:	OSV-0007717
Fieldwork ID:	MON-0031796

About the designated centre

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

Deerpark Lodge provides a residential service for adults, both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties and behaviours which challenge. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by Positive Behaviour Support in line with our model of Person Centred Care and Support. Services at Deerpark Lodge are provided in a large three-story home, in a small estate, close to a local town. Residents living in the centre are supported by a suitable skill mix of staff and sufficient resources to ensure that residents are able to access the local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 2015 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
Thursday 11 November 2021	10:10 am to 5:30 pm	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service comprised of a large detached three-storey house in County Cavan and was in close proximity to a number of towns and villages.

The inspector did not speak with any of the residents on the day of this inspection however, did have an opportunity to observe staff interactions with them over the course of the day. Written feedback on the quality and safety of care from one resident and two family representatives was reviewed as part of this inspection process. The inspector also spoke with one family representative over the phone so as to get their feedback on the service provided.

Due to the assessed needs of one of the residents living in this centre, the inspector did not undertake a complete walk-through of the premises on the morning of this inspection. However, on arrival to the house the inspector observed that the reception area/hallway was clean, homely and welcoming. The inspector met one resident briefly at the commencement of the inspection process however, they did not wish to engage with the inspector and their wishes were respected. Staff were observed to support this resident in a professional and caring manner and the resident appeared to respond well to the staff team.

The inspector reviewed a number of residents meetings over the last two months and found that residents were being supported to go for drives, attend religious services, go for walks, shopping, meals out, hairdressers and meet friends and family. Residents had also visited the zoo recently and one resident had done some of their Christmas shopping over the last few weeks. In house activities included arts and crafts, movie nights and one resident was an avid football fan and was supported to pursue this pastime.

The inspector observed staff supporting one resident at times throughout the inspection process and saw that staff were familiar with their assessed and behavioural needs. The resident in question required intensive support and was provided with 1:1 staffing during the day. They also had input and support from a behavioural support specialist who was in the house on the day of this inspection working with the resident. Staff were also observed to interact with another resident in a caring and dignified manner and the resident appeared comfortable and at ease in the presence of staff.

Written feedback on the service from one resident was positive. The resident reported that they liked everything in the house and were happy with the supports provided. Written feedback from two family representatives was also positive. For example, they reported that they were very content with the service and pleased with the organisation on the whole. One family member reported that while they would like to see their relative engage in more programmes and more physical

activity, their experience with the service was positive and their loved ones needs were being met.

A family member spoken with over the phone was equally as positive about the quality and safety of care provided in the house. They said that at the time of this inspection, they were very happy with the house and that their relative was also happy living there. They also said that while staff can change from time to time, they were friendly and helpful. The family member was also happy in the way in which their relatives healthcare needs were being provided for.

Over the course of this inspection the inspector observed and heard staff supporting the residents in a professional and caring manner. Staff understood the assessed needs the residents and residents appeared comfortable and at ease in the presence of staff.

While some issues were found with the admissions process and staffing arrangements, written feedback from one resident and family representatives on the quality of service provided was complimentary and positive.

The following two sections of this report discuss the above points in more detail.

Capacity and capability

On the day of this inspection, residents appeared content in their home and the provider ensured that supports and resources were in place to meet their assessed needs. However, issues were identified with the process of admissions to the centre and the staffing arrangements.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by an Assistant Director of Community Services, two team leads and a team of direct support workers. The person in charge was a qualified social care professional and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

The person in charge was also found to be responsive to the inspection process and aware of their 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).

Systems were in place to ensure staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First,

medication management, positive behavioural support, manual handling and infection control.

While there was adequate staff working in the centre on the day of this inspection, the staffing arrangements required review. On reviewing a sample of residents meetings, the inspector observed that on occasion, social outings and/or drives had to be postponed or cancelled due to staff shortages. This meant the staffing arrangements were at times, not in line with the centres Statement of Purpose.

The inspector did reviewed the statement of purpose however, and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

There were systems in place to ensure the house was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports and a number of local audits. These audits were ensuring the service remained responsive to the regulations.

For example, recent audits of the centre identified that a Fire Safety Representative needed to be appointed to the centre and the statement of purpose required updating. Both these issues were addressed prior to this inspection.

However, the process of admissions into this centre required review to ensure new residents were compatible with residents living in the centre and their assessed needs could be met. Over the previous few months one resident had transitioned from this house as it was not suitable in meeting their assessed needs. At the time of this inspection, another resident was also under review for a transition to a different part of the service as the current environment was not adequately suited to meet their needs. This resident was sensitive to noise and according to their positive behavioural support plan, required a low stimulus and quiet environment. However, the environment on this house at times, could be loud and noisy and as a result had the potential to negatively impact on this residents behaviours which in turn could cause disruption to the other residents living in the centre.

It was also observed that due to compatibility issues and negative interactions between some residents which posed a risk to residents safety and welfare, a number of safeguarding plans and risk assessments had to be put in place to ensure their overall safety and well-being.

Regulation 14: Persons in charge

The person in charge was an experienced, qualified social care professional and provided leadership and support to their team. They were also aware of their legal remit to the regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements required review as on occasion, social outings and/or drives had to be postponed or cancelled due to staff shortages over the last few months. This meant the staffing arrangements were at times, not in line with the centres Statement of Purpose.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Systems were in place to ensure staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, positive behavioural support, manual handling and infection control.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by an Assistant Director of Community Services, two team leads and a team of direct support workers. There were also systems were in place to ensure the house was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports and a number of local audits.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The process of admissions for this centre required review. Over the last few months

one resident had transitioned from this house as it was not suitable in meeting their assessed needs. At the time of this inspection, another resident was also under review for a transition to a different part of the service as the environment was not adequately suited to meet their needs. This resident was sensitive to noise and according to their positive behavioural support plan, required a low stimulus and quiet environment. However, the environment at times, could be loud and noisy. It was also observed that due to compatibility issues and negative interactions between some residents, a number of safeguarding plans and risk assessments had to be put in place to ensure their safety

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspector did reviewed the statement of purpose however, and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the Regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families and friends. For example, residents were also supported to frequent local shops, restaurants, hairdressers and cinema. Transport was provided for trips and outings

further afield.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a dentist, dietitian, optician and chiropodist. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Access to psychiatry, psychology and behavioural support were also provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. On the day of this inspection a behavioural support specialist was working in the house providing support to the staff team and one of the residents.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. There were a number of safeguarding plans open at the time of this inspection some of which were due to compatibility between residents. However, where required 1:1 staffing support was provided to keep residents safe and access to independent advocacy services was available. A number of individual risk assessments with specific control measures were also in place to support each residents safety. Notwithstanding, on the day of this inspection a number of compatibility issues were ongoing between some residents however, this was discussed and actioned under Regulation 24: Admissions and Contract for the Provision of Services.

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and each resident had a personal emergency evacuation plan in place. From a small sample of files viewed, staff also had training in fire safety.

The inspector observed that systems were in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. There were adequate hand-washing facilities available and hand sanitising gels were available in the house. The inspector also observed staff wearing PPE throughout the course of this inspection process. However, due to the assessed needs of one of the residents living in this centre, the inspector did not undertake a complete walk-through of the premises on the morning of this inspection.

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual

risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

Due to the assessed needs of one of the residents living in this centre, the inspector did not undertake a complete walk-through of the premises on the morning of this inspection. Notwithstanding, the inspector observed that systems were in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. There were adequate hand-washing facilities available and hand sanitising gels were available in the house. The inspector also observed staff wearing PPE throughout the course of this inspection process.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and each resident had a personal emergency evacuation plan in place. From a small sample of files viewed, staff also had training in fire safety.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a dentist, dietitian, optician and chiropodist. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to psychiatry, psychology and behavioural support were also provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. There were a number of safeguarding plans open at the time of this inspection some of which were due to compatibility between residents. However, where required 1:1 staffing support was provided to keep residents safe and access to independent advocacy services was available. On the day of this inspection a number of compatibility issues were ongoing between some residents however, this was discussed and actioned under Regulation 24: Admissions and Contract for the Provision of Services.

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 - 2015 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Deerpark Lodge OSV-0007717

Inspection ID: MON-0031796

Date of inspection: 11/11/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A full review of the staffing arrangements within the designated centre was conducted by the person in charge. This review found that while the staffing resources assigned to the centre were consistent with the Statement of Purpose, the deployment of those staff required improvement.</p> <p>The person in charge will ensure that staffing arrangements within the centre are utilised effectively to meet the assessed needs of residents at all times. This will include ensuring that staff are deployed effectively to support residents in line with their preferences. The daily allocation of staff will be overseen by the person in charge to ensure this.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All future admissions to the centre will be conducted in line with The Talbot Group's admissions and transitions policy. Prior to admission each potential new resident will be reviewed as follows-</p> <ul style="list-style-type: none"> • A comprehensive review of the residents assessment of need-to ensure that the designated centre is suitable to meet the residents' assessed need. • Assessing any potential impact of the new referral. • Assessing the compatibility of the resident group as a whole. • Transition planning. 	

By following these steps, it is hoped that any new admission to the centre will have a successful transition.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	06/12/2021
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Not Compliant	Orange	06/12/2021