



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

Issued by the Chief Inspector

Name of designated centre:	The Wren's Nest
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	20 July 2022
Centre ID:	OSV-0007980
Fieldwork ID:	MON-0032651

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 children with disabilities located in county Meath. The service comprises of one large detached, two story house on its own grounds in a rural setting, but in close proximity to a large town. Two modes of transport are provided so as the children can avail of drives and social outings. Each child have their own large bedroom (one ensuite with a walk in wardrobe) and communal facilities include a large fully furnished sitting room, a fully equipped kitchen and large dining room with a TV area, a number of communal bathrooms, a utility facility and a staff office. There are gardens to the front and rear of the property, with adequate private parking to the front of the premises. A fully equipped playing area is provided for the children to the rear of the property to include swings, a trampoline, football nets and a basketball net. The service is staffed with a full-time person in charge, two senior social care professionals, a team of social care workers and direct support workers.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 20 July 2022	11:00hrs to 16:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place over one day in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service provided residential care and support to six children with disabilities and comprised of a large detached house in Co Meath.

The inspector met briefly with three of the children and spoke to one of them so as to get their feedback on the service provided. Written feedback on the quality of care from some children was also reviewed as part of this inspection process. Over the course of the day the inspector observed that the children appeared relaxed and happy in their home and staff were observed to be professional, kind and caring in their interactions with them

On arrival to the house at 11am the inspector was met by the team leader and one of the children. The team leader took the inspectors temperature prior to commencement of the inspection process. The team leader informed the inspector that the children were on their school holidays and enjoying their summer break.

As found in the last inspection, the house was appropriately furnished and decorated throughout, in a child centred and friendly manner. For example, one child showed the inspector their room and it was observed to be decorated appropriately and to their individual style and preference. There were ample toys for the child to play with and, some of their artwork was on display in their room.

The centre also had a sensory room where the children could relax and engage in activities of their choosing, with staff support. For example, the children could engage in relaxing sensory related activities in this facility or watch a movie on a big screen.

The garden areas were very well maintained and provided a number of appropriate facilities and activities for the children to engage in and play with. For example, a trampoline was available, as was a playground area with swings. A number of basket ball nets were also in place around the garden. The team leader informed the inspector that at times, the children liked to play together and have fun in the garden when the weather was good.

Some of the children liked to go on social outings and for drives and private transport was available to the house. On the day of this inspection one of the children went to a jump/play zone with a staff member, while others went for an outing to a nearby playground. From a review of a small sample of files, the inspector saw that the children were supported to engage to use their community, go for meals out and keep in regular contact with their families. The person in charge also informed the inspector that some of the children had joined the local library while others had joined the local GAA club.

Over the course of the day the inspector observed some of the children relaxing in their home and at all times they appeared happy and content in the company and presence of staff. It was also observed that staff (including the person in charge) had a very good and positive rapport with the children.

One of the children lived in a self-contained apartment to the back of the main house. They were supervised on a 24/7 basis with 1:1 staff support. The inspector saw this apartment and observed it was designed to meet the individual needs of the child. The apartment provided a space for the child when they needed time on their own however, the team leader explained that they could and did still interact with their peers when they wanted to. For example, during the recent good weather the team leader explained that the child very much enjoyed playing games with their peers in the gardens.

Written feedback on the service viewed by the inspector from some of the children was found to be positive. Generally the children were happy with the house, the menu options available and the range of activities on offer.

While some issues were identified with regards to the auditing process in the centre, the children appeared happy and content in their home and systems were in place to meet their assessed needs. The following two sections of this report discuss the above in more detail.

Capacity and capability

As with the last inspection, the children appeared happy and content in their home and, the provider had put supports and resources in place to meet their assessed needs.

The service 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 two senior social care professionals (team-leaders) which meant there was a regular management and/or team-lead presence in the centre each week.

The person in charge was an experienced, qualified social care professional, with an additional management qualification who provided leadership and support to their team. They continued to ensure that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the children were being provided for.

On the day of this inspection there were adequate staffing levels in place to support the residents. For example, there were six staff on duty for the six children each day (where a child was at home the staffing levels were reduced to reflect this). There were also 3 waking night staff on duty each night in the centre.

The staff team were adequately trained and supervised so that they had the required skills to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, medication management, first aid, fire safety, behavioural support, and infection control (to include hand hygiene, donning and doffing of PPE and respiratory hygiene).

As with the last inspection, the person in charge was 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). They were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The service was being reviewed and audited as required by the regulations. An annual review on the quality and safety of care had been completed for 2021/2022 and unannounced visits/audits of the centre were also being facilitated. These audits were ensuring that the service remained responsive to the requirements of the regulations. For example, a six monthly unannounced visit to the centre identified that the statement of purpose required updating, a team meeting schedule for 2022 was to be developed and an occupational therapy assessment was required for one of the children. The person in charge had actioned these issues and by the time of this inspection, they had been addressed.

However, the auditing process required some review so as to ensure the service was being effectively monitored. This was because the dates as to when some of the six monthly audits were carried out was not clear and, there was also conflicting information in a recent infection prevention control audit of the centre. This issue is discussed in more detail in section two of this report: Quality and Safety under regulation 27: protection against infection.

Regulation 14: Persons in charge

The person in charge in the centre was a qualified social care professional with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied there were adequate staffing arrangements in place to

meet the needs of residents. Planned and actual rosters were in place and maintained by person in charge. A sample reviewed by the inspector on the day of inspection found the roster to reflect the staffing in place and the statement of purpose. One staff member spoken with was also found to be knowledgeable on the needs of the resident in their care.

Judgment: Compliant

Regulation 16: Training and staff development

From a small sample of files viewed the inspector found that staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the children.

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 was supported by by two senior social care professionals and an assistant director of services. However, the auditing process required some review so as to ensure the service was being effectively monitored. This was because the dates as to when some of the six monthly audits were carried out was not clear and, there was also conflicting information in a recent infection prevention control audit of the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose 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 the children.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations.

Judgment: Compliant

Quality and safety

The children living in this house were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs. A minor issue was found however, with the process of infection prevention control.

The individual needs of residents were being supported and encouraged. The children were supported to attend school however, they were on their school holidays at the time of this inspection. A number of recreational activities were available to the children while on their holidays. For example, social outings and drives were provided for, the children were supported to engage in age appropriate activities and go for meals out. Some of the children had joined the local library and some had joined the local GAA club. The children were also supported to keep in regular contact with their families. Additionally, a large garden area was available to the children with a playground area, a trampoline, and basketball nets.

The children continued to be 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. They also had access to an optician, dietitian, dental and occupational therapy. Care plans and protocols were in place to ensure continuity of care and direct staff practice. Each child also had a quarterly multi-disciplinary meeting to discuss their progress in the centre. This process included access to and input from mental health professionals and behavioural support. Where required, the children also had a positive behavioural support plan in place.

Systems were in place to safeguard the children and where or/if required, safeguarding plans were in place. At the time of this inspection, there were one safeguarding issue open and on-going. However, the person in charge had responded to this issue immediately, reported it to the relevant authorities and put systems in place to ensure the safety and well-being of the children in the service. From a sample of staff files viewed, staff also had training in children's first and safeguarding of vulnerable adults.

Systems were in place to manage and mitigate risk and keep residents safe 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 well being. For example, in order to manage risks related to accessing the community, children were supported on a 1:1 staff basis with community based activities.

There were also systems 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 IPC, hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place specific to the centre. Staff also had as required access to PPE to include face masks which they used on the day of this inspection.

A recent in-depth hygiene audit of the centre carried out in June 2022 identified areas of good practice with regard to infection prevention control and a number areas for review. The person in charge had already addressed some of issues identified, such as reorganising the storage of PPE in the centre. However, it was observed that some of the actions from this audit remained outstanding at the time of this inspection and, there was conflicting information in parts of the report. For example, on page one of the IPC audit it was reported that the centre was overall clean and well maintained especially the kitchen. However, later in the document it was reported that whilst the house was bright, it did not appear clean or well maintained. Another part of the report also documented that the kitchen walls, skirting boards and cutlery drawer required cleaning.

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 available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. For example, in order to manage risks related to accessing the community, children were supported on a 1:1 staff basis with community based activities.

Judgment: Compliant

Regulation 27: Protection against infection

There were also systems 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 IPC, hand hygiene and donning and doffing of personal protective equipment (PPE).

A recent in-depth hygiene audit of the centre carried out in June 2022 identified areas of good practice with regard to infection prevention control and a number areas for review. However, it was observed that some of the actions from this audit remained outstanding at the time of this inspection and, there was conflicting information in parts of the report.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The individual needs of residents were being supported and encouraged. The children were supported to attend school however, they were on their school holidays at the time of this inspection. A number of recreational activities were available to the children while on their holidays. For example, social outings and drives were provided for, the children were supported to engage in age appropriate activities and go for meals out. Some of the children had joined the local library and some had joined the local GAA club. The children were also supported to keep in regular contact with their families. Additionally, a large garden area was available to the children with a playground area, a trampoline, and basketball nets.

Judgment: Compliant

Regulation 6: Health care

The children 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.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each child had a quarterly multi-disciplinary meeting to discuss their progress in the centre. This process included access to and input from mental health professionals and behavioural support. Where required, the children also had a positive behavioural support plan in place.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the children and where or/if required, safeguarding plans were in place. At the time of this inspection, there were one safeguarding issue open and on-going. However, the person in charge had

responded to this issue immediately, reported it to the relevant authorities and put systems in place to ensure the safety and well-being of the children in the service. From a sample of staff files viewed, staff also had training in children's first and safeguarding of vulnerable adults.

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	Substantially 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	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Wren's Nest OSV-0007980

Inspection ID: MON-0032651

Date of inspection: 20/07/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A full review of the auditing practice within the centre was conducted post inspection. The outcome of this review has resulted in the full utilization of the providers online CarePlus Audit system for all six-monthly provider led audits and annual reviews, to ensure all audits are correctly & contemporaneously recorded.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure the register provider has robust procedures in place which are consistent with the National Standards for Infection prevention and control in community services and to prevent unnecessary standards healthcare associated infections, a full review of the providers auditing template used for IPC inspections has been completed. To ensure the information gathered on the day of this audit is correct and accurately recorded, draft audit findings will be reviewed by the Assistant Director responsible for the centre or their delegate. All outstanding actions from the centres recent IPC audit have now been resolved.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	12/08/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	12/08/2022

	published by the Authority.			
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