



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

Issued by the Chief Inspector

Name of designated centre:	The Hamlet Children's Respite
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	28 January 2025
Centre ID:	OSV-0008282
Fieldwork ID:	MON-0037503

About the designated centre

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

This designated centre provides a residential respite service for children who have an intellectual disability, autism, acquired brain injury or mental health difficulties. It is a social care led service, with nursing support on-site. The designated centre consists of a two-storey house in North Country Dublin with multiple communal areas, large garden spaces and an apartment annexe with a separate living space, which has the option of being closed from the rest of the house. Local amenities include cinemas, shopping centres, cafés and parks and the centre has use of vehicles to support transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 28 January 2025	11:00hrs to 18:30hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet the children using this house for respite breaks on the day of inspection. In addition to speak with their support team, observe interactions and review documentary evidence of support plans as part of the evidence indicating their experiences in this designated centre. The inspector observed the children to be comfortable and happy in the house and relaxing in the evening after their day in school.

The children were accommodated in bedrooms which were decorated and furnished with themes such as dinosaurs and unicorns. Some children had a preference for their favourite bedroom when they stayed over. Communal areas were spacious and allowed children to spend time alone or share the space with others without disturbing each other. The premises had a large garden equipped with swings, trampolines, a playhouse, footballs and goals, and there was a selection of toys and games in the house for the children to enjoy. Children had fun playing with a ball pit, keyboard and cuddly toys, and some children were relaxed watching cartoons or using their electronic tablet.

As the children arrived to the centre in the mid-afternoon, staff had dinner ready for them which the children enjoyed, while others were supported to wash up and change into their pyjamas for the evening. Children told the inspector that they had had a good day and in the main the children appeared happy and relaxed in the house. One child was singing aloud and playing the tambourine, and another child enjoyed running around the large house and playing in a ball pit. The inspector observed how a staff member kindly supported a child who had hurt their foot and they soon went from crying back to smiling with their toys.

One child was supported in a separate living space to ensure their wellbeing and dignity was protected based on their assessed needs. The staff member working with this child had supported them to go out in the afternoon and ensured they were relaxed in the house with their favourite comfort items. Where children were playing videos or games on their tablets, staff were observed taking an interest in what they were doing rather than just supervising them.

Staff were observed engaging with children in a kind manner. The inspector observed a staff member encouraging children to be respectful of the space they shared with others, and encouraging the children to say "please", "thank you" and "excuse me" when they needed something. The children were also encouraged to wash their hands and put things in the bin or sink themselves. Staff spoke to the inspector about children who used their time in the centre to practice their skills and daily activities relevant to their age, such as preparing snacks, toilet training and grocery shopping.

Staff spoke to the inspector about the importance of ensuring the children

understood why they could not do some things immediately. Staff explained how they offered alternatives or explained why the children might have to wait, instead of being told no. Staff had completed training in a human rights based approach to health and social care, and the inspector observed this being discussed at team meetings, with a focus for 2025 on how this training would be implemented into measurable strategies for service improvement and enhancing support for service users. Team meetings also discussed topics to ensure the service was homely and pleasant for the children, such as encouraging variety in staff allocation and ensuring staff were vigilant of their tone and language while working with the children.

The annual report for the centre reflected on commentary from family members, who in the main spoke positively on the service and noted that their child was always happy to visit and enjoyed their time there. Feedback gathered from service users and their families contributed to quality improvement objectives and actions in this report, such as increasing frequency and variety of outings and activities, and ensuring that children were supported to use their respective communication methods. The annual report was featured with photos of the children shopping for toys, going to parks, churches and playgrounds, getting ice cream, decorating the house for Christmas and meeting Santa Claus.

The next two sections of the report present 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 the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013), follow up on solicited and unsolicited information received by the Chief Inspector of Social Services, and to inform a decision to grant an application to renew this centre's registration. The inspector found this service to be appropriately resourced, with suitable supervision arrangements to ensure oversight and accountability of the performance and quality of the staff team.

The inspector observed the person in charge to have a good knowledge of the current risks, objectives and challenges in the designated centre. The person in charge used the probation, supervision and performance improvement structures available to them to address areas of staff performance and development in timely fashion and in line with provider policy. The person in charge was suitably supported by the Assistant Director of Service, who engaged in regular governance meetings to stay apprised of matters arising in the centre and to verify audit findings. The inspector observed some discrepancy between provider level audits and local audits reviewing the same lines of enquiry, which was discussed during this inspection.

Where persons had made complaints in or about the service, the majority of these were managed in line with good practice, with some examples of where it was not clear how the provider's policy was being adhered to in full.

Regulation 14: Persons in charge

The inspector reviewed information submitted to the Chief Inspector and spoke with the person in charge during this inspection. The person in charge worked full-time in their role. They were suitably experienced in management roles in health and social care settings, and held a qualification in the management of people. The person in charge was appropriately supported and met regularly with their house team with and their own line management.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed records of supervision meetings between a sample of four members of the front-line care staff and their line manager. Minutes of these meetings discussed meaningful topics relevant to the objectives, challenges and competencies of staff members to ensure that each person was progressing their career objectives and were all working to an acceptable standard in their duties. Where staff were identified to require enhanced supervision, specific and measurable performance improvement goals were set out which could be followed up on in later meetings. The inspector observed good examples of how the person in charge was supporting staff members through difficulties and where concerns had been raised in the working environment.

The provider had a matrix system by which they had identified which staff were overdue to attend refresher courses in training which was required by the regulations or based on the assessed support needs of the children. Reminders were also discussed in team and individual meetings to complete this training in a timely fashion.

Judgment: Compliant

Regulation 23: Governance and management

The inspector observed examples of staff being supported to achieve their probation requirements, and being supported to raise concerns related to challenging duties or internal matters in the staff team, through formal meetings with their manager.

Where relevant these matters were observed to be discussed in team meetings to ensure that staff maintained a mutually respectful culture and supported each other in the operation of the designated centre and in the consistent delivery of support for service users. From speaking to staff and reading minutes of meetings, the inspector was provided evidence that staff felt supported in their roles, and were supported to raise complaints or feedback to the person in charge and that it would be taken seriously by them.

The provider had conducted an unannounced six-monthly inspection of the centre in December 2024, scoring themselves 66% in compliance with regulatory requirements and provider policy as part of this audit process. The inspector observed clear records in this report on what evidence was used to make these findings, such as specific policies, care plans, environmental features and staff training requiring improvement or development. This allowed for measurable and specific objectives to be set out to address matters raised, and the inspector observed examples of where these objectives were completed or in progress during the inspection. The inspector was also provided 11 audits conducted in-house in December 2024 on individual regulations such as healthcare needs, residents' rights, staffing, risk management, fire safety and medicine management, all of which scored 100%. These same lines of enquiry were also reviewed by a senior manager at provider level and discussed in governance meetings. The inspector was not assured of the effectiveness of the local audit tool, as it lacked detail on evidence relied on to find the service fully compliant, in the same areas which were identified as requiring regulatory improvement action by the governance overview and by the provider inspection conducted in the same time period.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed a statement of purpose dated for 2025 which outlined the information and services of this designated centre as per the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's records of incidents, accidents, restrictive practices and safeguarding concerns submitted through 2023 and 2024. The inspector found that the provider had submitted notifications of these to the Chief Inspector in accordance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the provider's complaints procedure dated October 2023, and records of complaints raised in or about the service in 2023 and 2024. In the main, the details of complaints and the engagement with the complainant was recorded and retrievable to be assured that the matter was being investigated, and findings or improvement actions communicated to the satisfaction of the relevant person. However some entries were unclear on how the complainant was supported to engage with the appeals process or independent review when they expressed dissatisfaction with the response they had received from the provider. In some of the entries logged, the complaint was responded to by the person who was the subject of the complaint instead of referring the matter to a different person, which was not in line with provider policy or good practice.

Judgment: Substantially compliant

Quality and safety

The inspector found evidence through speaking with children and staff, reviewing documentary evidence and observing routines that the children were safe and were supported in their choices during their respite stays. While some development was required in risk assessments and personal support plans, overall the inspector found this to be a service in which the children enjoyed themselves and were protected from harm, abuse and distress.

Staff demonstrated good knowledge on safeguarding procedures and how concerns were being escalated as required. Measures were taken to protect children from abuse or negative peer interactions including compatibility review when scheduling respite stays, utilising a single occupancy space for specific service users, and monitoring activity at night where necessary.

The premises was homely, spacious, comfortable and allowed children to pursue their own recreation and routines. Service user and family/representative feedback including variety of outings and activities was being discussed in team meetings to ensure all staff consistently delivered quality care and varied and interesting engagements during respite stays. Where children had assessed needs related to positive behaviour support, nutrition, and healthcare needs, staff demonstrated overall good knowledge and could refer to written guidance and instruction where necessary. Some development was required in plans related to communication to ensure they were tailored to individual children, in particular those who used means

other than speech to effectively be understood by staff.

Regulation 10: Communication

The inspector reviewed communication plans and spoke with staff regarding children who used methods other than speech to communicate and be understood by others. Some children utilised communication devices or sign language to communicate, and the inspector observed how staff communicated and interacted with them. In the sample of communication support plans reviewed, information required development to be tailored to the needs and methods of specific children and provide person-centred guidance to staff supporting them. For example, where a plan indicated that a child used sign language to communicate, guidance was generic and did not reflect the signs and words the child actually used or was being supported to use. For some children who used electronic devices to support them to communicate, guidance had not yet been developed to ensure staff could maximise the use of these supports during their time in the service.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The inspector observed and discussed with the person in charge some examples of where detail on what was done could be added to outings and car drives into the community to be assured that children were engaged in varied and personally meaningful activities. However, overall the inspector observed that children were supported to engage in fun activities in the house and local area during their respite. Staff provided examples of how they were supporting children to advance objectives related to skills and daily activities appropriate to their age and capacities, such as meal preparation, grocery shopping or toilet training during their time in the centre. The children were provided space indoors to enjoy their time alone or with others, and the house and garden was equipped with toys, games and playground equipment.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed children to have access to meals and snacks during their time in this house, and observed evidence that children were encouraged to have healthy dinners before they had snacks and treats.

The inspector reviewed staff guidance related to children whose feeding, eating, drinking and swallowing (FEDS) assessments set out requirements for food and drink to be modified or for children to use an alternative for nutrition or hydration such as percutaneous endoscopic gastrostomy (PEG) tubes. The care staff who spoke with the inspector about these supports demonstrated good knowledge of their needs, and could retrieve person-specific guidance on how to use alternative feeding methods, and how to identify and respond to instances in which they were not working correctly.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the incident and accident log for this service, and risk assessments which had been composed based on the needs of the respite users. In the main, risk assessments had been created for risks including accidental and self-inflicted injury, peer compatibility, and supporting children in protecting their privacy. Some gaps were observed in risk assessments related to aggression, staff safety and learning from adverse incidents, however these did not pose immediate risk to the safety of the children. Incident records were written in detail and indicated what actions had been taken to keep children safe and reduce risk of recurrence. Where staff had been instructed to routinely monitor items such as marks and bruises, this was done. Some development was required to identify and mitigate the impact of restrictive practices on children who were subject to them, for example where specific children were supported individually as it was assessed they needed supports provided separately from other children during their respite stays.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector reviewed a sample of care and support plans for children who expressed anxiety or distress in a manner which may pose a risk to the safety or dignity of themselves or other people. In the main, guidance to staff in identifying, understanding and responding to these presentations was person-centred and kept under review to reflect recent evidence or changes.

The control measures for some risks included the use of physical or environmental restrictive practices such as bed sides, locked doors and single separation. The inspector reviewed a sample of how these were reviewed and found their rationale to be clearly identified, and examples of where the associated risk was sufficiently reduced that the restriction could be retired as a control measure. Some development was required to ensure that the risks associated with children being

restrained was identified and mitigated; this is referenced under Regulation 26 on Risk Management.

Judgment: Compliant

Regulation 8: Protection

The provider had notified a small number of incidents related to negative interactions between service users in 2023 and 2024. The inspector observed how the provider was responding to these incidents to identify where trends were emerging or where service users were deemed no longer compatible to attend their respite at the same time. Other risk control measures had been implemented in response to specific risks, such as when more vigilant night time monitoring was required to reduce risk of adverse incidents. Where risk arose which required notification to the Chief Inspector, the Child and Family Agency (Tusla) or An Garda Síochána, as part of the provider's investigation, this was done in a timely fashion.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed children being supported to make choices and pursue their individual routines during their stay in this service. The inspector observed kind and respectful interaction between staff and service users. The inspector observed an example of a staff member encouraging and reminding the children to be respectful and patient when asking for something, to use their manners and respect the shared space with staff and peers. The inspector spoke to another staff member who described how they protected the rights of the children, and balanced them with their duties to keep children safe. Children were relaxed and content in the house, and there was sufficient communal living space for children to carry out activities without interrupting their housemates. The staff team were completing an online course in a human rights based approach to health and social care, and this was being discussed in team meetings, with the annual report identifying implementation of this training in practice as a focus for 2025.

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 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
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Hamlet Children's Respite OSV-0008282

Inspection ID: MON-0037503

Date of inspection: 28/01/2025

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>The Person in Charge has completed a comprehensive review of the audits completed within the designated centre. For all local audits, the Person in Charge will ensure that the detail captured will clearly record, with evidence, their findings and the rationale for their judgements. The PIC and Assistant Director of Service completed a training session with Team Leads involved in auditing to ensure they are completed in a thorough and robust manner. The Senior management team will continue to ensure oversight management audits are regularly completed in the designated centre to ensure that the services provided is safe, appropriate to residents’ needs, consistent and effectively monitored.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Organisation Policy for Complaints was reviewed and updated in August 2024. The Person in Charge is the nominated complaints officer for the Designated Centre and will be the person responsible for addressing and reviewing any complaints raised. Where the Person or Charge cannot or should not resolve the complaint the Assistant Director of Services will assume the role of complaints officer as outlined in the organisational policy.</p> <p>The Person in Charge will complete an investigation report and ensure its provided to the complainant as per the agreed timelines, the complainant is provided with details of the</p>	

nominated appeals officer and the process on how to appeal the complaint if they are dissatisfied with the outcome within this investigation report.

The Complaints Officer will maintain a detailed complaints log which will outline the nature of the complaint, the details of the investigation that occurred, the outcome of the complaint, the actions agreed and if the complainant was happy with the outcome.

Regulation 10: Communication

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
The Person in Charge has commenced a review and is updating all communication plans for residents who require support with their communication needs. All resident's updated communication plans will clearly define the residents' preferred methods of communication including, but not limited to, assistive technology, aids and appliances they use to communicate.

A new comprehensive communication passport has been developed by the Person in Charge and this will ensure the information provided is tailored to the needs and methods for the children who require support with communication.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

For all future incidents within the centre, the residents individual risk assessment will be updated to reflect the lessons learnt or additional control measures in place to mitigate or reduce the risk of the incident occurring.

The Person in charge will review all admission assessments for those children that are supported individually to ensure that the arrangements in place are proportionate to any identified risk. These arrangements will be kept under review in line with their assessed needs of the residents', with an emphasis on positive risk taking where deemed appropriate.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	26/04/2025
Regulation 10(3)(c)	The registered provider shall ensure that where required residents are supported to use assistive technology and aids and appliances.	Substantially Compliant	Yellow	26/02/2025
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'	Substantially Compliant	Yellow	28/02/2025

	needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2025
Regulation 34(2)(a)	The registered provider shall ensure that a person who is not involved in the matters the subject of complaint is nominated to deal with complaints by or on behalf of residents.	Substantially Compliant	Yellow	05/02/2025
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	05/02/2025
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a	Substantially Compliant	Yellow	05/02/2025

	complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
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