



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

Issued by the Chief Inspector

Name of designated centre:	1-5 Filgate Park
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	13 March 2023
Centre ID:	OSV-0008310
Fieldwork ID:	MON-0037752

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 for up to ten adults with disabilities. The centre comprises of four semi detached houses and one detached house on a small complex in Co Louth. It is in close proximity to local shops and private transport is provided to residents for social outings and drives. Each resident has their own private bedroom (some ensuite) and each house has a large fully equipped kitchen, dining room, living room and utility room. There is a large gated courtyard to the front of the property and each house has its own private back garden. There is ample private parking to the front of the centre. The staff team consists of a full-time person in charge, two team leaders and a team of 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
Monday 13 March 2023	10:45hrs to 17:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over one day and in a manner so as to comply with current public health guidelines so as to minimise potential risk to the residents and staff. This was a residential service which could provide care and support for up to ten adults with disabilities. On the day of this inspection there were six residents living in the centre.

The centre is made up of four semi-detached houses and one detached house within walking distance of a local shop. Private transport was available to residents for trips further afield to nearby towns and other community-based facilities.

At the time of this inspection there were 2 residents living in one of the houses and the remaining other four houses were single occupancy. The houses were observed to be clean, well maintained and decorated to suit the individual style and preference of each resident.

One resident invited the inspector to see their house and bedroom. It was observed to be warm and welcoming and, the resident had their bedroom decorated with their own personal belongings to include photographs of family and friends. When asked if they liked living in the house the resident replied yes and they told the inspector that they would like their bedroom painted a different colour. Staff informed the inspector that the resident wanted their bedroom painted red and that this would be facilitated for them. The resident also had a small enclosed private back garden area for them to relax in when the weather was good.

Another resident from a different house also spoke briefly to the inspector. They appeared happy and content in their home and were relaxing watching videos on their computer. Staff were observed to be attentive to their needs and their home was also observed to be warm and welcoming. The resident had been swimming earlier in the day and staff reported that this was an activity the resident enjoyed very much.

On a review of a sample of the residents weekly planners, the inspector observed that they were engaging in a number of learning, social and recreational activities of their choosing. Some were being supported to develop independent living skills in their home such as, managing their own laundry, maintaining their own bedrooms and cooking. Others liked in house activities such as artwork, playing on their computers and watching television. Residents also liked to go for drives, go to the gym, engage in exercise programs such as walking, swimming and aerobics, go horse riding, bowling, cinema and go-carting. Day service options were also available to the residents.

On review of a sample of written feedback on the service, the inspector observed that residents were generally happy in their homes and happy with their accommodation. It was also reported that they were happy with the care and

support provided by the staff team. The inspector also reviewed the complaints folder and found that there were no open complaints about the service at the time of this inspection.

While all five houses were observed to be clean and generally well maintained on the day of this inspection, some minor maintenance works were required in houses one and two and the way in which some vacant rooms were being used for storage in the centre required review.

Notwithstanding, over the course of this inspection residents were observed to appear happy in their homes, relaxed and engaging in activities of their choosing. They also appeared comfortable and content in the company and presence of staff and staff were observed to be patient, kind and caring in their interactions with the residents.

The next two sections of this report discusses the above in more detail.

Capacity and capability

Residents appeared happy and content in their homes and systems were in place to meet their assessed needs. However, issues were identified with regulation 16: training and staff development.

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. The person in charge was responsible for the registered designated centres however, they were supported in their role by two team leaders and a member of the management team. Additionally, protocols and procedures were in place so as to ensure adequate managerial oversight of the centre when the person in charge was on leave.

On the day of this inspection the person in charge was on leave and another person in charge from the organisation facilitated the inspection process along with the director of operations of the service.

Both were found to be 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) and were responsive to the inspection and regulation process.

The person in charge explained the staffing arrangements in place for each house that comprised the designated centre and from viewing a sample of rosters, the inspector saw that there were adequate staffing arrangements in place to meet the needs of the residents at the time of this inspection. Additionally, where 2:1 staffing cover was required, it was provided for.

In house training was made available to the staff team so that they had the required skills and knowledge to support the residents. For example, from a small sample of files viewed, staff had undertaken training to include, first aid, safeguarding and infection prevention control (IPC). However, on the day of this inspection, the centre could not demonstrate or evidence that all staff had required training in the administration of a specific medication to be administered in the event of an allergic reaction to shellfish. Additionally, it could not be evidenced that all staff had training in a specific communication technique used by one of the residents to communicate with staff working in the centre.

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The provider had systems in place to monitor the service and take on board feedback from the residents and family representatives. An annual review of the quality and safety of care for 2022 was not yet due but a six monthly unannounced visit to the centre had been carried out in February 2023. Additionally, an assessment of regulation 27: protection against infection had also been carried out in February 2023. On completion of these audits, plans of action were being implemented so as to address any issues or concerns highlighted. For example, the auditing process highlighted the need for a review of residents individual isolation plans. This issue had been addressed by the person in charge at the time of this inspection.

Regulation 15: Staffing

The person in charge explained the staffing arrangements in place for each house that comprised the designated centre and from viewing a sample of rosters, the inspector saw that there were adequate staffing arrangements in place to meet the needs of the residents at the time of this inspection. Additionally, where 2:1 staffing cover was required, it was provided for.

Judgment: Compliant

Regulation 16: Training and staff development

On the day of this inspection the centre could not demonstrate or evidence that all staff had the required training in:

- the administration of a specific medication to be administered in the event of an allergic reaction to shellfish. The resident in question was on a home visit at the time of this inspection and was not due to return to the centre until the evening of March 16, 2023. When this issues was brought to the attention of

the director of operations, the inspector was provided with written assurances that all staff working in the centre would be provided with this training on March 15th and March 16th 2023, prior to the return of the resident to the centre.

- a specific communication technique used by one of the residents to communicate with staff working in the centre. This communication technique was important as it supported staff to understand the needs of the resident and with the management of behaviours of concern.

Judgment: Substantially compliant

Regulation 23: Governance and management

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.

The person in charge was responsible for the registered designated centres however, they were supported in their role by two team leaders and a member of the management team.

Additionally, protocols and procedures were in place so as to ensure adequate managerial oversight of the centre when the person in charge was on leave and the centre was being audited as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the 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 being supported to live their lives based on their expressed preferences and, systems were in place to meet their assessed needs. Some minor issues were identified with the premises and the process of risk management.

The individual needs of the residents were being supported and encouraged. Residents were supported to engage in social, recreational and learning activities of their personal interest and choosing. A number of in house activities were available to the residents to include table top activities and artwork. Residents were also being supported with independent living skills in their home. Day service options were also provided for and private transport was available so as residents could access community-based facilities such as going to the gym, exercise classes, horse riding, bowling, cinema, shopping and scenic drives. Residents were also being supported to maintain contact with their family members.

Systems were in place to meet and support the healthcare needs of the residents. Residents had access to general practitioner (GP) services and a range of other allied healthcare professionals to include occupational therapy, physiotherapy, and speech and language therapy. Residents were also supported to experience positive mental health and where required, access to psychology support was provided for.

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. At the time of this inspection however, there were no open safeguarding plans on file. Two staff members spoken with said, if they had any concerns about the welfare of any of the residents they would report them to the person in charge immediately. Additionally, from a small sample of files viewed staff had training in safeguarding of vulnerable adults and easy to read information on how to stay safe and advocacy was available to residents.

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 wellbeing. For example, where a resident may be at risk in the community, they were provided with 2:1 staff support so as to ensure their safety. It was observed however, that some of the control measures in place to support residents' safety required review and updating.

There were 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. There was also a COVID-19 contingency plan in place. Staff also had as required access to PPE to include face masks which they used in line with public health guidance on the day of this inspection. Adequate hand sanitising gels were available throughout the centre as was COVID-19 related signage. Residents also had

individual isolation plans in place.

The premises were laid out to meet the needs of the residents and were found to be generally well maintained, clean and homely on the day of this inspection. However, some maintenance works were required and the way in which some vacant rooms were being used for storage, required review.

From a review of two of the houses it was found that adequate fire fighting systems were in place to include a fire alarm, fire extinguishers, fire doors and emergency lighting. Equipment was being serviced as required by the regulations. From a sample of files viewed, staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted in the centre and each resident had a personal emergency evacuation plan in place. It was observed that some residents personal emergency evacuation plans required updating due to risks associated with exiting the premises during fire drills however, this issue was actioned under regulation 26: risk management.

Regulation 17: Premises

The premises were laid out to meet the needs of the residents and were found to be generally well maintained, clean and homely on the day of this inspection. However, some maintenance works were required (repainting in house one and two and a crack in the wall needed repairing) and the way in which some vacant rooms were being used for storage, required review.

Judgment: Substantially compliant

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 wellbeing. For example, where a resident may be at risk in the community, they were provided with 2:1 staff support so as to ensure their safety.

It was observed however, that some of the control measures in place to support residents' safety required review and updating. For example:

- staff in one of the houses used a withdrawal technique as a way of managing risks associated with the management of behaviours of concern. This strategy was not adequately documented as a control measure for managing risk associated with behaviours of concern in the resident's individual risk assessment.
- additionally, some residents personal emergency evaluation plans required

review so as to, ensure all risks associated with residents evacuating the premises during fire drills were documented. It was observed that during a recent fire drill one resident was slow to vacate the premises however, their personal emergency evacuation plan had not been adequately updated to reflect and address this risk

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were 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. There was also a COVID-19 contingency plan in place. Staff also had as required access to PPE to include face masks which they used in line with public health guidance on the day of this inspection. Adequate hand sanitising gels were available throughout the centre as was COVID-19 related signage. Residents also had individual isolation plans in place.

Judgment: Compliant

Regulation 28: Fire precautions

From a review of two of the houses it was found that adequate fire fighting systems were in place to include a fire alarm, fire extinguishers, fire doors and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted and each resident had a personal emergency evacuation plan in place. Staff also completed as required checks on all fire equipment in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual needs of the residents were being supported and encouraged. Residents were supported to engage in social, recreational and learning activities of their personal interest and choosing. Residents were also being supported with independent living skills in their home. Day service options were also provided for and private transport was available so as residents could access community-based facilities such as going to the gym, exercise classes, horse riding, bowling, cinema, shopping and scenic drives. Residents were also being supported to maintain

contact with their family members.

Judgment: Compliant

Regulation 6: Health care

Systems were in place to meet and support the healthcare needs of the residents. Residents had access to GP services and a range of other allied healthcare professionals to include occupational therapy, physiotherapy, and speech and language therapy. Resident were also supported to experience positive mental health and where required, access to psychology support was provided for. Care plans were also in place so as to support continuity of care

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. At the time of this inspection however, there were no open safeguarding plans on file.

Two staff members spoken with said if they had any concerns about the welfare of any of the residents they would report them to the person in charge immediately.

Additionally, from a small sample of files viewed staff had training in safeguarding of vulnerable adults and easy to read information on how to stay safe and advocacy was available to residents.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for 1-5 Filgate Park OSV-0008310

Inspection ID: MON-0037752

Date of inspection: 13/03/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All remaining staff have completed Epi-pen training for medication to be administered in the event of allergic reaction for one resident. • All staff have been provided with Lamh training. This training will help staff to better understand needs of the resident and with the management of behaviors of concern. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A full review of the premises was completed post inspection.</p> <ul style="list-style-type: none"> • Repainting in houses one and two has been completed by maintenance staff, additionally the crack in the wall has been repaired. • All vacant rooms have been emptied from unnecessary items and items placed in storage. Additional storage areas are being acquired. • Maintenance issues will be escalated by the PIC to the maintenance department in a timely manner and their progress will be discussed monthly at Governance meetings with the Assistant Director of Services. 	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A review of all risk assessments within the centre was completed post inspection.</p> <ul style="list-style-type: none">• The control measures contained within a risk assessment to support a residents' safety was updated. Appropriate guidance is now in place regarding the withdrawal technique which is used to manage certain behaviours of concern.• Residents' personal emergency evacuation plans have been reviewed and updated to reflect and address any potential risk when residents are evacuating the centre. This includes identifying if a resident is slow to vacate the premises and what strategies are utilised to support the resident at this time.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	06/04/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	29/04/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	07/04/2023

	ongoing review of risk, including a system for responding to emergencies.			
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