



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

Issued by the Chief Inspector

Name of designated centre:	The Ranch
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	06 June 2023
Centre ID:	OSV-0008321
Fieldwork ID:	MON-0037790

About the designated centre

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

The Ranch is a designated centre operated by Talbot Care Unlimited Company. The Ranch provides a respite 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 in line with the model of Person-Centred Care and Support. The Ranch aims to encourage and support the service users to participate in the community and avail of the amenities and recreational activities. The Ranch is a two-story community house with two apartments. There are six individual bedrooms for service users (three en-suite) two of which are self-contained apartments with en-suite and Kitchen/ Living Area. The house is also equipped with a domestic kitchen. There is one sitting room and two living rooms in the house. There is a large Sun-room and Relaxation Room. The Ranch is surrounded by a large garden that is accessible to residents. The centre is staffed by social care workers, staff nurses and direct support workers.

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 6 June 2023	11:00hrs to 19:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations. This inspection was the first for the centre since it opened in September 2022, the centre provides respite service for adults with intellectual disabilities. The inspector had the opportunity to meet with residents during their respite stay and observe interactions in the centre during the course of the inspection. The inspector used these observations, in addition to a review of documentation, and conversations with support staff to form judgements on the residents' quality of life and experience of respite. The inspection was facilitated by the person in charge and the person participating in management (PPIM). Overall the inspection found high levels of compliance with the regulations, however improvement was required in relation to identified gaps in staff training records and regulation 26 risk management.

The designated centre is a two story house with six individual bedrooms, it comprises of a main house with four bedrooms, living room, sun room, sensory room and two single occupancy apartments equipped with en-suite bathrooms and kitchen and living room areas. The centre has a large kitchen and dining area that leads into the garden. The garden is accessible from a number of areas within the house including the main house and the apartments. The premises was found to be bright, clean and decorated in a manner that would meet a wide variety of tastes of residents availing respite services. The centre is located near a local town and has access to the community through two centre vehicles. Residents who avail of respite can attend their day service when in the centre or can chose to participate in activities on offer in the centre. The designated centre is registered for six beds, at the time of the inspection there was five residents availing of respite services. The inspector had the opportunity to meet with four residents and one family during the course of the inspection.

On arrival to the centre one resident had gone to a local park area for a walk with staff and another resident was attending day service. The inspector had the opportunity to speak to with one resident on their return from day service. The resident did not spend much time with the inspector as was their choice, the resident informed the inspector that they were having a good time in the centre. The resident was observed to be interacting with staff about their day. One resident arrived at the centre for their first overnight stay as part of their transition. The inspector spoke briefly with the resident who was being supported by staff in the kitchen to prepare a meal. Support staff assisted the resident to go out to the garden for a walk. The inspector observed the interactions between staff and residents to be warm, engaging and respectful. Residents appeared relaxed in the presence of staff and the inspector observed residents participating in activities with staff such as jigsaws, computer games, walks and preparing meals. Residents had access to a range of activities and choice of activities was discussed at resident meetings but could be altered by residents as they wished. Residents had the

opportunity to enjoy a variety of activities, including swimming, meals in the local community, shopping trips, use of the sensory room, cinema and visits to national park and beach.

The inspector met with one resident and their family on arrival to the centre for their respite stay. The inspector had the opportunity to speak with the family about the care provided for their loved one. The family member informed the inspector that they are extremely happy with the level of support and care that their loved one receives while in the centre. The family spoke to the inspector about the admission process and that the person in charge and staff team had ensured that an appropriate assessment and transition plan was in place so that all aspects of their loved ones social, emotion and assessed medical needs were met during the respite stay. The family member told the inspector that the centre was always clear with their communication to families, that staff in the centre will send a message to the family at the end of each day to inform them they had a good day and had gone to bed. The communication from the centre gave the family additional peace of mind and when their loved one is in the centre it is a "feeling like your shoulders just dropping".

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered

Capacity and capability

The registered provider and the person in charge had implemented strong governance and management systems to support the delivery of an effective service. The centre was found to be well resourced and care and support was being delivered in a person-centred manner. There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. While the person in charge had responsibility for additional services, the inspector found that governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfill their professional responsibilities. The person in charge was also supported in their role by two team leads.

There was evidence of regular quality assurance audits taking place to review the delivery of care and support in the centre, including monthly Key Performance Indicator (KPI) reviews to monitor on going levels of compliance in the centre and identify areas for possible improvements. The provider and person in charge were in the process of information gathering with residents, family and staff for the completion of the centres first annual report since opening in September 2022. The provider had also completed six-monthly unannounced visits as required by the regulation.

The designated centre was adequately resourced to deliver a respite service in line

with the written statement of purpose. A planned and actual roster were maintained for the centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. There was evidence that the person in charge had completed risk assessments based on the residents' changing needs as appropriate and that the provider had responded by allocating additional staff with the required skill and qualifications. For example, the provider had implemented additional staffing resources to facilitate the needs of respite users during a crisis period, staffing resources were reviewed regularly by the person in charge and PPIM in order to ensure a safe and effective service was being delivered.

A review of staff training records identified that staff had access to a high level of mandatory and refresher training. Staff received training in key areas such as safeguarding adults, fire safety and infection control. However, on the day of the inspection the inspector found gaps identified in the training documentation, for example non nursing staff had received training in Percutaneous Endoscopic Gastrostomy (PEG) Feeding, this training was not highlighted in number of staff records and there was no refresher date identified in the training records for non nursing staff.

Staff were in receipt of regular formal and informal supervision to support them to carry out their roles and responsibilities. A review of supervision records found that supervision meetings were used to develop staff roles and responsibilities within the centre and further enhance their professional development.

There was a complaints policy and clear complaints procedures in place. There was a person nominated to deal with complaints. A review of records found that complaints were managed in accordance with the provider's policy and that the person in charge had clear systems in place to ensure that complaints were dealt with in a timely manner. Complaints were recorded and escalated appropriately, with a record of communication with the complainant maintained.

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated, and was located in an accessible place in the designated centre for residents and their families.

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the requirements of the regulations, and were found to be aware of their roles and responsibilities in relation to the regulations. They had effective systems for the oversight and monitoring of care and support in this centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured a stable and consistent staff team for the designated centre. The provider had implemented additional staffing when required to meet the needs of residents during their respite stay. Nursing supports were in place as required with nursing supervision supports in place. There was a planned and actual roster maintained in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training in areas determined by the provider to be mandatory, such as fire safety, safeguarding and safe administration of medications.

On the day of the inspection the inspector founds gaps identified in the training documentation, for example non nursing staff had received training in Percutaneous Endoscopic Gastrostomy (PEG) Feeding, this training was not highlighted in number of staff records and there was no refresher date identified in the training records for non nursing staff. Non nursing staff members had received competency assessments with a registered nurse which requires the trainee to undertake a three skills based observational competency assessments, on the day of the inspection the training had been completed by staff but not signed off by all parties as completed.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and the staff's roles and responsibilities were clearly defined. There were systems in place to ensure the provider and person in charge had oversight and were monitoring care and support for the residents in the centre.

Six-monthly audits by a representative of the provider had been carried out. These audits identified where areas of improvement were required and on review it was demonstrated the person in charge had made arrangements to address areas for improvement. The person in charge carried out operational audits in the centre in the areas of medication management, IPC, restrictive practices and accidents and

incidents.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose was in place and available in the centre. It was being regularly reviewed and updated in line with the timeframe identified in the regulations and found to contain the required information.
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had suitable arrangements in place for the management of complaints. The person in charge kept a complaints log and there was evidence that complaints were recorded, investigated and resolved in line with the provider's policy.
Judgment: Compliant
Quality and safety
<p>Overall, the inspector found that the residents were receiving a high standard of care and support, and the centre delivered a person-centred and quality service. However, improvements were required in relation to regulation 26 risk management.</p> <p>The centre was found to be bright, warm, clean and was decorated in a style to suit the different tastes of residents availing of the service provided. Each resident had their own bedroom which were adequately furnished and maintained. There was sufficient bathrooms which were designed and equipped to meet resident needs. The centre provided a number of communal spaces that were bright and spacious for residents, including two living rooms, a sun room, sensory room and a movie room equipped with a number of games consoles for residents to avail of during their stay. Residents had access to a large back garden which was equipped with a number of activities for residents to avail of such a football goals and soccer balls.</p> <p>The provider had systems in place for the ongoing management and monitoring of risk. There was a risk management policy available in addition to a local risk register and supporting risk assessments. It was evident that the risk register and the risk assessments were reviewed at regular intervals, however some improvement was</p>

required to ensure that the risk register appropriately reflected identified risk in the centre. The inspector also noted gaps in the documentation for the assessment of risk with risk assessment found to contain information not relevant to residents or the centre.

There were arrangements in place to prevent or minimise the occurrence of a healthcare-associated infection. Risks associated with infection prevention and control had been identified and assessed. It was found that governance and management arrangements were ensuring infection prevention and control measures were consistently and effectively monitored in the centre. There were auditing systems in place to ensure that care and support practices were consistent with the National Standards. The person in charge had developed a number of local auditing procedures in relation to infection prevention and control, which ensured greater oversight in the centre.

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. Records reviewed showed that the equipment was serviced at regular intervals. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents. Staff had received appropriate training in fire safety, including training in specific evacuation techniques. There was evidence that fire drills had taken place on a routine basis in the designated centre and that the person in charge had ensured that all residents availing of respite had taken part in at least one fire drill.

The person in charge had ensured that staff were provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice. There were a number of restrictive practices in place in the designated centre. These were recorded and regularly reviewed and there was evidence of removal and reduction of restrictive practices in the centre.

Regulation 17: Premises

The centre was laid out to meet the needs of residents. It was visibly cleaned and well maintained. As this was a respite service the bedrooms had been decorated in themes to suit residents interests. Residents were encouraged to bring belongings from home during their stay in the centre. Assistive technology, aids and appliances were available as per residents' assessed needs. There was adequate private and communal space for residents, the centre was also equipped with a sensory room and large back garden.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the ongoing management and monitoring of risk. There was a risk management policy available in addition to a local risk register and supporting risk assessments. It was evident that the risk register and the risk assessments were reviewed at regular intervals by the person in charge however some improvements were required to ensure that risk register accurately captures all risk within the designated centre. For example, exposure to violence and challenging behaviour risk assessment was identified as a medium risk for the centre but not reflected on the risk register. The inspector also noted gaps in the documentation for the assessment of risk with risk assessment found to contain information not relevant to residents or the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were suitable procedures in place to protect residents from healthcare associated infections, including risks associated with COVID-19. Infection control risks had been assessed and there were control measures in place that were updated in line with public health advice. The person in charge had implemented robust cleaning schedules that were incorporated into the daily responsibilities of staff.

The provider had completed infection prevention and control audits that monitored the implementation of national guidance.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. The inspector found that residents took part in planned evacuations and that learning from fire drills was incorporated into personal evacuation plans. The provider ensured that each resident completed as part of the transition plan for the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents assessments and found that an annual assessment of need had been carried out and these assessments informed health action plans. The inspector reviewed a sample of residents' files and saw that support plans were in place for each assessed need and that these support plans were updated as required. There was evidence of resident and their representative consultation throughout the personal planning and transition to respite stay process.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had knowledge and skills to appropriately respond to behaviours of concern from residents. Staff completed positive behaviour support training to support their effective delivery of care.

There were a number of restrictive practices in place in the designated centre. These were recorded and regularly reviewed and there was evidence of removal and reduction of restrictive practices in the centre.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	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 7: Positive behavioural support	Compliant

Compliance Plan for The Ranch OSV-0008321

Inspection ID: MON-0037790

Date of inspection: 06/06/2023

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> <p>The PIC has undertaken a review of the training records for the centre including all refresher dates and competencies.</p> <p>Online training portal will include Percutaneous Endoscopic Gastrostomy (PEG) Feeding training refresher dates and register dates of completion of training.</p> <p>All staff who have completed a practical assessment of Percutaneous Endoscopic Gastrostomy (PEG) Feeding training will sign relevant documents to evidence this.</p>	
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>The PIC has completed a full review of the risk register and individual risk management plans within the centre to ensure they accurately reflected the control measures that are in place.</p> <p>Risk assessments will more accurately represent the likelihood and impact of the risks they describe specifically in The Ranch. The risk ratings now reflect the associated risk. Any risk assessments that are not applicable will be removed.</p> <p>The local risk register will be reviewed to represent the current risks in The Ranch and will be in line with individual risk management plans.</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 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	15/07/2023
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	30/07/2023