



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

## Issued by the Chief Inspector

Name of designated centre:	The Tides
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 January 2025
Centre ID:	OSV-0008651
Fieldwork ID:	MON-0045698

## About the designated centre

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

The Tides is a designated centre operated by Talbot Care Unlimited Company. The centre provides residential care supports for up to four children between the ages of 10 and 18 years per the centre's statement of purpose. The centre comprised of a two-storey detached house located in a coastal town in north County Dublin. The centre was situated within walking distance of a range of local amenities, including a beach, playground, park, shops and restaurants. There were four spacious bedrooms for children, one of which contained an en-suite bathroom. There were spacious communal areas with a large kitchen-dining and sitting area, a living room and separate sensory relaxation room located on the first floor. The outdoor spaces of the centre included a large garden to the rear of the centre and an enclosed patio area to the side of the property. The centre is managed by a person in charge who is supported by team leaders, and resourced with a staff team of social care workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 15 January 2025	10:50hrs to 18:30hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector spoke with staff and management personnel in the designated centre, observed care interactions, spoke with family and reviewed documentary evidence related to the care and support of the children and engagements with their representatives. From what people told the inspector and what was observed during the day, the inspector observed evidence to indicate that the children were content and comfortable in their home, and that the provider and staff team were working to ensure residents were safe. Where people provided their opinions and feedback on the service, in the main this was documented, with some improvement in how negative feedback and commentary was reflected on for learning going forward.

Three of the four children were at school during the majority of this inspection, with school runs being facilitated by a combination of vehicles and drivers provided by the school and by this service. One child did not have a school placement as of the date of this inspection. The provider supplied evidence that they were working with relevant services and the child's representatives to attain a suitable placement. The provider was also working to attain a more appropriate educational placement for a second child for whom current arrangements were identified as not optimal for their educational requirements. Children arrived home in the afternoon, had their dinner, and enjoyed playing games, watching television, going for walks in the community and using their electronic tablets in the evening. Residents had a tent set up in the communal space in which they liked to relax with their cartoons and electronic tablet activities.

The inspector observed photos and social stories showing the children going to the cinema, amusement parks, castles, playgrounds, farms and shops. At home children played games with staff, or enjoyed chill-out time with their friends in the house. Children had recently attended a winter lights event, and spent time meeting with the Gardaí in their area, sitting into the vehicles and being shown their equipment. Some of these photo stories were tied into life enhancement goals, such as the children becoming comfortable with using public transport to further increase their travel options, and assisting in meal preparation. An older child was in the process of getting access to finances and a bank account. Plans were being developed to support their education in using money and in ensuring their money was accounted for and protected.

The inspector was provided with written surveys included feedback and commentary from the children or their parents. In the main these were positive, commenting on examples of activities and sports in which the children were supported to engage. Staff were noted to be kind and supported the children to visit and stay in contact with family per their choices and established routines. The inspector also had the opportunity to speak at length with a family member who commented positively on the person in charge and front-line staff being inviting and welcoming, and supportive in facilitating visits home and in the community. Some of the commentary provided to the inspector during this inspection however, included

examples of not being satisfied with aspects of the the service, not feeling effectively consulted on decisions made in the centre, and not receiving satisfactory responses following incidents or complaints raised. This is addressed later in this report.

The house was clean and tidy, nicely decorated and had a warm, homely feel. Children's bedrooms were all decorated in line with the their preferences, ages and individual needs. The inspector observed occupational therapy comments on changes being considered for the house to enhance accessibility for children with mobility support needs. Communal areas were pleasant with sufficient space for children to pursue their separate routines. The back garden was equipped with playground equipment including a swing and trampoline, and children had been supported to join staff in decorating the garden fences with colourful paint.

Through comments by staff and family and the inspector's own observations, children appeared relaxed, happy and comfortable in one anothers space in the shared home. Children did many of their activities at home and in the community together, and had become friends. There had been a small number of negative interactions between peers during times of anxiety, however, the provider retained detailed evidence of these incidents and escalated matters for risk control review if necessary. This was to keep the frequency or seriousness of incidents low and maintain friendships. The inspector observed evidence that where there was a concern of a safeguarding nature, it was promptly investigated with appropriate short and long term action taken to keep the children safe.

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 unannounced inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013) and to follow up on solicited and unsolicited information which had been submitted to the Chief Inspector of Social Services. The inspector found this service to be appropriately resourced with staff, equipment and vehicle resources based on the needs of the service, with a management and oversight structure which facilitated continuous improvement and staff accountability, and communication channels by which front-line staff were kept up to date on topics meaningful to them.

Staff members demonstrated a good level of personal knowledge of the preferences, personalities and histories of the children, as well as competency in navigating their care and support plans for their assessed needs. Care plan audits were overall effective in identifying where supports were required or where improved

implementation or revision was needed to guide staff.

The inspector observed that overall the service was effective in responding to risks, identifying areas for continuous development, and ensuring that children were safe and had their assessed support needs met. Some improvement was required in how the provider managed, responded to and incorporated learning from negative feedback and complaints received, and ensuring that this input was managed in accordance with provider policy and to provide assurance sought by relevant parties.

#### Regulation 14: Persons in charge

The person in charge had commenced in June 2024 and worked full-time in this role. They were suitably qualified and experienced in the management of health and social care services and were appropriately supported by the provider-level management as well as in-house deputation arrangements.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector reviewed the statement of purpose, staffing rosters and interactions between staff and children. There was a full complement of staff working in this centre at the time of inspection, and the team consisted of a suitable number and skill mix per the assessed needs of the children. The person in charge had ensured that the two front-line staff who could drive the centre's vehicle worked opposite each other to ensure they were available to facilitate community access.

Judgment: Compliant

#### Regulation 23: Governance and management

The inspector observed the designated centre to be suitably resourced with a number and skill-mix of staff suitable for the number and assessed needs of the children. The person in charge was suitably deputised in their role to ensure oversight and management of the team. In-house audits had been carried out on subjects including risk management, assessments and care plans, and staff training, which identified areas for improvement in compliance with provider policy, quality standards and regulatory requirements. The provider had also completed a six-monthly unannounced inspection in October 2024.

The provider had composed their annual report for this designated centre, dated

January 2025. This included reflection on successful objectives in the preceding year and areas on which the provider would focus for development in 2025. These primarily were focused on ensuring that recreational activities were varied and engaging as the children got older, that the staff team's human rights training was implemented in practice, and that children had measurable personal development goals around independence and skills development.

The annual report reflected on the positive commentary and engagement with children and their representatives achieved through the year. This included stories and photos of children engaging in enjoyable house and community activities and events, going on trips and pursuing objectives related to their personal development goals. However, the inspector did not observe headline or summary reflection on aspects of the service about which people had provided negative feedback and commentary for improvement. For example, the annual report stated that zero complaints had been received in 2024, despite ten entries recorded in the complaints log through the year, and other commentary attained from parties who had expressed dissatisfaction with aspects of the service.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The inspector reviewed records of injuries, adverse incidents and safeguarding concerns arising through 2024. The inspector observed evidence to indicate that the provider had notified the Office of the Chief Inspector in accordance with the requirements of this regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector was provided a policy on the receipt and management of complaints, dated October 2023, and a log of complaints made in or about the service. The policy contained information on how complaints may be received, the process for managing complaints at local level, and for escalating complaints to senior management when not resolved within identified timelines.

The inspector observed that initial complaints were recorded for ten entries in this complaints log for 2024. However, there were limited records of correspondence with the complainant for each entry, actions or outcome of investigations, and how the provider was recording satisfaction or lack thereof with responses and actions taken. Many of the complaints had been open for a number of months, and there was limited evidence available that, when complaints could not be resolved to



satisfaction at the initial stage, that they were escalated to the next stage of the complaints procedure as outlined in the centre policy. There were no available records that the complainants had been provided information of the provider's appeals process where they were not satisfied with the response or actions taken following their complaint, nor on information for independent review or advocacy services.

Judgment: Not compliant

## Quality and safety

The inspector found evidence from staff, children, families, reading of documents and observing routines that children were safe in this house and were supported in their choices, routines and independence levels. Children enjoyed varied and meaningful social and recreational opportunities in their community as well as being comfortable and content in their home.

The provider had ensured children's support strategies were subject to routine and as-required review by relevant healthcare professionals and the multi-disciplinary team. The provider had also identified goals related to personal development and life skills, such as using public transport, attaining suitable education placements, and learning to manage finances. The person in charge kept these under review to ensure that staff were suitably guided to progress and achieve these personal objectives. Some improvement was required to ensure plans and staff guidance was kept up to date to reflect changes in circumstances and the most recent recommendations from the multi-disciplinary team, and to ensure that input from children or their representatives was recorded in care plan reviews.

The provider demonstrated timely and effective response to concerns arising related to the safety of the children following adverse incidents and alleged or suspected abuse. Person-centred and evidence-based risk controls and safeguarding plans were implemented and kept under review to ensure they remained relevant and effectively guided staff on what to do to keep residents safe, and reduce risk of recurrences or patterns in incidents or concerns.

## Regulation 11: Visits

The inspector was provided evidence that children were supported to meet their families in the community or to receive them in their home. There was suitable space in the house in which the children could receive their visitors in private which was not their bedroom. Where restrictions on visits had been implemented, the rationale was clear and evidence-based, and communicated to the relevant persons.

Judgment: Compliant

### Regulation 13: General welfare and development

Children were supported to obtain and participate in suitable education placements, and the inspector observed evidence that children were supported to stay active and engaged in their home and community. Children were supported to stay in contact with their families. The inspector observed good examples of children having had enjoyable outings. The provider had identified, through their quality improvement audits, the need for further detail on progress notes with ongoing support objectives. The children were observed to be provided age-appropriate opportunities and facilities to engage in play time both alone and together.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector observed arrangements in place for identifying, recording, investigating and learning from incidents and allegations involving children. Adverse incidents and accidents were recorded in reports and analysed to identify trends in information and identify where risk controls required revision. Incidents and risk reviews were discussed in team meetings. Where incidents or patterns of risk had been identified in the designated centre, these were risk rated in the centre's risk register, with appropriate control and mitigation measures set out. The person in charge provided examples of how they were supporting staff to ensure adverse incidents were recorded in a concise and sufficiently detailed manner to facilitate later review.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of assessments of children's personal, health and social care needs and the associated plans and staff guidance. In the main, plans were person-centred, evidence-based and written with respect for the needs of the children. The inspector observed evidence of where review by the multi-disciplinary team was required and evidence that they had conducted re-assessments as required. However some of the plans reviewed had not been updated following these assessments to incorporate the most recent recommendations or changes proposed by the relevant health and social care professional. Other plans contained

information which was not accurate or had not been updated following changes in risks or children's circumstances. While care plans noted the date of the most recent review, there was limited evidence of how plans were being evaluated to determine their effectiveness. In the sample of support plans reviewed, the inspector was not provided assurance that children and their representatives participated in the creation or review of care and support plans, as there was no record of their attendance or input, including where other evidence indicated that parties were in disagreement with decisions on care and support.

The inspector was provided an audit report on children's personal plans completed by the person in charge and team lead in December 2024, which scored 66% for the care and support plans reviewed. In this report, the local management had identified areas in which the plans required development, including where plans had not yet been created in line with assessed needs, where support objectives were not set out or lacked specific and measurable steps to monitor their progression and achievement. This provided assurance that plans were subject to review to ensure they sufficiently guided staff in delivering support to the children.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector reviewed evidence of assessments conducted by health and social care professionals such as occupational therapist, dietitian, behaviour support specialist, and speech and language therapist. Children were supported to access a general practitioner who was accessible to them.

Judgment: Compliant

### Regulation 8: Protection

The inspector reviewed reports of incidents or reports related to suspected or alleged abuse of children. The inspector observed evidence that allegations or reports were promptly investigated, and that where required, the Child and Family Agency (Tusla) or An Garda Síochána had been notified. Where necessary, guidance or learning for the staff team was communicated in team meetings for continuous enhancement of child protection, and safeguarding plans had been implemented to ensure the children were protected and safe from physical or psychological abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

Through speaking with staff and reviewing documentation, the inspector was provided evidence to indicate that children's choices, independence and personal skills were being respected. For one older child, the inspector was provided evidence that they were being supported to prepare for adult life, for example in securing access to cards and statements related to their personal income and bank account. The children were observed to be treated with dignity and respect by the staff on duty. The provider had advised staff to complete online courses in a human rights based approach to social care, with the implementation of this in practice identified as a priority for 2025.

One of the children did not have a school placement at the time of this inspection, which was a repeat finding from the previous regulatory inspection in 2024. This impacted upon their rights to an education. The child had not attended a school placement since their transition to the centre in December 2023. Active efforts were being made to secure a school placement for the child, and the inspector was provided evidence that the delay in this matter was being escalated to the provider management for attention by relevant stakeholders.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for The Tides OSV-0008651

Inspection ID: MON-0045698

Date of inspection: 15/01/2025

## 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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider has reviewed the annual review process to ensure that the information collated captures all service user feedback and experiences. The provider will continue to actively seek feedback from families / representatives and will document where no feedback has been received. In the future The Person in Charge will ensure that all auditors / inspectors of the centre are kept apprised of an accurate account of any negative feedback or complaints raised and addressed within the centre to ensure a comprehensive all-inclusive review occurs. This will be reviewed for accuracy by the Assistant Director of Service prior to publication.	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Organisation Policy for Complaints was reviewed and updated in August 2024 and was available on the day of the inspection. 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.  The provider has ensured that all staff have completed refresher training on the effective handling of complaints and ensured that all staff are familiar with the policy. Complaints will be recorded and responded to as per policy on Comments, Compliments and Complaints.	

The timelines for the responses to complaints will be monitored and closed out within the agreed timelines. There is a governance and oversight procedure in place to monitor the effectiveness of the process

Complainants will be provided information of the appeals process where they are not satisfied with the response or actions taken following their complaint. Information for independent review or advocacy services will also be provided.

The PIC has ensured that all residents have an advocate in the form of a representative or family member who is aware of the complaints process on how to raise concerns that they may have.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

A review of all residents personal plans has been completed to ensure the appropriate information is recorded. All risk assessments have been reviewed to ensure they meet the current needs of the residents. This information has been shared with the entire staff team to ensure all staff are aware of the information in same.

Effectiveness of plans will be reviewed before each child in care review or more frequently depending on needs and changes in circumstances.

The input from external stakeholders will be reflected in the review of the personal plan.

Personal plans will be reviewed and updated following each child in care review, whenever an assessment is completed, whenever a risk assessment is updated or a new risk identified and whenever a child circumstances change. The Person in Charge will review through a person centred approach with the maximum participation of each resident, and their representatives will be invited to contribute. The audit completed in December 2024 will be re completed following this review to ensure all issues are captured and addressed.

Childrens representatives will be invited to participate in the creation and review of care and support plans.

Regulation 9: Residents' rights

Substantially Compliant



<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: For the one child without a school placement efforts to secure a school placement are ongoing. At time of writing eight applications have been made to special schools. An Education Welfare officer is directly involved in the application process and as well as identifying suitable placements they have also written letters of support which have been submitted along with the school applications. The next stage in the process is to apply for a placement in mainstream schools with ASD classes. The progress of sourcing an appropriate educational placement and meeting this child's educational needs is reviewed monthly at governance meetings between the Person in Charge and the Assistant Director of Service. This also remains a standing agenda item at the resident's monthly child in care reviews with TUSLA and HSE. In the absence of a school placement Home Tuition has been approved. Efforts to source a Home Tutor are ongoing. The Person in Charge and extended management team will continue to make every effort to secure an appropriate educational placement for this child in line with their assessed needs.</p> <p>The Provider is committed to ensure the child's right to education is upheld and will escalate accordingly.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	06/03/2025
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	06/03/2025
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.	Not Compliant	Orange	06/03/2025
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints	Not Compliant	Orange	06/03/2025

	including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	25/02/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the	Substantially Compliant	Yellow	25/02/2025

	effectiveness of the plan.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	27/02/2025
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	15/09/2025