



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

Issued by the Chief Inspector

Name of designated centre:	The Warren
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	06 January 2022
Centre ID:	OSV-0007716
Fieldwork ID:	MON-0035285

About the designated centre

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

The Warren provides a residential service for children/young people from up to 18 years of age with intellectual disabilities, autism and acquired brain injuries who may also have mental health difficulties and behaviours of concern. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by positive behaviour support in line with the organisations model of support. Services at The Warren are provided in a home-like environment that promotes dignity, respect, kindness and engagement for each service user. The Warren encourages and supports the residents to participate in their community and to access local amenities and recreational activities. The premises is a two-story community house. Its design and layout replicates a family home and environment, where possible. There are five individual bedrooms for residents. The ground floor of the house is fully wheelchair accessible and can accommodate residents with mobility issues. The remaining bedrooms are on the first floor and one of these has en-suite facilities. Residents are supported by a team of nurses, social care workers and direct support workers who are supported by a person in charge and the internal multidisciplinary team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 6 January 2022	11:10hrs to 18:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with all four young people living in the designated centre as well as speak with their direct support staff and parents. The inspector also observed support and interactions between the staff and the residents as well as reviewing commentary and minutes of house meetings by the residents.

The inspection took place as the new school term was starting and residents told the inspector how they got on at school on their first day back, and what they had been doing over the winter break. This including attending Christmas parties and events with their school, local community and families. Upon coming home from school, all residents were supported with their respective routines, including having their dinner, running household errands, playing with their toys and games, watching television and spending time alone in their bedroom.

The inspector found evidence that the service encouraged and respected the independence and life skills development of the residents relative to their ages and interests. Residents were encouraged to help with the grocery shopping and household management. Residents attended regular house meetings in which staff shared news of interest to the residents such as upcoming events, changes to the service such as new staff and housemates, news related to the COVID-19 pandemic, and time for residents to share stories on what they had been doing that week. The house meetings were also used as an opportunity to remind the children of their avenues for making complaints or communicating any worries or concerns they may have, as well as reiterating the expectation that everyone have mutual respect for their peers in the shared house.

Information appropriate for the age and communication methods of residents was available in the house. The staff used appropriate pictures and language when discussing the COVID-19 pandemic and the relevant information regarding social restrictions, vaccines, and what to expect if someone becomes ill. Residents had been encouraged to practice good hand hygiene and social distancing due to active risks in the house, they had done so effectively and been praised for their good work keeping themselves and others safe.

Each resident had a single, private bedroom which was appropriately decorated and personalised, with storage space for their clothes, toys and collectibles, with the option of locking their bedroom for privacy when they were not home. Residents had access to large shower and bathroom facilities, a games rooms with toys and sensory play items, and a garden with suitable space and privacy which included playground and sports equipment. The service had exclusive use of a vehicle which all residents had access to use.

Residents and family members commented positively on the staff in the centre, and on the whole, residents got along with one another. One resident had recently started living in the house and the inspector found evidence of how they were

introduced to the house, the staff team and the other children at a pace that was suitable to ease the transition for them and their family, as well as assure the provider that the existing children were prepared for the changes in the house. The inspector was provided commentary that the transition had gone smoothly and residents had made good new friendships in the house.

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 inspector found this to be a service in which the provider maintained effective operational oversight, conducted detailed service reviews and was proactively identifying areas requiring improvement. Examples were found of the provider taking action in a timely fashion to stabilise staffing resources, improve the lived experience for the children and ensure that risks relating to staff and fellow residents were promptly addressed. Some improvement was required in ensuring that documentation was accurate and submitted to the chief inspector within the required timeframes when changes had been made to the service.

The provider was in the process of recruiting to fill direct support worker and senior social care worker roles in the service. In the meantime, shifts were covered by relief personnel and the inspector found that on the whole, where relief staff were used, they were the same people allocated through the week, to mitigate the impact on familiarity and continuity of support. While the service had been required to redeploy personnel into this house from another designated centre, this was done rarely and was in response to a specific requirement at the time. Some minor improvement was required to the staffing rosters to ensure they were complete and accurately reflected the worked shifts, as well as being clear and consistent on identifying from where staff were deployed.

The provider had conducted some review of staff resource allocation in response to concerns raised by colleagues or through performance management processes, and revisions made were noted to have had a positive effect on the delivery of resident support and frequency of adverse incidents. The provider had also recently appointed a new full-time person in charge after a period of a months in which the provider-level manager was named to the role. During this time, they were effectively deputised by a senior staff member in the house overseeing the day-to-day operation of the service, and the inspector found evidence of regular reporting and meetings taking place to ensure that local matters were communicated to the provider.

The provider management had completed six-monthly reviews of the quality and safety of the service. Where aspects of the service were identified as in need of

development or improvement, a person was allocated responsibility for the identified action and time by which to have it completed. A number of the findings by the inspector on this visit had already been identified by the provider through these internal audits with timelines for work set out.

The inspector reviewed the transition and admission timeline for a new service user, and found examples of how the provider was ensuring that the resident was comfortable with their new living arrangements, and that the resident's parents were provided information to support the young person with the transition. The provider had ensured that the new and existing residents were supported to meet one another and get used to the changes, as well as ensuring that arrangements regarding family outings, school work and hobbies were not adversely impacted by the change.

Some improvement was required in the provider submitting information to the chief inspector within the timeframes stated in the regulations. This included prescribed information required upon the appointment of a new person in charge, and an application to vary the conditions of the centre's registration to reflect changes made to the layout of the house.

Registration Regulation 7: Changes to information supplied for registration purposes

The service provider had not provided the prescribed information relative to the appointment of a new person in charge, within the time set out by the regulations.

Judgment: Not compliant

Registration Regulation 8 (1)

The provider had made minor changes to the purpose of rooms and layout of the designated centre without updating the floor plans against which the service was registered and notifying the chief inspector.

Judgment: Substantially compliant

Regulation 15: Staffing

The staffing rosters for the house were not maintained to reflect a complete and accurate record of shifts worked in the designated centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had the required insurance arrangements in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

The provider had appropriate reporting and oversight structures in place to be aware of ongoing risks and incidents in the designated centre. The management and deputation arrangements in place during a short time where there was no full-time person in charge were sufficient to ensure processes continued as normal. The provider conducted regular service audits in the designated centre, and many of the findings of this inspection had been identified by the provider, with responsibilities and time lines assigned to address same.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admission process into the designated centre considered the wishes, needs and safety of the new and existing residents before the admission took place. A written contract on the provision of services was agreed on admission.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had notified the chief inspector of the required incidents and events in the service in accordance with the regulations.

Judgment: Compliant

Quality and safety

The inspector found that there were suitable arrangements in effect to keep residents safe and happy in their house, and to be engaged in activities and routines suitable for their age, capacities, interests and personal preferences. Some improvement was required to ensure that the premises upkeep was maintained and that any restrictions in the environment were appropriately risk-assessed.

The designated centre consisted of a modern two-story house in a pleasant residential area. Each resident had a large single bedroom which was decorated and furnished appropriate to the residents' ages and preferences. Residents had access to a large rear garden with play equipment and privacy from the neighbours. Residents were observed using the dining room, television room and sensory playroom during the afternoon, with others opting to spend time in the privacy of their bedroom or run errands and grocery shopping with the staff members.

While the premises was suitable in its design and was free of major safety hazards, improvement was required to ensure that the general maintenance of the service was upheld. This included examples of where surface staining, worn flooring, loose or damaged fixtures, and general wear and tear had an impact upon the pleasant and homely appearance of the home, as well as compromising staff members' ability to effectively clean and sanitise surfaces.

Improvement was also required in the storage of cleaning equipment, as the inspector found mops, buckets and a vacuum cleaner stored on top of unclean items in a cluttered garden shed. The house was equipped with wall dispensers for soap and hand gel, but they were all empty due to a separately identified risk. While this had been identified by the provider, action had yet to be taken to ensure that, with respect to the identified risk, residents and staff still had ready access to hand hygiene equipment without needing to look in cupboards and drawers. While staff were routinely cleaning the rooms of the house, some walls, ceiling, floorboards and carpets were permanently stained or badly worn or damaged. A surface on which medication was prepared was not clean of sticky residue due to syrup medicines.

The provider had a plan in place for responding to suspected or actual cases of COVID-19 among the staff and residents. Staff were encouraged to test for symptoms and temperatures routinely. Contingency arrangements were in place to

respond to scenarios in which multiple staff were off-duty or children in the house tested positive and were required to isolate. Residents were provided information and advice on keeping themselves safe in a way which was suitable for their communication needs and level of understanding of the pandemic. The provider policy on the management of COVID-19 was kept under review to reflect the most recent national guidance and instruction, however the inspector observed inconsistency in staff's provision and use of appropriate face coverings over the course of the inspection.

Some features of environmental restrictive practice were in effect in the house, primarily related to health and safety concerns. It was not consistently evident what the rationale for all restrictive features were, and some development and review measures were required to ensure that each measure was the least restrictive control necessary to mitigate the identified risk, and was relevant to this designated centre and its occupants. For example, one restriction had been implemented for this house based on a risk which was identified in an unrelated residential centre. Another practice was identified as required based on the support and safety needs of a person who no longer lived in this house.

The features of the house facilitated effective fire safety and evacuation procedures in the service. All internal doors were equipped to contain fire and smoke, and to be held open by choice without compromising their ability to close automatically on the triggering of an alarm. The house was equipped with an addressable alarm system and clear signage, maps and evacuation lighting to guide people to one of multiple exits. There was no obstruction between any point on the premises and the designated assembly point. Drills took place in the house to provide assurance to the provider that all residents and staff could exit promptly. All equipment and building infrastructure was serviced and certified on a regular basis.

Staff were clear on the protocols for administering, storing and recording the residents' medicines, and the management kept oversight of any errors in administration and documentation. Staff were clear on the doses, frequency and purpose of each medicine, and all prescribed medication was in stock when checked.

Staff were regularly reminded to be vigilant and promptly report any concerns they may have regarding staff practices, resident care, peer-to-peer incidents and unexplained injury. The inspector reviewed reports of incidents in which there had been alleged, suspected or witnessed events causing a safeguarding concern. For these, the inspector found that the management took appropriate action to gather evidence and establish the facts of the matter, and take appropriate short-term and long-term action to keep the residents safe and suitably supported in their home. Staff were also observed protecting the residents from risks related to privacy, dignity, intimate support and financial protection. All concerns raised, regardless of whether they were substantiated through investigation, were reported in a timely fashion to the relevant safeguarding authorities.

Regulation 12: Personal possessions

Residents retained access and control over their belongings. Processes were in place to ensure that money being retained by the provider was suitably protected and audited.

Judgment: Compliant

Regulation 17: Premises

The staff were diligent on performing the day-to-day cleaning of the house, however a number of features around the premises were in need of general repair, replacement, deep-cleaning or maintenance to retain the homely appearance of the centre and optimise its ability to be kept clean. This included, but was not limited to:

- Wooden floors with heavy surface wear and gaps in the floorboards.
- Heavy staining on stairs carpet.
- Kitchen cabinets crooked and damaged.
- Some loose or rusted bathroom fixtures.
- Bathroom sink coming loose from the wall.
- Surface damage and staining to ceilings.
- Minor upholstery tearing on furniture.
- Doorbell at gate not working.
- Repair required to playground equipment in garden.
- Walls in need of repainting.

Judgment: Not compliant

Regulation 27: Protection against infection

Review was required to ensure that cleaning equipment was appropriately stored to reduce risk of contamination.

Some of the damaged, stained, sticky or worn surfaces in the house impacted upon their ability to be effectively cleaned and sanitised.

There was a lack of consistency with the provision and use of face coverings by staff in accordance with national guidelines.

Availability of hand hygiene material required review to ensure that staff had ready access to soap and hand gel in line with good practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were adequate means of detecting and alerting to fire and smoke in the house, and all evacuation routes were suitably contained and clear of obstruction. the provider had systems in place to be assured that an emergency evacuation could take place in a safe and efficient manner. All fire infrastructure and equipment was serviced regularly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Staff were clear on the purpose, frequency, dose and administration procedures for all resident medications.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvement was required to ensure that all restrictive practices were regularly reviewed based on changing circumstances and the assessed risks in the designated centre to ensure they remained the least restrictive measure to mitigate the identified risk.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that the provider conducted thorough investigations into alleged or suspected safeguarding concerns, and took appropriate short-term and long-term action to keep the residents safe and secure in their home. Safeguarding concerns were promptly referred and notified to the relevant outside authorities.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found evidence of how residents were supported to make choices in their daily activities, and be consulted and updated on changes to their supports and their home. Residents were regularly encouraged and reminded on their right to be safe and happy in their home and on the expectation of mutual respect between housemates. Residents privacy and dignity was supported in a way which was appropriate for their ages and support needs.

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	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Registration Regulation 8 (1)	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Warren OSV-0007716

Inspection ID: MON-0035285

Date of inspection: 06/01/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes:</p> <p>A review of all required prescribed information was completed and the omitted prescribed information was identified. The registered provider has now submitted full and satisfactory information to HIQA in regard to the matters set out in schedule 3 for the new person in charge.</p>	
Registration Regulation 8 (1)	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8 (1):</p> <p>The registered provider will submit an application to vary to HIQA in relation to changes to the purpose of rooms and the layout of the designated centre.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The PIC will ensure staff allocations are recorded correctly on the rosters. The person in charge will ensure that all planned and actual rosters are accurately maintained. If changes to the planned roster are made the person in charge will update the roster</p>	

accordingly. Monthly governance meetings between the person in charge and Head of Children’s Services include a review of planned and actual rosters. Actions from the review of rosters will be included in the center’s quality improvement plan, with specific time frames for completion.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 A review of the premises was conducted post inspection. All actions identified were escalated to the maintenance manager and a quality improvement plan with specific time frames for completion was agreed.

The PIC will ensure that daily premises checks are completed and any maintenance and repair issues are reported promptly to the maintenance team for resolution.

The PIC will ensure the daily cleaning schedule is assigned and completed. Monthly Health and Safety audits are completed by the PIC and Monthly governance meetings between the PIC and Head of Children’s Services includes review of the premises. Identified actions will be included in the center’s quality improvements plan with specific time frames for completion.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

There is a robust daily Covid-19 cleaning schedule in place for cleaning, disinfecting, and touch points cleaning. A storage area specifically for cleaning equipment has been allocated to reduce the risk of contamination. All surfaces have been deep cleaned and sticky items have been removed from surfaces. Hand hygiene material has been made available for staff to allow the appropriate sanitization of hands in line with public health guidelines and good practice. Maintenance requests have been submitted to replace worn flooring, furniture, and surfaces to allow for the effective sanitization in the Centre. Appropriate face coverings are available to the staff team, and the most up to date guidance on the use of face covering in a health care setting was updated in the Centre’s Covid-19 contingency plan and made available to the staff team. The PIC discussed IPC at team meetings on 7th January and 27th January 2022. Checks will be completed no less than daily by Senior SCW and or PIC. PIC will audit this practice to ensure the standard of cleaning and IPC measures are upheld and in line with public health

guidance and the organisation's infection control policy and procedures. Monthly infection control audits and governance meetings between PIC and HOCS review infection control in the Centre. Actions from same will be included in a quality improvement plan with specific time frames for completion.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The PIC has completed a review of all restrictive practices in the Centre. This has led to the removal of a number of restrictive practices that are no longer required. All remaining restrictive practices have a clear rationale for use and reviewed. The PIC will review restrictive practices on an ongoing basis to ensure all restrictive practices are required and the least restrictive option available.

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
Registration Regulation 7(2)(b)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 3.	Not Compliant	Orange	04/02/2022
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the	Substantially Compliant	Yellow	28/02/2022

	chief inspector.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	07/01/2022
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.	Not Compliant	Orange	28/02/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/02/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/02/2022

Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/01/2022
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