



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

## Issued by the Chief Inspector

Name of designated centre:	Lilac Cottage
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	09 June 2022
Centre ID:	OSV-0007950
Fieldwork ID:	MON-0034968

## About the designated centre

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

Lilac Cottage is operated by Talbot Care Unlimited Company and provides 24 hour support for up to five male and female adults that live here. It is located in a rural setting in County Louth. The premises comprises of a large detached dormer style bungalow and has a good sized garden to the back of the property. There are four bedrooms downstairs, one of which has an en-suite bathroom, a large open plan kitchen/ dining area, a utility room a large conservatory area and a sitting room. Upstairs there is a large staff office and another large bedroom. The staff team consists of direct support workers, team leaders and a person in charge. There are three staff on duty during the day and two waking night staff. Residents are supported by staff to choose activities they like on a daily/weekly basis in line with their personal preferences. A car is provided so that residents can access community facilities. Residents are supported by staff with their healthcare needs and have access to a wide range of allied health professionals to enhance the support provided.

**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
Thursday 9 June 2022	10:00hrs to 18:00hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

Overall the care and support being delivered in the centre by the staff team was observed to be caring and to a good standard at the time of the inspection. Some minor improvements were required in residents rights, risk management and infection control.

On arrival to the centre, the inspector was requested to comply with IPC measures that the provider had in place. For example; temperature checks and signposting to hand hygiene products.

This centre was for the most part clean and was well maintained. Since the last inspection remedial work had been carried out in the premises to address issues identified at the last inspection. The floor in the hallway had been repaired and a ramp had been installed outside one of the exit doors.

Four of the resident had left to attend day services (learning hubs) and one resident was enjoying a lie-in on the morning of the inspection. This resident was heard being supported later in the day to make a plan to do activities they liked. The staff member supporting the resident was offering choices to the resident.

On return from the activities this resident met the inspector and said they had really enjoyed their trip out. The resident spoke about what it was like to live in the centre. While the resident was very complimentary of the staff, the people they lived with and the food and services provided, they were unhappy that they did not live near to their family home. This had been an issue at the last inspection which had not fully progressed at this inspection. This issue was important to the resident as they wanted to live near their family and friends which would enable them to meet these people more regularly.

Another resident spoke to the inspector about living in the centre and showed the inspector their bedroom. This resident had moved into this centre since the last inspection and spoke to the inspector about why they had moved. The resident reported that they were very happy living here and about how they loved their bedroom. The resident said that the staff were lovely, they loved the food and gave examples of how their voice was listened to in the centre. For example; the resident wanted a larger wardrobe in their bedroom and this was purchased. The residents bedroom was very personalised and included art work, family photos and personal ornaments. The resident spoke about how they liked to clean their room regularly. They also spoke about how they loved coming home, having a shower and getting into comfortable clothes to watch the television for the evening. The resident and inspector spoke about some of their favourite television programmes and some other mutual interests they had like cooking, music and shopping. It was evident from the conversation that the resident got to do and enjoy all of these things.

Due to the activities planned on the day of the inspection, the inspector only got the

opportunity to meet two residents and talk to one staff member.

Residents meetings and key working meetings were held regularly in the centre. This was an opportunity for the residents to talk about things they might like to change in the centre. Questionnaires had also been completed by residents about the service provided. Overall, the feedback was positive and the inspector found examples of when a resident voiced a concern that this was acted on. For example; the majority of the residents had requested to have a sheltered smoking area to the back of the property. One of the residents told the inspector that the provider had purchased one, but it was too small and another was being purchased in its place. The person in charge verified this also.

Residents were supported to keep in touch with family members and staff had supported some residents to reconnect with family members that they had lost contact with over the years.

From reading the residents personal records and talking to two of the residents the inspector found that residents were being supported to pursue goals that they liked. All of the residents liked music and they had all planned to attend a music festival in the coming weeks. Another resident wanted to visit a music store in Dublin and they had done this.

## Capacity and capability

Overall this centre was being managed well by the person in charge and the staff team. There was evidence of improvements in the quality of life of the residents since the last inspection. Some improvements were still required in risk management, residents' rights and infection control.

This inspection was unannounced and was conducted to follow up on the actions from an inspection conducted in the centre in November 2021 and to follow up on written assurances which the provider had been required to submit to the Health Information and Quality Authority (HIQA) following concerns around fire safety systems and information contained in notifications of adverse incidents reported to HIQA as required under the regulations.

For the most part the inspector found that the provider had instigated the required actions to address both the actions from the last inspection and assurances requested and submitted to HIQA.

There was a defined management structure in place, which consisted of the person in charge of the centre, deputy team leaders and the staff team. In the absence of either the person in charge or the team leader a staff member was appointed as the shift lead to ensure effective oversight of the centre. The person in charge reported

to an assistant director of services. Both of whom facilitated this inspection.

The registered provider had systems in place to audit and monitor the quality and safety of care provided. A six monthly unannounced quality and safety review had been conducted along with an annual review for 2021. Both of these reviews are required to be completed under the regulations. In addition, the person in charge also conducted audits on a range of other practices such as medicine management practices, personal plans and fire safety. The inspector found from reviewing a sample of those records that in the main, the results were positive and where improvements had been required, actions had been taken to address these.

The inspector reviewed a sample of rosters and found that the staffing levels were in line with the statement of purpose. For example; three staff were on duty during the day and two were on duty at night. In one of the assurance reports submitted to HIQA following an adverse incident, the provider had instigated one to one support to a resident who was at risk of falls. Staff were aware of this and one staff member was allocated each day for this purpose. There was a regular and consistent team employed including relief staff who covered planned and unplanned leave. This ensured consistency of care to the residents.

Staff had regular supervision and staff meetings were held monthly to discuss concerns, changes to practices and to review the residents care and support. Of the staff spoken to they reported that they felt very supported by the management team in the centre. Out of hours on call support was also available from senior staff to provide advise and support to staff.

Since the last inspection all staff had completed further training in manual handling and first aid. This had been an area of improvement required from the last inspection. From the training records viewed all staff including agency staff had completed mandatory training in safeguarding adults, fire safety, manual handling, and infection prevention and control. The person in charge monitored the training needs and this system alerted the person in charge when refresher training was due to take place. For example; all staff were due to complete food safety training in the coming days.

The Statement of Purpose contained all of the requirements of the regulations and had been revised since the last inspection to include the fact that this centre supported people with mobility issues.

From a review of incidents that had occurred in the centre, the inspector found that the person in charge had notified the chief inspector where required under the regulations when an adverse incident had occurred in the centre.

## Regulation 14: Persons in charge

The person in charge was a qualified social care professional and had completed a management qualification. They were employed full time in this centre and demonstrated a good knowledge of the residents needs.

Judgment: Compliant

### Regulation 15: Staffing

There was a regular and consistent team employed including relief staff who covered planned and unplanned leave. This ensured consistency of care to the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The training records viewed showed that all staff including agency staff had completed mandatory training in safeguarding adults, fire safety, manual handling, and infection prevention and control. The person in charge monitored the training needs and this system alerted the person in charge when refresher training was due to take place. For example; all staff were due to complete food safety training in the coming days.

Judgment: Compliant

### Regulation 23: Governance and management

There was a defined management structure in place, which consisted of the person in charge of the centre, deputy team leaders and the staff team.

The registered provider had systems in place to audit and monitor the quality and safety of care provided. A six monthly unannounced quality and safety review had been conducted along with an annual review for 2021.

Judgment: Compliant

### Regulation 3: Statement of purpose



The Statement of Purpose contained all of the requirements of the regulations and had been revised since the last inspection to include the fact that this centre supported people with mobility issues.

Judgment: Compliant

### Regulation 31: Notification of incidents

From a review of incidents that had occurred in the centre, the inspector found that the person in charge had notified the chief inspector where required under the regulations when an adverse incident had occurred in the centre.

Judgment: Compliant

### Quality and safety

Overall, significant improvements had occurred in the centre since the last inspection particularly in relation to fire safety and residents access to meaningful activities. Some improvements were still required in risk management, infection control and residents' rights.

As stated the property was for the most part clean and spacious, some areas that were brought to the attention of the person in charge were addressed before the end of the inspection. For example; the latch on one door was loose and the curtains in one residents bedroom needed to be replaced. The provider had also some plans to landscape the garden and install a new smoking shed for the residents. The inspector was assured from speaking to residents and the staff that both of these projects were already planned for and therefore the inspector was satisfied that the provider would complete these in a timely manner.

Personal plans were in place for all residents which included an easy to read version and a more detailed copy was maintained on a computer. The assessments of need had been updated and support plans were in place to guide staff practice. Residents had developed a number of goals since the last inspection. Some of the goals included going to concerts, increasing family contact and joining a gym.

Residents health care needs were supported well and they had timely access to a range of allied health professionals including a physiotherapist, occupational therapist, psychologist, speech and language therapist and a dietician.

Residents had access to a range of activities in the centre. Since the last inspection four of the residents were now attending a day service on either a full time basis or for two days a week. The inspector found that this was in line with the residents

own wishes. For example; one resident had said that they only wanted to attend one day, however during a meeting they had requested to now go two days a week. This had been facilitated. Residents were also supported to keep in touch with family and friends.

There were systems in place to manage and mitigate risks in the centre. This included a risk register for overall risks in the centre and individual risk assessments for residents as required. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented.

However, there was an ongoing risk in the centre for one resident who was at risk of falls. While the provider, person in charge and allied health professionals were reviewing this regularly and instigating controls to mitigate risks they were not effective as the resident invariably refused these risk measures. Taking into consideration that this resident had the right to refuse these measures, the inspector was not fully assured that all avenues had been explored. For example; it was not clear if expertise from other professionals had been sought to assure that further avenues could or needed to be explored. There was also no policy or guidance for staff in relation to this situation in order to guide practice and assure that all reasonable measures had been taken to mitigate the risk and assure that the resident had a safe quality service.

At the last inspection the provider had not demonstrated that they had fire systems in place to safely evacuate the residents in a timely manner. In addition correspondence to the chief inspector following this last inspection, did not allay these concerns. In response the provider had been issued with a provider assurance report seeking assurances around this. The inspector followed up on these assurances and found that the provider had installed double doors in one residents bedroom to assure a safe evacuation of the resident. Regular fire drills had been conducted since the last inspection to demonstrate this. A review of fire drills and learning from them included changing the lay out of the room to assure a safe evacuation of one resident.

All staff had been provided with training in safeguarding vulnerable adults. Of the staff met, they were aware of the procedures to follow in the event of any concerns around the well being of residents. Both of the residents reported that they felt safe in the centre and residents also reported this through questionnaires on the services provided. Residents were supported and reminded about their rights to a safe service through residents meetings, including who to report issues to.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. There were measures in place to ensure that both staff and residents were monitored for possible symptoms. However, there were some improvements required to this. There was no formal policy to guide food safety practices in the centre. While training was provided and risk assessments were in

place to demonstrate the practices in place to manage food safely, food prepared in the centre was not probed to ensure that it had reached the correct temperature before serving it to residents.

In addition, the infection control policy was not comprehensive to guide some practices in the centre. For example; there was no guidance on the decontamination of some clinical equipment in the centre. The inspector was not assured from talking to staff that the correct procedure was being followed in relation to this particularly in relation to drying the equipment.

At the last inspection one resident had expressed a wish to move to another centre nearer home. While the provider had written to the resident outlining that they had put the resident on a transition list, there was no follow up available with regard to other avenues that had been explored to assist the resident with this move in a more timely manner.

### Regulation 13: General welfare and development

Residents had access to a range of activities in the centre. Since the last inspection four of the residents were now attending a day service on either a full time basis or for two days a week. The inspector found that this was in line with the residents own wishes. Residents were also supported to keep in touch with family and friends.

Judgment: Compliant

### Regulation 17: Premises

The premises was generally clean and well maintained. Some issues that required attention were completed by the end of the inspection.

The provider had plans to landscape the garden and install a new smoking shed for the residents. The inspector was assured from speaking to residents and the staff that both of these projects were already planned for and therefore the inspector was satisfied that the provider would complete these in a timely manner.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was also no policy or guidance for staff to guide their practice when a resident refused interventions to maintain their safety.

The inspector was not assured that all avenues had been explored and reviewed for one resident who refused some interventions to maintain their safety in the centre.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

There was no formal policy to guide food safety practices in the centre.

The infection control policy was not comprehensive to guide some practices in the centre. For example; there was no guidance on the decontamination of some clinical equipment in the centre. The inspector was not assured from talking to staff that the correct procedure was being followed in relation to this particularly in relation to drying the equipment.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had systems in place to assure a safe evacuation of the centre, this include providing fire equipment, a fire alarm and regular fire drills to assure this.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans were in place for all residents which included an easy to read version and a more detailed copy was maintained on a computer.

Judgment: Compliant

### Regulation 6: Health care

Residents health care needs were supported well and they had timely access to a range of allied health professionals including a physiotherapist, occupational

therapist, psychologist, speech and language therapist and a dietician.

Judgment: Compliant

### Regulation 8: Protection

All staff had been provided with training in safeguarding vulnerable adults. Of the staff met, they were aware of the procedures to follow in the event of any concerns around the well being of residents. Both of the residents reported that they felt safe in the centre and residents also reported this through questionnaires on the services provided. Residents were supported and reminded about their rights to a safe service through residents meetings, including who to report issues to.

Judgment: Compliant

### Regulation 9: Residents' rights

At the last inspection one resident had expressed a wish to move to another centre nearer home. While the provider had written to the resident outlining that they had put the resident on a transition list, there was no follow up available with regard to other avenues that had been explored to assist the resident with this move in a more timely manner.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Lilac Cottage OSV-0007950

Inspection ID: MON-0034968

Date of inspection: 09/06/2022

## 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
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A policy will be devised to guide staff practice when a resident refuses interventions to maintain their safety. This policy will take due regard of residents "will and preference" in relation to their care but also ensure there is a consistent approach to promoting care and supports utilizing the Talbot Groups multi-disciplinary team.</p> <p>A review of residents care plans will be conducted. This review will identify what external supports and expertise can be sought where residents decline to engage in supports that may prevent falls. Any advice or guidance received from this consultation will be utilised in residents care planning and support plans.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A full review of the Talbot groups infection control policy has been completed. The revised policy will include updated guidance for staff on best practice on infection control, including the decontamination of all clinical equipment in the centre.</p> <p>A formal policy to guide food safety practices will be prepared. This policy will provide clear guidance on the safe preparation and cooking of food, including how to probe food to ensure that it has reached the correct internal temperature before serving it to</p>	



residents. In the interim, guidance has been disseminated and calibrated food probes are now in place.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Talbot Group's transitions protocol includes the provision for residents to self-refer themselves for an internal transition. All reasonable steps will be taken by the transition committee to facilitate transitions. Under circumstances where a resident wishes to transition to a location outside of the providers remit, this is communicated with them and their representatives and discussed with their primary funder.

In this case, the residents "will and preference" to move closer to their family is well understood. This has been discussed with the HSE, their advocate and their legal representatives. All available avenues have been explored at this point without success, including the assessment of suitability in external agencies nearer the residents preferred geographical location. The Talbot Group are proactively exploring new opportunities for this resident to move to this area and will engage with the resident further, once this opportunity has been confirmed.

Currently the resident continues to be supported to express their "Will and Preference" by the Person in Charge, their Key Worker, external advocacy and regular updates to their funder and legal representative.

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/07/2022
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	Substantially Compliant	Yellow	31/07/2022

	published by the Authority.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/12/2022