



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

Issued by the Chief Inspector

Name of designated centre:	The Loft
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	10 January 2023
Centre ID:	OSV-0008271
Fieldwork ID:	MON-0037233

About the designated centre

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

This centre provides residential services to children with an intellectual disability and can accommodate up to five residents. The residents are supported to attend school during the week, and staff support residents with their identified individual needs. Care and support is provided in a homelike environment and the service aims to maximise residents' independence, and to support them with their developmental needs. The centre is located in a rural location, and is within driving distance of nearby towns. Transport is provided to support residents to avail of amenities in the community.

There is a fulltime person in charge in the centre, and the residents are supported by a team of social care workers and direct support workers. The residents have access to a range of allied healthcare professionals and attend their own general practitioner in the community.

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
Tuesday 10 January 2023	09:35hrs to 17:55hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

There were four children living in the centre, and the inspector had the opportunity to meet all four children on the day of inspection. The centre was in a rural location, and was within driving distance of a nearby village and larger towns. Two buses were available for residents' use, and staff drove some residents to school, as well as to trips and activities in the community.

From meeting residents, speaking with staff, and from reviewing the facilities and documentation, it was evident that the residents in this centre were receiving a good standard of care and support. The care and support provided was child-centred, and focused on ensuring residents were supported with their educational, health, and emotional needs, as well as making sure residents had fun, were encouraged with their independent skills, and developed and maintained relationships.

Three residents were at school during the day of the inspection. The inspector spoke to another resident on their return from an activity in the morning, and they told the inspector they liked living in the centre, and had plans to go out in the afternoon again. The inspector observed that staff supported the resident and provided them with transport so that they could meet up with their friends in the afternoon. Later in the day, the inspector met the three other residents, and staff were helping the residents to have a snack on their return from school. The residents appeared very relaxed in the company of each other and the staff.

While the inspector was not fully familiar with the communication preferences of the residents, staff were able to interpret residents' gestures and verbal communications. Residents were also helped with their communication using pictures, for example, on schedules, and a staff member spoken with told the inspector this helped residents to know what was happening during the day, and what staff were working in the centre.

Staff were seen to be very respectful, kind, and friendly towards residents, and there was a warm, welcoming and relaxed atmosphere in the centre. Throughout the day staff described some of the supports provided to residents, so that their needs could be met. For example, specific measures to mitigate the risk of harm, communication supports, and sensory activities.

The centre comprised a large detached property, and a team leader showed the inspector around the centre. The centre was clean and well maintained, and each of the residents had their own bedroom, which were individually decorated. There was ample communal space, and the team leader told the inspector that residents sometimes liked to spend time alone. For example, two residents liked to use the sensory room, while other residents liked to use either of the two sitting rooms available. Residents also enjoyed indoor and outdoor play activities, and a swing,

trampoline and an indoor play area was provided.

Residents were supported to go out in the community, to meet up with friends, go out for something to eat, or go for walks, and choices of activities were based on what residents preferred to do. For example two residents enjoyed going to salt caves, and this formed part of their regular community activities. The person in charge also told the inspector the residents had enjoyed going to a light show in the Zoo recently.

Residents were supported to keep in contact with their families and friends, and some residents visited home regularly, as well as meeting with friends outside of the centre.

Overall the inspector found residents were enabled to enjoy a good quality of life, and were positively supported with their individual needs and choices.

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 positively impacted on the quality and safety of the service being delivered.

Capacity and capability

This was the first inspection of this designated centre. The centre had been registered in June 2022, and at that time was providing accommodation for one resident. The provider subsequently applied to vary the conditions of registration, and five residents could now be accommodated in the centre

The provider had ensured that the resources and systems were in place to ensure residents received a consistent and safe service. The provider was actively engaged in an approach of continuous improvement, and ensured the centre was monitored on a regular basis.

There were sufficient staffing levels in the centre, and staff had the required knowledge and experience to meet the needs of the residents. Staff had been provided with a range of training, including mandatory and additional training. This meant that staff had the required knowledge and skills to safely provide support to residents.

There had been four residents admitted to the centre since October 2022, and the inspector found the criteria and process for admission were transparent and well planned. The need to protect residents had been considered as part of admission processes, and residents and their families had been given the opportunity to visit the centre, prior to the residents moving in.

There was a clearly defined management structure. A fulltime person in charge was

employed in the centre, and was supported by two team leaders in their role. The provider had ensured they had deployed sufficient resources to the centre, so that the needs of the residents could be met. The centre was monitored on a continuous basis through review meetings, audits, and a six monthly unannounced visit by the provider, with corrective actions taken to issues arising through these reviews.

Regulation 14: Persons in charge

There was a fulltime person in charge employed in the centre, who had the required experience and qualifications to fulfil their role. The person in charge was also responsible for one other designated centre, and divided their time equally between both centres. The person in charge was supported in their role by two team leaders employed in the centre.

The provider had recently reviewed the remit of the person in charge to manage two centres, and had recruited an additional staff member, who was due to commence shortly in the role of person in charge, with responsibility solely for this centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff employed in the centre, and they had the knowledge and skills to fulfil their roles. The centre was staffed by two team leaders and by direct support workers. There were four staff on duty during the day, and two staff at night time. A team leader was on shift every day, and took responsibility for the day to day management of shifts. The inspector spoke to three staff members, and found that they knew the residents' needs and support requirements. The person in charge informed the inspector that each resident had one staff working directly with them during the day, as per the provider's policy on supporting children in designated centres.

The inspector reviewed a sample of rosters for two months. There were some new staff recently employed in the centre, allowing for an increase in staffing levels due to an admission of a resident to the centre. There were no staff vacancies in the centre, and continuity of care was being maintained. The staffing levels were in line with the details set out in the statement of purpose, and rosters were appropriately maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with mandatory and additional training, which meant they had the required knowledge and skills to meet the residents' needs, and to ensure their safety. Mandatory training had included fire safety, managing behaviour that is challenging, Childrens' First, and manual handling. A range of mandatory infection prevention and control training had also been completed by staff. Additional training was provided specific to the needs of residents, for example, medicines management and competencies, health and safety, and autism spectrum disorder.

Supervision records were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place had ensured the service provided was safe, consistent and appropriate to residents' needs. The centre was monitored on an ongoing basis, and effective action was taken, if required, to issues identified through review systems.

The provider had ensured the centre was appropriately resourced, for example, the staffing arrangements, premises and facilities in the centre, transport, and staff training. The resources in the centre were in line with the statement of purpose.

There was a clearly defined management structure, and staff reported to the person in charge, and in their absence a team leader was on shift daily to manage the centre, as well as an on call manager. The staff could also seek the support of an assistant director of services, or a supervisor at night time. The person in charge reported to the assistant director of services, and submitted a weekly report in relation to the centre. The assistant director of services reported the director of services, and the chief operating officer, who reported to the chief executive officer.

The centre was monitored on an ongoing basis, through auditing systems and through monthly reviews with the person in charge and assistant director of services. The inspector reviewed a sample of audits since the centre had been reconfigured in October 2022, for example, fire safety, health and safety, governance and documentation and individual support and care audits. Overall the inspector found these monitoring systems were effecting changes, for example, a leak in a shower had been repaired, an assessment for a resident was underway regarding their emotional needs, and an additional staff training requirement in sign language had been identified. Issues which were identified during governance review meetings with the person in charge and assistant director, had actions developed, and all actions were found to be complete or there was a plan to address these issues in the coming months. For example, and infection prevention an control

audit had been requested, and was due to be completed in the coming months, fire drills had been completed with all residents since admission, and a team leader had been recruited.

A six monthly unannounced visit by the provider was completed in November 2022, and all actions were complete or in progress on the day of inspection. An annual review of the quality and safety of care and support was not due for completion until June 2023.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been four residents admitted, and one resident had transitioned out of the centre, since it had been reconfigured in October 2022. The inspector reviewed documentation pertaining to two residents' admissions to the centre, and found the admission process had been well planned, and in line with the criteria set out in the statement of purpose. Admissions to the centre had taken account of the need to protect residents, and compatibility assessments had been completed prior to residents moving in together.

The inspector reviewed a transition plan for a resident, which had been implemented over a two month period, and had included visits to the centre, staff from the centre visiting the resident's school, and linking with the previous service provider. The resident's family had been given the opportunity to visit the centre. The transition plan was developed into an accessible format, with steps of the plan communicated to the resident using social stories.

Judgment: Compliant

Quality and safety

Overall the inspector found residents were supported with a good standard of care and support, in a safe and child focused environment. The provider had considered the needs of the residents, ensuring the arrangements were in place to meet these needs, and to ensure that potential risks were mitigated.

Most residents needs had been assessed and personal plans were based on these assessed needs; however, some improvement was required to ensure a comprehensive assessment by the relevant health care professionals was available for a resident in order to inform a more detailed personal plan. Residents were supported with their education, and with opportunities for play and community activities. The provider had ensured residents maintained their personal

relationships including with family and friends.

The rights of residents were promoted, and residents consented to support and made choices, communicating through their preferred communication method. The centre was operated in a child centre way, which also respected the privacy and dignity of residents.

Suitable fire safety systems were in place including fire detection, fire-fighting and adequate containment measures, and all equipment had been regularly serviced. Regular fire drills had been completed and the support needs of residents to evacuate the centre had been assessed.

The centre was clean and well maintained, and overall there were suitable arrangements in place for infection prevention and control. Some improvement was required in relation to the cleaning of clinical equipment and staff knowledge of this process, and the person in charge had taken action by the end of the inspection to address aspects of this issue. There were suitable arrangements in place for the management and reporting of incidents, and individual risks had been assessed, and staff were knowledgeable on the control measures to mitigate the risk of harm to residents.

Regulation 13: General welfare and development

The inspector found the provider ensured the residents were supported with appropriate care and support in accordance with their assessed needs. The residents had access to a range of facilities in the centre and in the community, including indoor and outdoor play areas, and community outings. For example, residents had visited a light show in the city recently, and some residents continued to enjoy attending complementary therapy sessions.

The centre had access to two vehicles, and equipment was provided in a vehicle to maximise accessibility. Residents went to school, and alternative educational opportunities were currently under review for a resident. Residents were supported to develop and maintain relationships, and visited their families regularly, as well as meeting up with friends.

Judgment: Compliant

Regulation 26: Risk management procedures

Suitable arrangements were in place for the management of incidents in the centre. The person in charge outlined the procedure for incident management in the centre, and on-call management support was available in the event an incident occurred out of hours. The inspector reviewed incident records since October 2022. All incidents

had been reviewed by the person in charge and the assistant director, and reported when required to the relevant authorities. Additional follow up measures were taken at the time of incidents if needed, as well as reviews with multidisciplinary team members, and measures implemented to prevent reoccurrence.

Individual risks for residents had been assessed, and management plans outlined the control measures in place to mitigate the risk of harm. Staff members described control measures in place, for example, risks associated with social outings, and risk of ingestion, in line with the risk assessments.

Judgment: Compliant

Regulation 27: Protection against infection

Overall the inspector found there were satisfactory infection prevention and control procedures in place; however, some improvement was required in the procedure for cleaning of clinical equipment.

The centre was clean and well maintained, and staff were observed to attend to scheduled cleaning tasks. The inspector reviewed records for cleaning schedules, and high touch point were signed as completed four times a day, as well as daily and weekly cleaning tasks. However, records for cleaning of a specific medical device were not complete, and were not in line with the manufacturer's guidelines. For example, one filter had not been recorded as cleaned, and similarly another filter not recorded as changed, both since November 2022, despite cleaning being required weekly, and changing a minimum of every 30 days. The inspector observed staff attending to cleaning of the equipment, and while it was evident that the equipment was regularly cleaned, with no visible residue, staff were unable to locate one of the filters in the device. The inspector was therefore not assured that staff knew how to clean the equipment appropriately, and that the required weekly clean was being thoroughly completed. This was discussed with the person in charge, and assurances were provided by the end of the inspection that new filters would be provided, that cleaning guidelines were in line with the manufacturer's guidelines, and that cleaning would be reviewed by the team leader to ensure it was completed.

Suitable arrangements were in place for the management of laundry, and for the disposal of general and clinical waste. Staff were observed to wear face masks, and there was ample supply of personal protective equipment (PPE) available in the centre.

Hand hygiene facilities were available in the centre, and staff wore individual hand sanitisers due to an identified risk concerning access to hand sanitiser. Residents' and staff temperatures and symptoms were checked twice a day, and individual risks related to infection control had been assessed for residents. The person in charge outlined the actions to be taken in relation a specific known risk of infection for a resident. Staff had received training in a range of infection control procedures,

for example, hand hygiene, donning and doffing PPE, and standard and transmission based precautions.

The provider had a contingency plan in place, which outlined the procedures to be taken in the event of a suspected or confirmed case of COVID-19, or if an outbreak occurred in the centre. The contingency plan also referred to individual risk assessments for residents, and the person in charge outlined these arrangements should a resident decline to self-isolate.

Suitable arrangements were in place for food safety and all food was observed to be stored in hygienic conditions. Colour coded chopping boards were available. Daily records were maintained on fridge and freezer temperatures, and cooked food was checked for the optimum temperature before being served to residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable fire safety systems were in place in the centre, including equipment such a fire alarm, fire call points, emergency lighting, fire extinguishers and a fire blanket. Self-closing fire doors were installed throughout the centre. Fire equipment was regularly serviced. The inspector was shown around the centre by a staff member, and all fire exits were clear on the day of inspection. A fire evacuation plan was displayed in the hall of the centre.

The residents' needs in terms of the support they needed to evacuate the centre had been assessed, and there was adequate staffing available at all times to ensure residents could exit the building safely. The inspector reviewed records of four fire drills which had been completed since October 2022, and all drills had been completed within a timely manner. Staff had received training in fire safety, and two staff were scheduled to complete specific training on the use of fire extinguishers. Weekly and monthly fire safety checks were also recorded as complete.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed documentation pertaining to three residents' assessments and personal plans. Most residents had an up-to-date assessments of need, and were based on the expressed preferences of residents, information from residents' representatives, and from a range of professionals. However, improvement was required to ensure that a comprehensive assessment by appropriate health care professionals was available for a resident, and that the development of a personal

plan considered all of the resident's needs. Notwithstanding this, the inspector found the provider had put arrangements in place to ensure the needs of the residents were met. For example, each of the residents was supported on a one to one basis, and a team leader showed the inspector some communication aids, and a sensory room which were used for residents to help them with their emotional and communication needs.

In most cases personal plans were developed based on the assessed needs of residents, and provided guidance to staff on the support residents required to meet their health, social and personal care needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents could access the services of a behaviour support specialist. The inspector reviewed a behavioural support plan which guided the practice in supporting a resident with their emotional needs. The support plan had been developed in consultation with the behavioural specialist and had been reviewed within the last year. The plan set out the proactive and reactive supports to help the resident manage their emotions and to keep them safe.

There were some environmental and physical restrictions in use in the centre, and these had been referred for review with the provider's rights review committee following admission of residents to the centre since October 2022. The inspector reviewed risk assessments regarding three environmental restrictions and found the rationale for use of these restrictions was relative to the risk presented, and a review by an occupational therapist had recently been completed.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure residents were protected. There had been some safeguarding incidents reported to HIQA since centre opened, and these incidents had been investigated and reported appropriately, and there were measures in place to minimise the risks of reoccurrence. There was also written guidance in personal plans, to ensure that personal care was provided in a way which respected residents' privacy and dignity. All staff had been provided with training in Children's First.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted through practices in the centre, and residents were helped, if needed, to make choices, and consent to support through verbal and non-verbal communication methods. For example, the person in charge described that most residents could indicate their preferences verbally, and a staff member described some of non-verbal gestures residents used to indicate they were happy, or to decline a choice. Pictures were also used to help residents make choices such as their preference of meals, and the inspector observed that residents were offered their choice of snacks on return from school. Residents meetings were facilitated on a weekly basis.

The centre was operated in a way which respected the age of residents and residents were supported in a child centred approach. Residents' rooms were decorated age appropriately with personal photos displayed, and a range of play equipment and toys were available in the centre. Each of the residents had their own private space in their bedrooms, and could access all communal parts of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Loft OSV-0008271

Inspection ID: MON-0037233

Date of inspection: 10/01/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Person in Charge has reviewed the cleaning process for the specific medical equipment in use.</p> <p>The PIC will ensure that the cleaning guidelines in place are in line with the manufacturer’s guidelines for this medical equipment, which clearly outlines the steps required to ensure thorough cleaning and best practice.</p> <p>The PIC will review same on a weekly basis to ensure the cleaning schedule is being both adhered to and recorded accurately.</p> <p>The PIC will ensure that there is sufficient stock of fliters in place at the centre and that there is a robust system in place for ordering same.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All residents are supported by the Clinical Team, which is led by Behaviour Support. All residents have their own allocated GP to support with their healthcare needs.</p> <p>The PIC will ensure that all residents are reviewed in line with their assessed needs.</p> <p>The PIC will ensure that all residents plans are updated and implemented as required, with input from all Allied Health Professionals.</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 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	27/01/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently	Substantially Compliant	Yellow	28/02/2023

	as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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