



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

## Issued by the Chief Inspector

Name of designated centre:	The Wren's Nest
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	13 September 2021
Centre ID:	OSV-0007980
Fieldwork ID:	MON-0032642

## About the designated centre

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

This is a service providing care and support to five children with disabilities located in county Meath. The service comprises of one large detached, two story house on its own grounds in a rural setting, but in close proximity to a large town. Two modes of transport are provided so as the children can avail of drives and social outings. Each child have their own large bedroom (one ensuite with a walk in wardrobe) and communal facilities include a large fully furnished sitting room, a fully equipped kitchen and large dining room with a TV area, a number of communal bathrooms, a utility facility and a staff office. There are gardens to the front and rear of the property, with adequate private parking to the front of the premises. A fully equipped playing area is provided for the children to the rear of the property to include swings, a trampoline, football nets and a basketball net. The service is staffed with a full-time person in charge, two senior social care professionals, a team of social care workers and direct support workers.

**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 - 2015 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
Monday 13 September 2021	10:10hrs to 16:50hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met briefly with three of the children and spoke with one family representative over the phone, so as to get their feedback on the service provided. Written feedback on the quality of care from some children was also reviewed as part of this inspection process. The children met with appeared very happy in their home and staff were observed to be person centred and caring in responding to their needs.

On arrival to the house at 10.10 am, all children had already left for school. The inspector observed that the house was appropriately furnished and decorated throughout, in a child centred manner. For example, the children's bedrooms were designed to take into account their assessed needs and individual preferences. Pictures of their artwork and paintings were also on display around the house. A large table was provided in a spacious dining room where the children could engage in table top activities and/or games of their choosing.

A large back garden area was also available for the children to play and relax in during good weather. A number of child appropriate activities were also available in the garden such as swings, a trampoline, football nets and a basket ball net. During the course of the inspection the inspector observed one of the children playing in the garden and on the swings and they appeared to very much enjoy these activities.

On review of a sample of the children's educational progress notes, the inspector observed that they were doing well in school. For example, one of the children were doing well with their reading and artwork and it was reported that their attendance and punctuality was very good.

Some of the children liked to go for drives and the inspector observed that two modes of transport was available to the house. Drives to nearby towns, villages and beaches were provided for and, on the day of this inspection, one of the children went for a drive and social outing which they appeared to enjoy.

The inspector got to speak briefly with one of the children while they were playing in the garden. They said they were happy in the house and it was observed that the child had a positive rapport with the person in charge and staff team. For example, the inspector observed that the child was smiling and laughing when conversing with the person in charge and appeared very much at ease in their company. The person in charge asked the child would they like to show the inspector their room, but the child declined this invitation and their decision was respected.

Over the course of the day the inspector observed some of the children relaxing in their home. For example, one child was relaxing, watching television in the dining room/sun room and appeared very much at home in the house. They also appeared

comfortable in the company and presence of the staff team.

The family member spoken with was very positive about the service overall. They said they were very happy with the quality and safety of care provided in the house and, their relative had progressed very well living there. They said their loved one was very settled and happy in themselves and all their healthcare needs were being provided for. The family member also reported that the service kept them up-to-date and informed about their loved one's progress and, they were made welcome to visit their relative on a regular basis.

They also said that they had no complaints about any aspect of the service and, that they only had praise for the staff team. They reported that their loved one's room was decorated to take into account their individual preferences and concluded by saying they were very happy with the quality and safety of care provided in the house.

Written feedback on the service from two of the children was equally as positive. One child reported (in their person centred plan) that they were very happy living in the house, they loved the staff team, they felt safe living there and, they didn't want to change a thing. The other child reported that they liked the playground area at the back of the house, they liked the basketball net and that they liked their computer.

The following two sections of this report, outline how the providers capacity and capability to operate a responsive service, had impacted positively on the quality and safety of care provided to the children living in this service.

## Capacity and capability

The children appeared happy and comfortable in their home, feedback on the quality and safety of care from one relative was positive and, the provider ensured that supports and resources were in place to meet each child's assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the house. They were supported in their role by two senior social care professionals, both of whom also worked in the house on a full-time basis. This meant there was a regular management and/or supervisory presence in the centre each week.

The person in charge was an experienced, qualified social care professional, with an additional management qualification who provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the children were being provided for.

They also ensured staff were appropriately trained and supervised so that they had

the required skills to meet the assessed needs of the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include children's first, fire safety training, medication management, first aid, positive behavioural support, manual handling and infection control. From speaking with one staff member over the course of this inspection, the inspector was assured they knew the children well and had good knowledge of their assessed needs.

It was observed that one staff member had to undergo refresher training in Children's First however, the person in charge was aware of this and had a timed plan of action in place to address it.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and found that it stated the aims and objectives of the service to include the facilities and services to be provided to the children.

While the annual review for the quality and safety of care and first six monthly audit was not due for completion at the time of this inspection, the person in charge ensured the centre was monitored and audited as required by the regulations. A number of local audits were being carried out on a regular basis which meant the service remained responsive to the needs of the residents.

For example, a recent governance audit identified that a staff supervision schedule was to be completed to the end of the year (2021) and that team meetings were to be facilitated as required. Both these issues were actioned and addressed by the person in charge at the time of this inspection. The inspector reviewed the most recent minutes of the last staff meeting, which was held on September 08, 2021. It was observed that items for discussion and review such as support plans, staff training needs and the assessed needs of the children formed part of the agenda for that team meeting.

It was also observed that due to unforeseen circumstances, there was a shortfall in staffing levels on the morning of this inspection. However, the person in charge had a contingency plan in place which was effective in addressing this issue. Prior to the children returning from school in the afternoon, a full staff complement was present so as to ensure their assessed needs were provided for.

## Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified social care professional (to include a management qualification) with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

### Regulation 15: Staffing

The inspector was satisfied there were adequate staffing arrangements in place to meet the needs of residents. Planned and actual rosters were in place and maintained by person in charge. A sample reviewed by the inspector on the day of inspection found the roster to reflect the staffing in place and the statement of purpose. Staff spoken with were also knowledgeable on the residents care needs.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the children. It was observed that one staff member had to undergo refresher training in Children's First however, the person in charge was aware of this and had a timed plan of action in place to address it. From speaking with one staff member over the course of this inspection, the inspector was assured they knew the children well and had good knowledge of their assessed needs.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the house. They were supported in their role by two senior social care professionals, both of whom also worked in the house on a full-time basis. This meant there was a regular management and/or supervisory presence in the centre each week.

Judgment: Compliant



### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to the children.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

## Quality and safety

The children were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that each child had an individual plan completed detailing their assessed needs. All children were supported to attend school on a daily basis and from viewing one of their school reports, the inspector observed they were being supported with their education needs and, their attendance and punctuality at school, was reported to be very good.

The house was also equipped in an appropriate way to ensure adequate recreational facilities were available to the children. For example, there was adequate space within the premises to ensure children could engage in recreational activities of their choosing such as art work and table top activities. A large garden area was also available to the children with swings, a trampoline, football nets and a basketball net. Two modes of transport were provided for drives and social outings.

The children were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include general practitioner (GP) formed part of the service provided. Children also had access to ophthalmology services, optician, dietician and occupational therapy services. Care plans and

protocols were in place to ensure continuity of care and direct staff practice. Access to mental health services and behavioural support were also provided for. It was observed that one aspect of a care plan for one child required updating however, this issue was addressed by the head of children's services prior to completion of this inspection.

The inspector also observed that the process of reviewing and developing behavioural support plans for some residents had commenced with the input and support of a behavioural support analyst. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. From speaking with one staff member over the course of this inspection, the inspector was assured that they had knowledge and understanding of the assessed needs of the residents.

Systems were in place to safeguarding the children and if required, safeguarding plans could be put in place. However, at the time of this inspection, there were no safeguarding issues on record. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the knowledge to report any concern to management if they had one. Staff also had training in Children's First and information on how to contact the safeguarding officer and an independent advocacy agency was available in the centre. From a sample of files viewed, the inspector also observed that the children participated in a 'stay safe programme' in school.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. However, aspects of some risk assessments required review so as to ensure the control measures in place to manage the risk identified were up-to-date and reflected in practice.

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and the last one held in August 2021, informed that all children and staff present evacuated the building in 30 seconds. Each child also had a personal emergency evacuation plan in place and from a small sample of files viewed, staff had training in fire safety.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place specific to the centre. There was guidance signage regarding COVID-19 displayed in the centre and staff had access to PPE which they used on the day of this inspection.

Staff were also observed cleaning the premises in line with cleaning schedules in place in the service. The premises were found to be laid out to meet the needs of the children and on the day of this inspection were observed to be clean. Some staff

training certificates in infection prevention control were not available for inspection on the day of this inspection however, the person in charge and head of children's services were aware of this issue and, had a plan in place to address it.

Systems were in place to support the rights of the children and their individual choices were promoted and respected (with support, guidance and advice from family and staff where required). The children held weekly meetings where they agreed on meal plans for the week and discussed important issues such as privacy and respect. They also agreed their own charter promoting respect for each other, which was publicly available to view in their hallway.

From reviewing one child's person centred plan, the inspector observed that the concept of rights was also discussed with the children. For example, each child's right to choice was explored and discussed. Information in an easy to read format on rights was also available in the house. Information on how to make contact with an external advocacy agency (with a specific remit to empowering young people in care) was also available in the service.

### Regulation 17: Premises

The premises were found to be laid out to meet the needs of the children and on the day of this inspection were observed to be clean.

Judgment: Compliant

### Regulation 26: Risk management procedures

Some risk assessments required review so as to ensure the control measures in place to manage the risk identified were up-to-date and reflected in practice.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. From a small sample of files viewed, staff had training in hand hygiene and donning and doffing of PPE. There was also a COVID-19 contingency plan in place specific to the centre. There was guidance signage regarding COVID-19 displayed in the centre and staff had access to PPE which they used on the day of this inspection. Some staff training certificates in infection prevention control were not available for inspection on the day of this inspection however, the person in charge

and head of children's services were aware of this issue and, had a plan in place to address it.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and the last one held in August 2021, informed that all children and staff present evacuated the building in 30 seconds. Each child also had a personal emergency evacuation plan in place and from a small sample of files viewed, staff had training in fire safety.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The individual needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that each child had an individual plan completed detailing their assessed needs. All children were supported to attend school on a daily basis and from viewing one of their school reports, the inspector observed that they were being supported with their education needs and, their attendance and punctuality at school, were reported to be very good.

Judgment: Compliant

### Regulation 6: Health care

The children were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Children also had access to ophthalmology services, optician, dietitian and occupational therapy services. Care plans and protocols were in place to ensure continuity of care and direct staff practice.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Access to mental health services and behavioural support were also provided for. The inspector observed that the process of reviewing and developing behavioural support plans for some residents had commenced with the input and support of a behavioural support analyst. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguarding the children and if required, safeguarding plans could be put in place. However, at the time of this inspection, there were no safeguarding issues on record. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the knowledge to report any concern to management if they had one. Staff also had training in Children's First and information on how to contact the safeguarding officer and an independent advocacy agency was available in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Systems were in place to support the rights of the children and their individual choices were promoted and respected (with support, guidance and advice from family and staff where required).

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 - 2015 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 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Wren's Nest OSV-0007980

Inspection ID: MON-0032642

Date of inspection: 13/09/2021

## 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
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge will complete a review of all risk assessments within the centre. This review will ensure that all control measures in place are appropriate and reflective of the practices within the centre..	



## 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	01/10/2021