



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

Issued by the Chief Inspector

Name of designated centre:	Larch View
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	22 February 2022
Centre ID:	OSV-0008031
Fieldwork ID:	MON-0033865

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 for up to five adults with an intellectual disability, autistic spectrum disorder and acquired brain injury. The centre is based in a rural location in the community, and transport is provided for residents to access facilities and services in nearby towns. The aims of the service are to promote residents' independence, and to maximise residents' quality of life through interventions and supports. Residents are supported in the centre by a team including a person in charge and direct support workers. Residents can also access a range of professionals in order to support their health, social and personal needs. In line with their preferences residents are supported to attend day services, or to engage in activities in the centre and in the community.

The centre is homely and comfortable and laid out to meet the individual and collective needs of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 22 February 2022	10:00hrs to 18:20hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting residents, observing interactions between residents and staff, and from talking with staff members the inspector found residents were provided with a good quality of care and support. There was a focus on broadening opportunities for residents to participate in both their home life and to explore experiences in the community, cognisant of residents' preferences and needs.

This centre was registered as a new centre in July 2021 and could accommodate five residents. This was the first inspection of the centre since opening, and was carried out to monitor compliance with the regulations. One resident had been admitted to the centre in July 2021, and a second resident had moved in, in late 2021. On the day of inspection, one resident was being admitted to the centre, and was transferring from another designated centre under the remit of the provider. While a planned transition programme had been completed with the resident, the inspector found admission practices had not considered the need to protect residents from potential abuse by their peers. Consequently assurances were sought from the provider, and are discussed further in the next section of the report.

The centre comprised of one two storey house and was located in a rural location, within driving distance of a number of towns. The centre had their own transport which residents used to access the community.

On the morning of inspection there were two residents living in the centre, and as mentioned one resident moved into the centre later that day. One of the residents was at home with their family on the day of inspection. The inspector met one resident, who was getting ready to go out for a meal, discussing with staff where they would prefer to go. Later in the morning, a resident moved into the centre, and was supported by a staff they knew, to meet people in the centre and to make a snack. Staff also supported this resident to move their belongings into the centre, and helped the resident to arrange their bedroom as they wished.

Staff were observed to have kind and respectful interactions with residents, and residents seemed comfortable with staff. Staff had a good knowledge of their support needs. One of the staff members described the plans in place to support residents with their needs, such as broadening independence skills, introducing new experiences, and personal care needs. The person in charge also described the support needs of a resident currently living in the centre, and of the needs of the resident who moved into the centre on the day of inspection.

Residents accessed facilities in the community such as restaurants and cafes, hairdresser, and shops, and activities were based around residents' preferences. For example, a resident told the inspector they loved shopping for clothes and the inspector saw from financial records that the resident was regularly supported to purchase clothing. One of the residents went to day services during the week and

another resident was starting a part-time job the following day.

The centre was comfortable, modern and spacious for residents. The person in charge discussed making the centre more personalised, and had plans that current and prospective residents would be involved in choosing their own preferences of home accessories such as pictures. Each of the residents had their own bedroom, decorated to their own preference.

Residents were supported to maintain links with their families and friends. Visits by family members were welcomed in the centre, and staff facilitated residents to visit home also. Staff had also supported a resident recently, to renew links with old friends.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The inspector found the provider had the appropriate management systems in the centre to ensure the residents received an effective, and consistent service. However, the safety of residents had not been appropriately considered in the admission procedures to the centre, and the systems for staff to raise concerns about the safety of services and risks to residents as part of admissions practices was not effective.

As part of recent admission procedures to the centre, the person in charge had completed an impact risk assessment for both residents living in the centre and for a resident being admitted to the centre. The needs of the residents had been outlined, and known risks identified, and the person in charge along with a person in charge from another centre, had implemented a phased transition plan for a resident, some of which included safety measures to protect residents. However, at the time of the admission, these safety measures were no longer in place, and the person in charge outlined they had concerns for the safety of residents in the coming days post-admission. This meant that there were a number of known risks, which some residents could be exposed to in the coming days, which could impact their safety and wellbeing. The inspector reviewed information related to residents' assessed needs, known risks, potential concerns, and control measures which were outlined by the person in charge, and documented in impact assessments, transition plans, a behaviour support plan, personal plans, individual risk assessments, and a notification received by HIQA, as well as discussion with a person in charge from another centre. As a result of this review, the inspector found appropriate measures were not in place to ensure residents were protected from a risk of harm following this admission. The provider was requested to provide assurances regarding this issue, in order to mitigate the presenting risks. By the end of the inspection, the provider gave written assurances on the measures they were taking to ensure

residents would be protected in the coming days, and made arrangements for a planned discharge of a resident to be brought forward by one week. However, in light of the need for the inspector to seek assurances regarding practices for one admission, the inspector was not assured that should similar circumstances arise again, that admission practices were adequately ensuring residents would be protected.

While the provider had management systems in place to provide an effective and consistent service to residents, the mechanism for staff to raise concerns about the safety of services for residents required improvement. Specifically, the risks relating compatibility issues of residents as part of the stated admission process, had been raised by the person in charge; however, the person in charge was instructed to proceed with the admission process within a set timeframe despite the known risks.

There was a system in place to monitor the service, and a schedule of audits were required to be completed by the person in charge on a monthly basis. An unannounced visit by the provider had been completed in January 2022, and from a sample review, actions were either completed or progressing within the required timeframe. The person in charge was supported in their role by an assistant director of services who reviewed the services in the centre at monthly meetings with the person in charge. The inspector reviewed actions from two recent meetings and found these were also completed.

There was a clearly defined management structure. Staff reported to the person in charge who in turn reported to the assistant director of services and the director of services. The director of services reported to the chief executive officer, who reported to the board of management.

At a local level, staff told the inspector they could raise concerns with the person in charge, and their views were sought on a range of issues relating to the care and support of residents in the centre. Staff meetings were facilitated on a monthly basis, and issues such as incidents, residents' support needs, infection control and fire safety had been reviewed at these meetings. There was evidence that opportunities for learning and improvement were facilitated at staff meetings, for example, safeguarding measures were discussed following a safeguarding incident, additional maintenance requirements were identified and requested, and staff training needs were reviewed.

There was a full-time person in charge in the centre, who had the required qualifications and experience to fulfil this role. The person in charge was solely responsible for this designated centre, and worked directly in the centre, supervising the care and support provided to residents.

The provider had resourced the centre effectively. There were sufficient staff in the centre, who had the skills, knowledge and experience to meet the assessed needs of residents. Staffing was arranged based on the number of residents staying in the centre. For example, during the week there was one staff and the person in charge on duty during the day and one staff at night time. At the weekend when a resident returned to the centre, there were two staff on duty during the day and two staff on

duty at night time. The person in charge outlined that additional staffing had been provided to accommodate increasing resident numbers in the centre, and this was reflected in the rosters. Planned and actual rosters were appropriately maintained.

Staff had been provided with a range of mandatory and additional training. Mandatory training included safeguarding, fire safety, and managing behaviour that is challenging. Additional training including medicines management, therapeutic techniques, infection control, hand hygiene and donning and doffing personal protective equipment had also been provided. There was an arrangement for staff to have a supervision meetings with the person in charge on a monthly basis.

The statement of purpose had recently been updated to reflect a change in management personnel.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis, and was responsible for this designated centre only. The person in charge had the required qualifications and experience to fulfil their role. The person in charge was knowledgeable on the residents' needs and on the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staffing levels in the centre, and staffing rosters were arranged specific to the needs and numbers of residents in the centre at any one time. Planned and actual rosters were appropriately maintained. There was one staff on duty during the day and one staff on duty at night time, Monday to Thursday, and two staff during the day and at night time from Friday to Sunday.

Schedule 2 documents were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training, providing staff with the necessary skills and knowledge to meet the needs of the residents, and to respond to risks. Training had included safeguarding, fire safety, managing behaviour that is challenging, medicines management and a suite of

infection control training. Staff were supervised appropriate to their role. The person in charge supervised care and support on a day to day basis, and worked directly with staff in the centre. Supervision meetings were facilitated on a monthly basis.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required in the arrangements for the person in charge and staff to raise concerns about the safety of care and support of residents, to ensure concerns were appropriately responded to.

There were appropriate resources provided in the centre, and overall the management arrangement had ensured residents received an effective and consistent service. There were arrangements in place to monitor the service provided, and actions had been implemented following a six monthly unannounced visit by the provider and monthly reviews by the assistant director of services. At a local level staff were able to raise concerns and offer suggestions about the care and support provided to residents with the person in charge. An annual review of the quality and safety of care and support was not due to be completed as yet.

There was a defined management structure, and lines of responsibility and accountability were clearly set out.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Admission practices had not taken into account the need to protect residents. A resident had been admitted to the centre, and the risks which had been identified at the transition planning stage, had not been appropriately responded to by the provider. This meant that residents could be exposed to a risk of harm. The provider was required to provide assurances on measures they were taking to ensure residents were protected, and written assurances were provided to ensure residents were protected in the coming days. However, given that the inspector was required to seek assurances regarding one admission, the inspector was not assured that should similar circumstances arise again, that admission practices were adequately ensuring residents would be protected.

Residents had visited the centre and met staff prior to moving in to the centre.

Residents had been provided with an agreement, which set out the services to be provided and the fees to be charged.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose available in the centre. The statement of purpose had recently been updated to reflect a change in management personnel.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, in which their needs were met, and their wellbeing was maintained. There was a focus on broadening residents' experiences both in the centre and in the community, while respecting residents' preference for familiar and structured routines and choices.

Residents' needs had been assessed and a personal plan had been developed following their admission to the centre. Assessments involved a range of multidisciplinary team members, and their recommendations formed the basis of personal plans. Assessments took into account the health, social and personal needs of residents. The support residents required to meet their needs was clearly set out in plans. Residents had been involved in the development of personal goals, for example, getting a job, or learning to prepare simple meals and these plans had been implemented in practice.

Residents were supported with their emotional and behavioural needs, and behaviour support plans had been developed in consultation with behaviour specialists. Plans clearly identified behaviours of concern and outlined strategies in supporting residents to manage their behaviour. Behaviour support plans were regularly reviewed. There were some environmental restrictive practices in use in the centre, which had been implemented following identification of risks. Residents had been informed of the reason these practices were used, and there was evidence that plans were implemented to reduce the use of these practices where applicable.

Notwithstanding the issue regarding admissions to the centre, overall the inspector found there were arrangements in the centre to ensure residents were protected. There had been one safeguarding concern reported to the Health Information and Quality Authority (HIQA), and the inspector found adequate arrangements were in place to minimise the risk of reoccurrence. Residents' finances were securely stored, and were audited nightly by staff, and weekly by the person in charge. Residents were supported by staff to manage their money, and where applicable, to check and

record expenditures and corresponding receipts with staff. Residents had been assessed as to their preference and support needs, and intimate care plans guided the practice to ensure residents' privacy and dignity was maintained during personal care practices.

Suitable measures were in place for infection prevention and control. There was adequate personal protective equipment provided, and staff were observed to wear face masks at all times. Adequate hand washing facilities were available. Residents', staff and visitors' temperatures and symptoms were observed to be recorded. The centre was clean and a cleaning rota was completed. There were suitable arrangements in the centre for the disposal of waste. Staff had been provided with a range of infection prevention and control training in response to the COVID-19 pandemic. Suitable food safety arrangements were in place. Colour coded chopping boards were provided and food was safely stored. Fridge and freezer temperatures were recorded. There was a system in place to ensure safe water systems, for example, water sampling was completed quarterly, cold water tanks were disinfected, and unused taps were flushed out weekly.

The premises was clean and well maintained, with adequate private and communal space for residents' use. Residents could access all parts of the centre, and a ramp was provided to the rear of the property. Each of the residents had their own bedroom, with storage for their personal possessions. There was a large kitchen dining room, two sitting rooms, and sufficient bathrooms for residents' use. A separate utility room was provided where residents could launder their clothes. The centre was situated on a large site, with large front and rear gardens, and parking to the front of the premises.

Suitable fire safety systems were in place. The centre was equipped with a fire alarm, call points, fire extinguishers, fire blanket and emergency lighting. Fire doors with self-closing devices were installed throughout the centre. All fire safety equipment had been serviced as scheduled. A fire evacuation plan was on display in the hall. All fire exits were observed to be clear. Personal emergency evacuation plans had been developed and the assembly point was located to the front of the property. Regular timely fire drills had been carried out during the day time. A schedule of fire safety checks were completed by staff in the centre including escape routes, emergency lighting, fire alarm, and fire-fighting equipment. Staff had completed training in fire safety.

Regulation 17: Premises

The centre was well maintained and laid out to meet the individual and collective needs of residents. There was adequate private and communal space for residents. Each of the residents had their own bedroom, and there were sufficient numbers of bathrooms available for residents' use. Facilities were available for residents to prepare meals and to launder their clothes if they so wished. The centre was accessible for residents, and there were large gardens to the front and rear of the

property.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable measures in place for the prevention and control of infection. These included hand washing and sanitising facilities, personal protective equipment, and enhanced environmental cleaning. Information was available on COVID-19, and on infection control precautions. Staff had been provided with a range of training in response to the recent pandemic. There were suitable facilities for the disposal of waste, and satisfactory food safety practices were implemented. There were arrangements in place to ensure the water supply to the centre was monitored regularly.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety systems in place including the provision of fire detection, fire containment and fire-fighting equipment. All fire safety equipment had been regularly serviced. Residents' needs had been assessed in terms of evacuating the centre, and regular fire drills had been completed. Fire safety checks were completed by staff in line with the stated requirements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each of the residents had a multidisciplinary assessment of need completed, and personal plans were subsequently developed. Personal plans guided the practice in the provision of care and support for residents, and plans were regularly reviewed. Residents were supported to develop personal goals, and plans were implemented to support residents to achieve these goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans had been developed for residents following assessment of their needs, and residents accessed the support of behaviour specialists. Behaviour support plans considered the behaviour in the context of potential triggers, and proactive strategies were set out to minimise the risks of the occurrence of behaviours. Plans also set out reactive strategies to support residents with their emotions and to keep them safe. Restrictive practices were implemented relative to the risk presented, and there was evidence of a reduction in the use of restrictive practices where applicable.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were protected, and there had been appropriate reporting and response to a recent safeguarding concern. Safe procedures were also in place to ensure residents finances were protected. Staff had been provided with up-to-date training in safeguarding. Detailed intimate care plans set out residents' preferences and personal support requirements.

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	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Larch View OSV-0008031

Inspection ID: MON-0033865

Date of inspection: 22/02/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There are imbedded governance systems in place which include, monthly PIC group meetings with the Director of Community and Children’s services, Fortnightly PIC cluster meetings with the Assistant Director of Services, Monthly Individual Governance meetings between the Assistant Director and Person in Charge, Three Monthly Probation meetings for new PIC’s and quarterly supervision for all staff.</p> <p>The opportunity to raise concerns at these meetings or outside of these arrangements will be discussed again with all staff and imbedded in the staff meeting standing item agenda.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The concerns raised by the inspector on the day of inspection were addressed on the day and appropriate assurances were provided in writing.</p> <p>All future admissions to the centre will be conducted in line with The Talbot Group’s Admissions and Transitions policy. Training around the implementation of the policy was carried out on 15/02/2022, with the senior management team and relevant clinicians. Training for additional staff including PIC’s. This purpose of this training is to ensure all admissions to the centre are in line with the Talbot Group policy on admissions and</p>	

transitions. This will ensure that admissions and transitions to the centre are determined by the needs and compatibility of residents in the centre and will clearly document the arrangements to ensure that admissions and practices take account of the need to protect residents from abuse by their peers. . There is always a person-centred focus on admissions and transitions, but this training aims to enhance the documentation and practice in place.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	30/04/2022
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Not Compliant	Orange	22/02/2022