



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

## Issued by the Chief Inspector

Name of designated centre:	1-5 Filgate Park
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	19 March 2025
Centre ID:	OSV-0008310
Fieldwork ID:	MON-0037757

## 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 for up to ten adults with disabilities. The centre comprises of four semi-detached houses and one detached house on a small complex in Co Louth. It is in close proximity to local shops and private transport is provided to residents for social outings and drives. Each resident has their own private bedroom (some en-suite) and each house has a large fully equipped kitchen, dining room, living room and utility room. There is a large gated courtyard to the front of the property and each house has its own private back garden. There is ample private parking to the front of the centre. The staff team consists of a full-time person in charge, two team leaders and a team of direct support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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## How we inspect

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
Wednesday 19 March 2025	08:45hrs to 17:45hrs	Anna Doyle	Lead
Thursday 20 March 2025	07:50hrs to 14:50hrs	Anna Doyle	Lead
Wednesday 19 March 2025	09:00hrs to 17:45hrs	Sarah Barry	Support

## What residents told us and what inspectors observed

Overall, this centre was well-resourced and residents here appeared to have a good quality of life. The resources were planned so as residents could decide what they wanted to do at anytime and over the course of the inspection the staff team were observed providing person-centred care to the residents living here. A number of minor improvements were required to the oversight arrangements including governance and management, notification of incidents, positive behaviour support plans, safeguarding and staffing.

This inspection was carried out to help inform a decision to renew the registration of the designated centre. Prior to this inspection the Office of the Chief Inspector received information relating to safeguarding concerns and staffing. This information was followed up as part of this inspection process. The inspectors found that these concerns were not substantiated.

The inspection was announced and the residents had been informed that the inspection was taking place. The inspectors met five of the residents, spoke to the person in charge, a team leader, three staff members, the assistant director of services and the chief operations officer. Inspectors also spoke to one family representative over the phone on the first day of the inspection who provided some feedback on their views of the quality of services provided. The inspectors also observed some practices in the centre and reviewed a sample of records pertaining to the residents care and support, along with the governance and management of the centre.

On arrival to the centre, the inspectors met with the person in charge and the assistant director of services to discuss an outline of the residents' preferences about inspectors visiting their houses. As a result, in line with the residents' needs and wishes, and their planned activities inspectors only met with five of the residents. Over the course of the inspection, inspectors observed residents were engaged in meaningful activities and were either attending a day service or were out and about enjoying activities they had chosen.

The centre comprises of five two bedroom properties, originally designed to provide residential accommodation for 10 residents. At the time of this inspection seven residents were living in the centre, two of whom only spent half the week in the centre and the remainder of the week they spent at home. That meant that only five residents lived in the centre on a full time residential basis and two residents lived there on a part time basis.

Each of the houses comprised of a sitting room, kitchen/dining room, a utility room, and a downstairs bathroom. Upstairs, there were two bedrooms, one of which had an en-suite bathroom, a bathroom and a second communal area. In one of the houses this communal area served as an office. At the time of the inspection, in three of the houses there was only one resident living there. In two of these houses

this was because the residents liked living on their own, however, in the other house, another resident may share their home in the future.

All of the houses were clean, comfortable, decorated to a good standard and well maintained. There were pictures and photographs throughout some of the houses which created a homely feel. This was in line with the residents' preferences. In other houses some of the residents did not like a cluttered environment and this was respected. Equally residents bedrooms were decorated around their wishes. As an example; one resident had recently chosen a vibrant paint color for their bedroom and decorated it with marvel movie characters as this was what they liked. This resident also liked music and the extra communal room upstairs in this resident's house had been repurposed into a music room, kitted out with drums, guitars and other musical instruments. Whereas in a another house, a resident had chosen more calming colours and decorations as that was the décor they preferred.

The kitchen/dining areas were modern and well equipped. Hand sanitising units were in place at certain points throughout the centre and all sinks had disposable towels and hand washes available.

At the back of each house there was a small back yard. Some of the residents who liked trampolines had one in their back yard. To the side of one of the houses there was a larger garden area as well as the back yard. The staff informed an inspector that there was a plan in place to cultivate this area as a goal for one resident to start growing vegetables/fruit. To the front of the properties there was a shared driveway, and a grassed area where there was a large swing that some residents liked. On the second morning of the inspection one of the residents was out playing a ball game in this area with the staff and the inspector joined in the game. The resident appeared to be having great fun.

Residents were supported to keep in touch with family and friends in line with their wishes and preferences. One of the residents was very happy about going home to visit family on the second day of the inspection. The inspectors observed the resident (who liked to maintain a schedule) getting staff to set a timer on their mobile phone to alert them when it was time to go on their visit. The resident was observed going out and informing staff that they wanted to travel home in a specific colour bus and also named the staff they wanted to accompany them. The resident was also observed saying hello to all the staff who were finishing or starting their shift that morning. It was clear that the resident knew all of the staff, was happy when greeting them all and staff were also very engaging and respectful to this resident.

Other residents also regularly visited family or family came to visit them. For example; in one of the houses there were lovely photographs of one resident celebrating a significant birthday surrounded by family in the centre. The staff also facilitated all visits to family where required. For example; one resident visited family three times a week and the staff drove the resident there each time and brought them home. This was a positive example of how staff ensured that family contact was maintained.

The inspectors also observed in one document that the views of families had been collected. While families for the most part reported that they were happy with the services provided some families had suggested some improvements. The person in charge had followed up with the family representative concerned to reassure them they would try and address those improvements in line with the residents own wishes and preferences.

Prior to the inspection the residents completed questionnaires with support from staff members and/or family members, about whether they were happy with the services provided. Overall, the feedback was positive and residents said they liked their home, the staff, and the level of activities they got to do each day. The registered provider also surveyed the residents to see if they were happy living in the centre. The feedback was overall very positive. One resident said ' I am very happy living here', another said they loved the sensory room in their home. One resident did raise a concern about a trampoline being broken in their garden. When inspectors followed up on this they noted the trampoline had been fixed. This was a positive example of how the registered provider, listened to and responded to issues that residents were unhappy about in the centre.

As stated one of the inspectors spoke to a family representative on the first day of the inspection. The family member raised a number of issues that they had brought to the attention of the person in charge in Jan 2025. While the family member informed the inspector that actions had been taken to address the issues raised, they felt that sometimes the same issues reoccurred. The inspector followed this up with the person in charge and provided feedback about issues raised by the family member. The person in charge showed the inspector minutes of a meeting held with the family in Jan 2025 which showed that the person in charge had taken actions to address the concerns. However, the person in charge agreed to follow up with the family representative again after the inspection to provide reassurances and further assistance to them.

The residents were supported to integrate into their local community, for example some of them had joined the gym, others walked to the local shops each day to get their paper and others regularly attended a nearby swimming pool. The inspectors also observed some examples of where the residents were being supported with their independent living skills. One resident was learning how to do some household tasks like changing their bedclothes and preparing small meals as a way of building their skills and increasing their independence.

Most of the residents in the centre communicated in different styles and some of them liked visual cues to remind them of things that were happening next in their day. The inspectors observed the practice of staff and spoke to them about the specific communication styles for some of the residents. The inspectors found that staff were aware of the residents needs in this area. For example; two staff spoke about a resident who used some communication signs and the staff were able to demonstrated the signs to the inspector. Both staff informed the inspector that they were familiar with the communication signs as the registered provider had provided training for staff to ensure they were able to use these signs. Inspectors also observed that some residents liked to plan their day using visual schedules and

these were in place in each house where required.

Visual aids were also used to support residents to make choices. For example; they could choose menu options each week at residents meetings. Social stories were used with some residents to support them when they were anxious about something. Some residents liked to use two visual aids to inform them what was happening now, and then (meaning what was happening next). The inspectors observed staff implementing these aids and staff were also aware of the importance of these aids for the residents concerned.

Residents were provided with information around their rights at residents meetings. There was information provided about advocacy services including the independent advocate available in the local area. At one point an advocate had supported a resident with a decision about whether they liked the centre they were living in. This was a good example of how the resident was provided with independent support regarding making a decision. The inspectors also observed that the residents were supported to make choices around activities and schedules. For example; one staff spoke about how it was very important to stick to a night time routine for one specific resident, this routine meant that the resident liked to go to bed early. Whereas the staff also explained that in other houses the residents might choose to go to bed between 11pm and midnight.

Residents also got to choose preferred meal options. Cultural and religious requirements for example, around meals provided were also accommodated. One resident liked a particular cuisine and staff were preparing meals for the resident over the course of the inspection. Another resident liked a specific combination of food for their breakfast and the resident informed the inspector that they liked this breakfast. Some residents had recommendations from allied health professionals around specific food options and inspectors found that residents were supported with this in line with their preferences.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

## Capacity and capability

Overall, the centre had a defined management structure in place, led by a qualified person in charge. They were supported in their role by two team leaders. However, some minor improvements were required in governance and management, notification of incidents and staffing.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2024 along with a six monthly unannounced visit to the centre in February 2025.



Other audits included monthly governance meetings with the person in charge and the assistant director services. However, the inspectors found that some issues found at this inspection were not captured in these audits and this required review.

There was adequate staffing in place to meet the needs of the residents. As stated in section one of this report, HIQA had received information prior to the inspection raising concerns about information regarding staff recruitment practices. While inspectors found no evidence to support these concerns at the time of the inspection, some improvements were required in staff personnel files.

The inspectors reviewed a sample of incidents that occurred in the centre over the last six months and found that one restrictive practice had not been notified every quarter as required by the regulations. This required review.

#### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to the chief inspector to renew the registration of the designated centre which included all of the documents that were required to be submitted with this application.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. They had an appropriate qualification in management.

The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations. They demonstrated a commitment to providing person-centred care to the residents living on the centre.

They were also aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings. The staff members spoken with also reported that the person in charge was very supportive to them and they felt comfortable raising any concerns they may have to the person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

Overall, the inspectors found that there was adequate staff in place to support the residents' needs in the centre. However, improvements were required in relation to the staff personnel files.

A planned and actual rota was maintained in the centre. The inspectors completed a review of a sample of the centre's rotas which included one week in June 2024, December 2024 and March 2025 as well as the planned rota for two weeks after the inspection.

The number and skill mix of staff was appropriate to meet the assessed needs of the residents and included direct support workers and social care workers. This meant that residents were provided with person-centred care and were able to decide on a daily basis what they wanted to do.

The staff compliment each day was planned around the needs of the residents. Between all of the houses there were seven waking staff on duty overnight and during the day ten staff on from 8am to 8pm each day. At the time of the inspection there were no staff vacancies. In order to ensure consistency of care, the registered provider had contingencies in place to cover for planned and unplanned leave. Regular relief staff were employed to support residents during these times.

An on call manager was on duty 24 hours a day to support staff and offer guidance and assistance if required. Nurses were also available to guide and support staff with residents health care needs where required.

As stated in section one of this report, the Office of the Chief Inspector had received information prior to the inspection raising concerns about some staff recruitment practices. This included verification around some records contained in staff personnel files.

The inspectors reviewed a sample of personnel files and found that two staff files viewed had some inaccuracies in terms of dates in their employment history records. The registered provider, provided documentary evidence prior to the end of the inspection, showing for example, that despite the gaps in dates, the employment history details of staff had been officially verified from a recruitment agency that the provider had engaged previously. This provided assurances to the inspectors.

Apart from these gaps, the personnel files contained the other requirements under Schedule 2 of the regulations. For example; all staff had been vetted with An Garda Síochána (police).

Notwithstanding that the staff personnel files needed to be completed for all files to ensure compliance going forward. The inspectors found no evidence from the documents viewed that would substantiate the concerns raised to the Office of the Chief Inspector prior to the inspection.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff were provided with a suite of training divided into mandatory training and other training. The training records were maintained on an electronic database. Certificates of these training records were also stored in the centre. The inspectors reviewed all of the electronic records and a sample of certificates for staff. All of the staff had completed training. Some of the mandatory training included:

- Children First
- Safeguarding of Vulnerable Persons
- Fire Safety
- Food Safety
- FEDS (Feeding, Eating, Drinking and Swallowing) Part 1 – Foundation
- Health and Safety in the Talbot Group
- Moving and Handling
- Professional Management of Complex Behaviours (PMCB)
- Communicating Effectively
- Antimicrobial Resistance & Infection Control (AMRIC) - Basics of Infection & Prevention Control
- AMRIC - Hand Hygiene
- AMRIC - Personal Protective Equipment
- AMRIC - Respiratory Hygiene and Cough Etiquette
- AMRIC - Standard and Transmission-Based Precautions
- AMRIC - Management of Blood & Body Fluid Spills.

In addition to this other training provided included:

- Assisted Decision Making
- Human Rights
- Medication Management which included competency assessments
- Autism Support
- Health and Safety
- Epilepsy Awareness
- Positive Risk Taking
- Administering rescue medicine for a specific health care need.

Staff were also provided with supervision on a regular basis which enabled them to discuss their personal development and raise concerns about the quality of care if they had any. A sample of records reviewed by the inspectors found that staff had not raised any concerns about the quality of care. The person in charge confirmed this also for all staff.

All of the staff who spoke to inspectors said they felt supported by the person in charge and the team leaders.

Overall, the inspectors found that staff had been provided with training to meet the needs of the residents. The interactions observed on the day of the inspection

showed that staff were providing care to the residents in a person-centred manner.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had submitted an up-to-date insurance policy statement as part of their application to renew the registration of the designated centre.
Judgment: Compliant
Regulation 23: Governance and management
<p>On the day of this inspection there was a clearly defined management structure in place which was led by an experienced and qualified person in charge. They were supported in their role by two team leaders. An assistant director of services provided regular support to the person in charge both of whom met each month. However, improvements were required to some of the oversight measures as some issues found on this inspection were not being highlighted in the providers own audits.</p> <p>The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2024 along with a six monthly unannounced visit to the centre in February 2025. Areas of improvement had been identified at these audits which were having a positive outcome for residents. For example; it was noted that residents would benefit from training to increase their independent living skills and this was being addressed. The annual review also included the views of residents and/or their family representatives.</p> <p>Other monthly audits were conducted in area such as residents' personal possessions, safeguarding and medicine management practices. The inspectors found that these audits generally found good practices in the centre. A recent medicine audit conducted in January 2025 found there had been no medicine errors in the centre. This audit also recommended some refresher training for staff and inspectors found that this had been completed.</p> <p>There were also monthly governance meetings held between the person in charge and the assistant director of services. At these governance meetings a substantial number of other regulations were also audited. However, the inspectors found that issues highlighted at this inspection were not been captured through these audits, despite there being sections in the audits to capture these. For example; it was not captured that a restrictive practice had not been reported to the Office of the Chief Inspector, even though this restrictive practice was regularly reviewed and all staff</p>

were clear about the rationale for using it. The inspectors also observed that a positive behaviour support plan did not contain the correct information in relation to the strategies in place to support a resident. This was an important issue for residents in this centre as a consistent approach was required from staff.

Staff meetings were held monthly which were facilitated by the person in charge. A review of sample of minutes showed that various issues were discussed about the service provided like risk management, safeguarding and restrictive practices. These forums were ensuring consistency of care to the residents and were also bringing about positive changes to the residents lives. For example, at each meeting, in relation to risk management, incidents that occurred in the centre were reviewed to see if there was any further learning from these. The inspectors observed that because of these reviews one resident now no longer needed a prescribed medicine to manage their anxieties as the strategies in this residents behaviour support plan were effective.

The inspectors also found evidence of shared learning across the organisation from other inspections conducted in other centres that would positively impact on the residents living here. For example; the provider was undertaking a review of money management plans and the storage of residents' finances to ensure that the residents independent living skills could be supported in terms of managing their own money.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors and found to meet the requirements of the Regulations.

The statement of purpose set out the aims and objectives of the service, the governance and management arrangements in place and the kind of service the provider intended to deliver to residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents that occurred in the centre over the last six months and found that one restrictive practice had not been notified every quarter as required by the regulations. This required review, the inspectors however were satisfied that this was not impacting on the quality of care of the residents, as the restrictive practice was regularly reviewed in the centre and the reason for using

it had been explained to the resident.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place. At the time of the inspection there were no open complaints in the centre.

The residents were informed about the complaints procedure and easy to read information was available about this procedure. Some of this information was also provided to residents through social stories. This meant that residents were being encouraged and informed to make a complaint if they were not happy with aspects of their care and support.

The person in charge demonstrated that they were open to taking feedback from family and residents if they had a complaint about aspects of the safety and quality of care. The inspectors reviewed some complaints that had previously been raised in the centre. Following a review of the concerns by the provider a number of actions were agreed to address the concerns raised. The inspectors followed up on a sample of the actions outlined and found that they had been completed. In response to one complaint for example, it was agreed to seek additional advice from an allied health professional to support a resident and this had been completed.

A letter had also been issued to the person raising the concern outlining the actions taken to address those concerns. This letter outlined what the person could do if they were not happy with the outcome of the complaint and who they should report this to.

Judgment: Compliant

### Quality and safety

Overall, the residents appeared to enjoy a good quality of life. The care and support provided was person-centred, which mean that residents could make decisions about everyday things that affected their lives. Some improvements were require in positive behaviour support and safeguarding.

Each resident had an assessment of need which outlined their healthcare and emotional needs. A sample of plans relating to residents healthcare were reviewed. Inspectors found that these guided practice for staff, and the staff were very aware of the residents' healthcare needs.

Residents were supported to have meaningful active days in line with their personal preferences and to maintain links with family.

The centre was clean and well maintained. Each resident had their own bedroom and there was adequate communal spaces for residents to spend time alone or meet with visitors.

Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area. However, there was one improvement required in reports stored.

Residents were supported to manage their emotional needs. Behaviour support plans were in place to guide practice. However, improvements were required in some of the records stored to guide practice.

There were systems in place to manage and mitigate risk and keep residents safe in the centre.

## Regulation 10: Communication

Inspectors found that residents were supported with their communication needs. Most of the residents in the centre communicated in different styles and some of them liked visual cues to remind them of things that were happening next in their day. The inspectors observed the practice of staff and spoke to them about the specific communication styles for some of the residents. The inspectors found that staff were aware of the residents needs in this area. For example; two staff spoke about a resident who used some communication signs and the staff were able to demonstrated the signs to the inspector. Both staff informed the inspector that they were familiar with the communication signs as the registered provider had provided training for staff to ensure they were able to use these signs. Inspectors also observed that some residents liked to plan their day using visual schedules and these were in place in each house where required.

Visual aids were also used to support residents to make choices. For example; they could choose menu options each week at residents meetings. Social stories were used with some residents to support them when they were anxious about something. Some residents liked to use two visual aids to inform them what was happening now, and then ( meaning what was happening next). This was also a way of managing some residents anxieties. The inspectors observed these visual schedules for residents and staff were also aware of the importance of these aids for the residents concerned.

Residents had access to the Internet and some of them who chose to had mobile

phones, electronic tablets and other gaming equipment.

While it was evident from observing practices and a review of some of the residents records that the staff members knew the residents preferred communication styles. The inspectors observed that some of the plans could provide more detail as they did not fully explain the knowledge that staff had. The inspectors were satisfied however, that this was not impacting on the residents in the centre at the time of this inspection as there was a consistent staff team who knew the residents communication styles very well.

Judgment: Compliant

## Regulation 12: Personal possessions

There were systems in place to ensure that residents personal property was protected. This included oversight and audits to ensure that the residents' finances were accurate. For example; two staff checked the residents' monies each day to ensure accuracy. A review of sample of the records showed that there were no discrepancies in the residents monies or records.

A list of personal items that residents had purchased was maintained on the residents files. This was to ensure transparency and also to ensure that if residents items went missing that there was a record of the description of the item, the date it was purchased and the cost of the item.

As stated under regulation 23 of this report, the provider was also undertaking a review of money management plans and the storage of residents finances to ensure that residents independent living skills could be further enhanced in terms of managing their own money.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were supported to have meaningful days in the centre. Some of the residents attended a day service and some of them had chosen to plan their days with the staff team in the centre. This meant that residents could chose how they got to spend their days.

The residents were supported to integrate into their local community, some of them had joined the gym, one walked to the local shops each day to get their paper and others regularly attended a nearby swimming pool. The inspectors also observed some examples of where the residents were being supported with their independent living skills. One resident was learning how to do some household tasks like



changing their bedclothes as a way of building new skills.

Residents were supported to keep in touch with family and were in regular contact with them in line with personal preferences. As outlined in the first section of this report there were numerous examples of how residents were supported with this. For example; one resident liked to go home every few days in the centre and staff brought the resident there and back to facilitate this.

Judgment: Compliant

### Regulation 17: Premises

The premises were laid out to meet the needs of the residents. They were spacious, well decorated clean, warm and well maintained as described in the first section of this report. Residents had their own bedrooms and could chose the specific styles they wanted their bedroom decorated in.

There was adequate communal space for residents to have time alone, or to meet with their family.

The kitchen/dining areas were modern and well equipped. Hand sanitising units were in place at certain points throughout the centre and all sinks had disposable towels and hand washes available.

At the back of each house there was a small back yard which had equipment that residents liked to use. For example; some of the residents who like trampolines had one in the back yard.

The person in charge maintained records to ensure that equipment used in the centre was serviced regularly. For example; the quality of the water was tested in the centre and along with the temperature of the water.

Judgment: Compliant

### Regulation 18: Food and nutrition

As stated residents were consulted with menu planning and some of them liked to participate in preparing and cooking some meals. None of the residents liked going to do a large grocery shop, but liked to go to the shops to purchase other personal or smaller items.

Cultural and religious requirements around food were accommodated. One resident liked a particular cuisine and staff were preparing meals for the resident over the course of the inspection. Another resident liked a specific combination of food for

their breakfast and the resident informed the inspector that they liked this breakfast.

Some residents had recommendations from allied health professionals around specific food options. The inspectors found that residents were supported with this in line with their preferences.

The kitchen and equipment stored was clean and there were systems in place to ensure that food was prepared in a hygienic manner. Colour coded chopping boards for example; were used to prepare vegetables or chicken separately. The food prepared in the centre was also checked prior to serving it to residents to ensure that the food was at the correct temperature.

Overall, residents were included in decisions around meals prepared, could become involved in meal preparation if they wished and were supported by staff to eat healthy foods if it was recommended by an allied health professional ( as long as the resident was happy with this).

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided, how residents should be included in the running of the centre and where residents could access inspection reports carried out in this centre by the Health Information and Quality Authority (HIQA)

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly by the person in charge and any actions agreed to mitigate risks were discussed at staff meetings. Where required the advice of allied health professionals was also sought. For example; after a near miss choking incident for one resident, the staff had provided timely first aid to the resident, and a speech and language therapist had assessed the resident. The staff were also aware of the specific recommendations made by the speech and language therapist.

The person in charge was also responding to potential risks in the centre that could impact the residents. As an example, the recent weather storms had resulted in a loss of electricity which impacted some residents as they did not have access to the

Internet. The person in charge had downloaded some of the residents favourite social media programmes to ensure that in the event of this occurring again the residents would have access to these programmes.

Individual risk assessments for residents included control measures in place to manage or reduce the likelihood of injuries occurring. For example some of the risk assessments stated that a control measure in place was to ensure all staff had first aid training. This was completed. Another risk assessment outlined that the controls to mitigate a risk was to have an activity plan in place for the resident and to ensure a quiet environment, this was observed to be in place on the day of the inspection. Staff spoken to were also aware of these controls.

A risk register was in place which outlined all of the risks in the centre. At the time of this inspection, there were no risks rated as a moderate or significant risk. In cases where risk assessments were rated at this level they had to be reported and reviewed by senior managers. This meant that the provider had good oversight arrangements for the management of risks in the centre.

Three vehicles were provided in the centre and there were records indicating that the vehicle was insured and was in roadworthy condition.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, the fire alarm and fire extinguishers and fire doors were being serviced. For example: fire extinguishers had been serviced in August 2024. Emergency lighting and the fire alarm had also been serviced in August 2024, November 2024 and February 2025.

Staff also conducted daily/ weekly and monthly checks to ensure that effective fire safety systems were maintained. For example; the means of escape were checked daily, a visual inspection of emergency lighting was carried out weekly and on a monthly basis fire fighting equipment was also completed. A review of records for the last three months showed that no issues had been identified from these checks.

Residents had personal emergency evacuation plans in place outlining the supports they required. The staff were knowledgeable around the supports residents required in the event of an evacuation of the centre. One staff went through the evacuation procedures and informed inspectors that they had also completed a fire drill in the centre. They were also aware of all the checks that had to be done on fire safety equipment and the location and operation of the fire alarm.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records viewed showed that these were taking place in a timely manner. As an example fire drills had been conducted during the day and

during hours of darkness when the staff levels were reduced. The fire drill records indicated that a fire evacuation was completed on both occasions in a timely manner. As well as this where issues arose, actions were taken to address those issues. For example; two residents had previously not wanted to evacuate the centre at the time of the fire drill. Additional support had been provided to the residents and since then they had taken part in numerous fire drills.

Some minor adjustments were required to the records stored as the number of fire extinguishers stored in the centre was not correct on one record viewed. However, this did not impact on the safety of the residents and the person in charge agreed to follow this up after this inspection.

Judgment: Compliant

## Regulation 6: Health care

Healthcare plans were also in place to guide staff practice. From speaking with the staff the inspectors was assured that they were aware of the assessed needs of the residents. Residents had regular access to allied health professionals and could also be referred as needed to a suite of professionals employed in the organisation. These included:

- Consultant Psychiatrist
- Psychologist
- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist
- Social Worker
- Behaviour Specialist
- Local General Practitioner (GP)
- Dietician (visiting practitioner on referral basis)
- Dental services (on appointment basis).

Residents were provided with easy to read information about medical treatments to enable them to make their own choices around these treatments.

Overall the inspectors found that residents were supported with their healthcare needs at the time of this inspection.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were provided with support to manage their emotional needs which sometimes required positive behaviour support strategies. Each resident had a plan in place outlining strategies and supports the resident required to manage their needs. All of the residents living here liked routine and a consistent response from the staff supporting them.

The staff team had been provided with training in positive behaviour support and restrictive practices. Those who spoke to the inspectors were very knowledgeable around the supports that residents needed and preferred.

Behaviour specialists were also available to provide guidance and support to staff and residents. They also reviewed incidents and updated and reviewed positive behaviour support plans to guide staff practice and to review how the strategies used were effective in supporting the residents' needs. This along with the supports provided by staff were having a positive outcome for residents. For example; a review of incidents relating to behaviours of concern in the centre showed that the incidents had reduced in the centre.

The inspectors found that the staff were aware of the strategies and supports that the residents required. However, one of the behaviour support plans outlined a strategy that staff were not implementing in practice. This required review to ensure consistency of care to residents.

At the time of this inspection, there were a number of restrictive practices applied in the centre. The inspectors found from a review of a sample of these practices that there was a rationale provided for applying them. Residents were provided with easy to read information about restrictive practices informing them why they were needed. Inspectors found some positive examples of how restrictive practices were removed for residents. For example; as discussed under governance and management, a resident was no longer prescribed medicine to manage their anxieties.

Restrictive practices were also reviewed with allied health professionals to review the reason for them and to see if they could be removed. However, this review did not always include whether the least restrictive measure was always explored, this needed to be reviewed going forward.

Judgment: Substantially compliant

## Regulation 8: Protection

Overall the inspectors found that the registered provider had systems in place to respond to safeguarding concerns in the centre when they arose. As stated in section one of this report, the Office of the Chief Inspector had received information prior to the inspection raising concerns which alleged potential safeguarding practices in the centre that had not been reported. At that time the registered

provider had also received similar concerns anonymously.

Following this, the registered provider notified the Office of the Chief Inspector about these anonymous concerns reported. At that time the registered provider submitted assurances indicating what the provider had done to address those anonymous concerns. This provided assurances at that time. The inspectors followed up on the investigation that the provider had undertaken at that time and found that improvements were required in the reports following their investigation. This was because the report viewed was not comprehensive and did not demonstrate how the provider had reviewed the concerns. On the second day of the inspection, the provider completed a more comprehensive review which they showed to the inspectors and this provided assurances that there were no safeguarding issues found following their review of the anonymous safeguarding concerns.

The inspector found that the person in charge had taken steps to address these concerns and had put systems in place to safeguard the residents. Staff were also aware of the measures in place to minimise these incidents occurring again in the centre.

All staff had completed training in safeguarding vulnerable adults from abuse. Residents were provided with information about their right to feel safe and who to talk to if they needed advice and support.

Safeguarding concerns were also reviewed at staff meetings in the centre. The registered provider had mechanisms in place to review and audit safeguarding concerns in the centre.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Residents meetings were held every week where issues to do with safety and how to stay safe in the centre formed part of the standing agenda. Residents were also regularly informed about their rights in the centre. The residents were informed about the complaints procedure and easy to read information was available about this procedure.

The inspectors found some positive examples where residents had been supported to make decisions about their lives. For example; residents could choose the activities they wanted to do on a daily basis.

One of the residents had been supported by an independent advocate with a decision they were making about where they wanted to live.

Residents were supported with their different communication styles which meant that they could make decisions about everyday things like what to eat and where to

go.

Residents could also make decisions about the home they lived in. For example; one of the residents had redecorated their bedroom and had chosen the colours and theme they wanted to decorate the bedroom in.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for 1-5 Filgate Park OSV-0008310

Inspection ID: MON-0037757

Date of inspection: 20/03/2025

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge has completed a review of all staff personal files. This review has ensured that the information contained on file, is in compliance with Schedule 2 requirements.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of the Talbot Group Audit Schedule and Governance Audit in particular, is being conducted. This review will ensure that the audit process drives quality improvement within the service. Once completed, a refresher training session on Audit will be delivered to all Assistant Directors of Service and Directors of Service.  The Person in Charge has liaised with the behaviour specialist to review and update all strategies to ensure they are now clear within the behaviour support plan for the residents and staff.  The Person in Charge has now notified the Chief Inspector of all restrictions within the centre for all residents on the quarterly notifications. The monthly governance audits are completed with the Person in Charge and the Assistant Director. The Provider has completed a review of the monthly governance audits to capture more oversight of the regulations covered in each monthly governance.	

The Chief Operating Officer delivered a Lunch & Learn session on restrictive practices which included the requirement to notify restrictions on the 29th April 2025.	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge has now notified the Chief Inspector of all restrictions within the centre for all residents on the quarterly notifications. The Person in Charge will ensure that all future notifications are submitted to the Chief Inspector as required.</p> <p>An organizational training session took place to provide full clarification on all notifiable restrictive practices and the person in charge also attended this training. The Authority's guidance on statutory notifications has also been shared organisationally.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Person in Charge has liaised with the behaviour specialist to ensure all behaviour support plans provide clear guidance on the strategies in place to support resident with their assessed needs. The Person in Charge has ensured the staff team is familiar with the contents of each behaviour support plan to ensure there is continuity of care provided to the residents.</p> <p>The Person in Charge has completed a review of all residents' restrictive practices to ensure that the least restrictive measures have been considered for each resident. All restrictive practices will be kept under regular review, at least annually, with the Talbot Group MDT. Restrictive practices will remain a topic for discussion and review during monthly Governance Meetings.</p>	
Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
The Provider has delivered additional training to the Senior team who conduct Trust in Care (TIC) screenings and reviews. This training will ensure that any TIC completed, will be robust and comprehensive.

The Talbot Group internal process undertaken in the event of an alleged safeguarding concern has been reviewed and the policy has been updated and shared organisationally.

## 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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	25/04/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2025
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each	Substantially Compliant	Yellow	30/04/2025

	calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/04/2025
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/04/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is	Substantially Compliant	Yellow	01/06/2025

	harmed or suffers abuse.			
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