



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

Issued by the Chief Inspector

Name of designated centre:	The Warren
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	06 January 2021
Centre ID:	OSV-0007716
Fieldwork ID:	MON-0031018

About the designated centre

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

The Warren provides a residential service for children/young adults, both male and female from 10 to 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties and behaviours of concern. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by positive behaviour support in line with the organisations model of support.

Services at The Warren are provided in a home like environment that promotes dignity, respect, kindness and engagement for each service user. The Warren encourages and supports the residents to participate in their community and to access local amenities and recreational activities. The premises is a two-story community house. Its design and layout replicates a family home and environment, where possible. There are five individual bedrooms for residents, two of which are on the ground floor. The ground floor of the house is fully wheelchair accessible and can accommodate residents with mobility issues. The remaining three bedrooms are on the first floor and one of these is en suite. Residents are supported by a team of nurses, social care workers and direct support workers who are supported by a person in charge and the internal multidisciplinary team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 January 2021	11:00hrs to 16:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspection was conducted primarily from one room in the centre, in order to comply with the public health and infection prevention and control guidelines. The inspector met with four of the residents at different times during the day in their home and was able to observe some of their routines and activities. Some of the residents communicated in their preferred manner. A resident told the inspector that they were happy and liked living in the centre, the staff and the manager were very good to them and they enjoyed their activities and had favourite places and things to do. They said the centre should get a good report! Throughout the inspection, the inspector observed that residents appeared relaxed and comfortable in their home, had full access to all areas and positive interactions were observed between residents and staff.

Plans were made on the day as to what the residents wished to do and these were adapted for each resident, based on their preferences. For example, a resident was looking forward to going out for drives and walks. The one-to one staff and large premises enabled the residents to have their own preferred routines and quiet space as they needed. They used the sensory room and the garden to good effect. A significant birthday had been celebrated the day before the inspection, with cake and a party within the house. Schools had not recommenced at the time of the inspection and obviously the routines were different due to the restrictions and public health needs.

It was apparent that the residents had found the public health restrictions difficult, with limited access to their preferred routines and to family members. The person in charge had initiated various systems to support this including use of mobiles phones and video calls, and garden or 'in room' visits, with public health precautions, so that primary relationships were maintained and the young residents were not being unduly restricted by virtue of living in a residential service. Christmas had been managed carefully and sensitively with due regard to the individual circumstances of each of the young residents. The inspector did have the opportunity to speak with parents, who expressed satisfaction with the care provided, and commended the support, communication and consultation in regard to their children lives, and how their care had been managed during the pandemic.

Capacity and capability

This risk based inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations and the arrangements in place

to manage the continued COVID-19 pandemic. The premises was inspected in November 2019 before it commenced operations. Residents were admitted on a phased basis from 9 February 2020.

This inspection found that this service had been well planned and resourced to provide a safe and person-centred long-term home for these young residents, who had complex needs. There were suitably experienced managers appointed and oversight systems in place, which supported the welfare and quality of life of the young residents. The person in charge was suitably qualified and experienced in children services, and demonstrated very good knowledge of the responsibilities of the post and the individual residents. The post holder was responsible for two centres for children and young people, but team leaders were appointed in each, to ensure this arrangement for the oversight of the service was suitable. There were robust reporting and support systems evident with lines of accountability for various areas of service provision within the organisation. There was a formal out-of-hours nursing / supervisory presence available to staff at all times.

There were a range of systems for quality assurance implemented, including the required unannounced quality and safety reviews, and audits which had continued during the current public health crisis. These systems identified areas for change and improvement which the person in charge implemented. For example some training deficits had been addressed, scheduling of supervision and more effective post incident reviews for learning and improvement was identified and addressed.

The provider had completed a transparent review of the service since opening, including child protection systems and complaints. In addition, the provider had sought the views of the residents and their guardians. There was also evidence that the provider was pro-active in reviewing processes, including the admission processes, to support good decision making and the best outcome for the residents.

The provider had ensured that the staffing levels and skill mix were appropriate to the individual residents' assessed needs for support, which were assessed as requiring one-to-one support. Nursing oversight was available in the organisation if needed. There were two waking night staff to support the residents.

The staff had a range of professional training including social care and healthcare supports. The training records indicated that all mandatory training was up-to-date for the staff, with some refreshers due because of the COVID-19 pandemic. Additional on-line internal training had been provided. The staff had training in emergency medicines, and autism specific training. Additional development and support systems were provided regularly, in relation to the individual young residents' specific needs for trauma support, attachment and managing this significant move to residential care. A schedule of training pertinent to COVID-19 had also taken place, and was ongoing. Recruitment procedures were not reviewed on this inspection due to the location of the documents. However, the person in charge had undertaken a review and deemed the process to be safe and satisfactory.

There were good quality staff supervision, team meetings and handover systems

which were seen to prioritise the needs of the residents. There was good communication and consultation with the residents' families evident, to ensure their significant attachments were maintained.

A review of the accident and incident records indicated that the required notifications had been submitted to the Chief Inspector.

However, the record available were cumbersome, in some instances duplicated and did not support ease of access, ongoing review or act as working tools for staff. Nonetheless, the inspector was satisfied the residents care needs were understood, monitored and supported.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced in children services, fully engaged in the role and demonstrated very good knowledge of the responsibilities of the post and the individual residents.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staffing levels and skill mix were appropriate to the individual residents' assessed needs for support, which were assessed as requiring one-to-one support.

Judgment: Compliant

Regulation 16: Training and staff development

The staff had a range of professional training including social care and health care supports to provide care for the residents. Additional professional supervision was provided regularly, in relation to the individual young residents' specific needs for maintaining attachment and trauma support. COVID-19 specific training was also available and updated for the staff.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that this service had been well planned and resourced to provide a safe and person-centred long-term home for these young residents who had complex needs. There were robust reporting, oversight and support systems evident with lines of accountability for various areas of service and regular auditing of practices undertaken.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions were managed in a manner so as to ensure compatibility of the residents, ability to provide the care needed, and contracts were signed by the parent or legal representative of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was satisfactory and care and support offered was in accordance with this statement.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the accident and incident records indicated that the required notifications had been submitted to the Chief Inspector.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

There were suitable arrangements in place in the event of any absence of the

person in charge and the the Chief Inspector had been informed of these.

Judgment: Compliant

Regulation 34: Complaints procedure

There was detailed policy on the management of complaints and any such concerns received had been managed transparently and promptly.

Judgment: Compliant

Quality and safety

The provider has put appropriate systems in place to provide a safe and good quality service to the young residents.

Admissions to the centre were staggered so as to enable the residents to settle in to their new environment, and additionally assessments were undertaken as to compatibility of needs, so as to best support the placement and the well being of the residents. A range of allied professionals were available, integral to the organisation, providing ongoing multidisciplinary assessments including speech and language, dietitian, medical psychiatric and psycho-therapeutic interventions and assessments. The residents' needs were kept under frequent review. The residents and their families were consulted appropriately in regard to their own wishes and preferences.

While some previous assessments were available prior to admission to the centre, the person in charge was sourcing additional sensory assessments for the residents to ensure their well being and sense of security. The residents' personal plans and aims were appropriate to their ages and needs, including the development of crucial life and self-care skills, at a pace the residents could manage. These were monitored and reviewed to ensure they were being implemented. Activities were being trialled to identify specific areas of personal interest and fun for the residents.

All of the young residents attended special schools and the person in charge had attended the end of year reviews for their educational and developmental needs, to ensure there was a cohesive and planned approach to their care. There were good day-to-day communication systems available between the schools and the centre. At the time of the inspection, attendance at schools and external activities was impacted by the pandemic. However; prior to that, the school routine and homework formed part of the residents' normal lives. Detailed plans were being made for appropriate transition to an adult service in one instance, while ensuring

the necessary care and supports would be maintained for the resident.

There was a range of play and recreational facilities within the centre, and the residents had their own favourite and personal belongings, and objects or toys, which the inspector saw they carried during the day. Community access was limited at the time, but as they had one-to one staff they could access their own individual safe outings and preferred places to go. However, the staff were very cognisant of the need for routines and quiet personal times and supported this to reduce anxieties and they knew the residents needs for support very well. The inspector observed this occurring.

The residents' healthcare needs, were being monitored and they were supported to access a general practitioner (GP) of their choosing. The staff were knowledgeable on the residents' healthcare needs, and monitored areas such as weights and diet.

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse, and there was evidence that the provider had taken the appropriate action and implemented safeguarding plans, following investigation or concern, where these were necessary. There was an appropriate up-to-date policy on child protection, with the required child safety statement also available. The large number of staff available supported the safety and well being of the young residents, given their differing needs. The staff knew how to raise any safeguarding concerns, and there was evidence of good liaison and appropriate monitoring by statutory agencies who held a legal remit for any of the residents.

There was evidence of regular guidance and reviews by clinical behaviour and emotional support specialists, with an emphasis on the impact of and support needed for disrupted attachment and trauma. These supports had continued during the pandemic, and following each admission. Detailed behaviour support plans were pro-active and staff understood the residents need for support in this area and had frequent individual and team access to professional supervision to enable them to provide this effectively.

The provider aimed for a restriction free environment for the young residents and only minor restrictions were implemented. These were assessed and frequently reviewed by the clinical team and behaviour support specialist.

Medicine management practise were found to be safe, with appropriate systems for systems for its storage, administration, procurement and disposal. Any errors, which were minimal, had been addressed to avoid re-occurrences.

There were suitable systems for the management of risk with a detailed and centre specific risk register available which included individual and pertinent risk assessments for the residents. Identified risks were managed in a proportionate way so as to maintain the residents' safety but not impact negatively on their lives. For example a Mag-lock was placed on the front door following an unintended incident. One resident was given the code for this so as not to hinder their movement unnecessarily.

Each resident had a detailed risk assessment and management plan implemented

for their own identified risks, such as self-harm, personal safety, choking or behaviours of concern, and these were revised as the need arose. The risk register and individual assessments were revised to take account of the COVID-19 pandemic.

The residents were protected by the systems for the management of fire safety. All fire safety management equipment and containment systems had been installed and were serviced as required in the interim. The residents participated in practice drills, and had detailed evacuation plans implemented to include situations where they may not be able to comply with evacuation procedures.

Infection prevention and control and procedures had been revised to help manage the COVID-19 pandemic and were satisfactory. Contingency plans were in place and a COVID-19 steering group and lead response team was set up within the organisation with advice and guidance taken from the relevant public health agencies. Appropriate risk assessment and management plans were undertaken for visitors to the centre and visits home for the residents including over the Christmas period. Increased sanitising systems and protocols regarding the use of PPE were implemented. Protocols for checking residents and staff were strictly implemented. The inspector saw that staff were adhering to these guidelines and that the residents' vulnerabilities were considered in any activities. Staff rosters were organised in a manner so as to reduce unnecessary crossover and limit the risk of infection. There were contingency plans available for staff shortages should this occur.

Regulation 10: Communication

The staff used a range of systems to enable the residents to communicate, including visuals, and in conjunction with their schools were working on further development of strategies to support them.

Judgment: Compliant

Regulation 13: General welfare and development

The young residents were provided with opportunities for play, learning and development, education, life skills and personal interests.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Detailed care information was available in the event of admission to acute services.

Judgment: Compliant

Regulation 26: Risk management procedures

There were suitable systems for the management of risk with a detailed and centre-specific risk register available and individual pertinent risk assessments for the residents. These had been revised to take account of the risks presented by the COVID-19 pandemic.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control and procedures had been revised to help manage the COVID-19 pandemic and were satisfactory. Contingency plans were in place and a COVID-19 steering group and lead response team was set up within the organisation with advice and guidance taken from the relevant public health agencies. Appropriate risk assessment and management plans were undertaken for visitors to the centre and visits home for the residents including over the Christmas period. There were protocols in place to protect both residents and staff.

Judgment: Compliant

Regulation 28: Fire precautions

The residents were protected by the systems for the management of fire safety. All fire safety management equipment and containment systems had been installed and were serviced as required in the interim, The residents and staff participated in practices drills and these were carried out following admission of residents, or additional staff commencing.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management practise were found to be safe, with appropriate systems for storage and administration, procurement and disposal.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' care was supported by access to relevant assessments of their needs, personal planning and review systems which included their own wishes and the views of their parents or guardians.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs, were being monitored and they were enabled to maintain the own general practitioner (GP) and the staff were knowledgeable on the residents' healthcare needs, and monitored areas such as weights and diet.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was evidence of regular guidance and reviews by clinical behaviour and emotional support specialists, with an emphasis on the impact of, and support needed, for disrupted attachment and trauma. These supports had continued during the pandemic, and following each admission. Detailed behaviour support plans were pro-active and staff understood the residents need for support in this area and had frequent individual and team access to professional supervision to enable them to carry this out.

The provider aimed for a restriction free environment for the young residents and only minimal safety features were implemented.

Judgment: Compliant

Regulation 8: Protection

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse, and there was evidence that the provider had taken the appropriate action and implemented safeguarding plans, where these were necessary. There was an appropriate up-to-date policy on child protection, identified personnel and the required child safety statement was easily visible. The individualised staffing levels also helped to protect the residents as did the provider's oversight and monitoring systems.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant