

# 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:	Unannounced
Date of inspection:	11 July 2024
Centre ID:	OSV-0007716
Fieldwork ID:	MON-0044106

## 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 people under the age of 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-storey community house. Its design and layout replicates a family home and environment, where possible. There are five individual bedrooms for residents. The ground floor of the house is fully wheelchair accessible and can accommodate residents with mobility issues. The remaining bedrooms are on the first floor and one of these is en-suite. Residents are supported by a team of 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:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 11 July 2024	11:10hrs to 18:30hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet the young people living in this house and observe how they spent their day, as well as speak with their direct support staff, observe support delivery, and review documentary evidence of support plans, as part of the evidence indicating their experiences living in this designated centre. From what people told the inspector and what was observed during the day, the inspector observed evidence to indicate that the children were content and comfortable in their home, and that the provider and staff team were working to ensure residents were safe. However, some improvements were required in ensuring that guidance related to positive behaviour support and safe eating and drinking were kept updated and formally reviewed. These are discussed in the body of this report.

Residents were attending full-time education, and at the time of this inspection, the residents had just finished their school term and were on their summer break. The day before this inspection, the centre had hosted a summer event for the children here and in other children's services in this provider group. The house had an ice-cream truck outside, frozen drinks machines and snacks, and a bouncy castle in the garden. While the weather was not ideal on the day, the residents had a fun time playing and socialising with other children during this event.

During the day the inspector observed residents watching cartoons, listening to music and using their computer tablets. However there were some periods during the day in which residents were engaged in limited recreation or social activity around the house. Some staff commented that attending the summer party was each resident's main objective for July, and nothing in particular was planned for the time the residents were not at school over the coming weeks. While each staff member allocated to support a resident in their day delivered on their daily needs such as personal hygiene, eating and dressing, some staff were not sure what they would do to support the resident to occupy their day unless a trip or outing was planned in advance by the key worker. The inspector observed previous examples of these planned monthly outings including going to farms, theme parks and swimming pools. Residents also enjoyed going for walks in parks and forests, and the centre had two allocated vehicles to support community access. Among the topics discussed in supervision meetings and audit findings was ensuring that residents had more than one social or recreational objective active at a time, and that all staff could demonstrate how they were supporting residents to pursue meaningful and engaging recreational and community opportunities outside of what was scheduled in advance by their key worker.

Eight members of the staff team had completed training in human rights of people with disabilities, and initiatives described in the commentary from this included enhancements on resident independence, life skills, and preparations for adulthood. These included skills for residents in how to use money, do their laundry, clean their living spaces and do personal and grocery shopping with an appropriate level of

staff support. In the main, staff demonstrated an overall good knowledge of residents' support needs, including how to support residents during times of anxiety or distress, and how to protect the dignity and bodily autonomy of residents supported through their adolescence. The staff and residents had been praised for their good work in responding to an outbreak of illness in the house and following procedures to keep each other safe. The inspector discussed some examples of particular risks which had arisen in this service in recent months, and found staff to have a good awareness of these risks and how to respond to them in a manner which was consistent, and kept residents and staff safe from harm or abuse. Where an instance of physical restraint had been utilised for a resident, the inspector was provided evidence on how the provider was assured that this was a last resort measure by staff when all other support strategies had been ineffective, with staff following their procedures and training before, during and after the incident.

The house was suitable in design and decoration for the number and support needs of residents. Residents' bedrooms were decorated appropriate to their age, including fun graphics of their names drawn across their bedroom walls, and charts with which they could identify which staff would be working with them that day, and what activities they would be doing sooner and later. The rear garden included a football goal, basketball hoop, playhouse, playground equipment and space for residents to ride their bikes and scooters. Residents were observed enjoying time playing outside in the sun.

Since the last inspection in this service, residents had transitioned out of this centre to adult residential services and new young people had been admitted to the house. The inspector found good examples of how each of these young people were supported to have a successful transition and to be assessed as compatible with existing service users in their new home. Some residents had availed of the opportunity to change to bigger or preferred bedrooms when their housemates had moved out.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This unannounced inspection was carried out to monitor the provider's regulatory compliance following information on adverse incidents and concerns related to safeguarding of residents which had notified by the provider to the Office of the Chief Inspector of Social Services. In the main, the provider demonstrated how the service was adequately resourced to ensure oversight of incidents, identification of risks and training of staff to respond to actual or potential adverse events in the designated centre.

The centre was led by an appropriately qualified and experienced person in charge who was deputised by two team leads and was supported at provider level by the the assistant director of services. The local management engaged in regular governance meetings through which they discussed trends of incidents and escalated matters of concern for the health, safety and wellbeing of children. This allowed the provider management to retain oversight of injuries, accidents or safeguarding concerns as they occurred.

Staff were trained in safeguarding of people at risk of abuse and in positive behaviour support strategies to effectively support and respond to the assessed needs of service users. The inspector observed examples of where learning attained from incidents and ongoing risks was shared with staff in team meetings, as well as where learning from events was being shared and discussed at management meetings with the provider group for future development of service quality.

Audits carried out for this service identified examples of where support plans or staff guidance had not been developed or lacked detail to effectively support the young people in this centre. While some gaps were identified on support plans during this inspection as referred to later in this report, in the main the inspector observed examples of where actions identified on audits were completed or in progress.

The inspector reviewed transition plans for residents who had moved out of this designated centre to other services, and for children who had moved into this house since the last inspection. As part of these transition plans, the provider had facilitated consultation with the residents and their representatives to be assured that the transition was suitable for the needs of service users, as well as identifying and mitigating any any potential risk of compatibility issues with the needs of existing service users.

## Regulation 14: Persons in charge

The inspector reviewed information submitted to the Office of the Chief Inspector and spoke with the person in charge during this inspection. The person in charge worked full-time in their role. They were suitably experienced in management roles in health and social care settings, and held a qualification in the management of people. The person in charge was appropriately supported and met regularly with their house team with and their own line management.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector observed that the provider had assessed what training was required by staff in this house and had a means of being assured that staff were up to date

in same. The person in charge utilised a tracking tool by which they could maintain oversight of staff training to ensure they had attended courses and when they were scheduled for a refresher session. Ensuring that staff remained up to date on their mandatory training was observed by the inspector to be a regular item discussed in governance meetings.

The inspector reviewed a sample of supervision meetings conducted by the person in charge with their staff members. The minutes of these meetings indicated where staff were performing well and where improvement or managerial support was required to ensure their duties were carried out to a high standard.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems and reporting and accountability structures were in place to ensure the service provided was safe and suitable for the number and assessed support needs of residents, and that adverse incidents were promptly investigated and used to identify learning opportunities.

The person in charge met with their senior management on a regular basis to ensure that current risks were escalated as required. A sample of minutes of governance meetings identified specific actions to be carried out such as where risk assessments were missing or lacked sufficient detail, where support plans required updating, or where staff were behind in their ongoing training and supervision. The inspector reviewed quality of service audit conducted by the provider in March 2024, for what the provider noted that all actions for areas requiring improvement were complete or ongoing.

The person in charge also met regularly with their counterparts in other services to share useful information on active risks or adverse incidents, and learning or proactive risk control measures which could be applicable to this service.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the admission process for new residents which included transition planning, by which the provider was assured that the service was appropriate to meet their assessed needs, and assessments that new admissions would be suitable for shared living with the existing service users.

Judgment: Compliant

## Quality and safety

The inspector observed examples of how the provider had responded to adverse incidents in this designated centre, and how children in this centre were kept safe during instances of potential or actual risk of harm or abuse. Where necessary, safeguarding plans were established to guide staff on keeping residents safe and controlling risks following incidents in the house or community. Where relevant, external parties were advised promptly about incidents, including the Office of the Chief Inspector, An Garda Síochána, and the Child and Family Agency (Tusla). The provider had recorded investigations and correspondence with relevant parties to gather evidence and establish conclusions on suspected or reported risk incidents.

Adverse incidents, accidents and safeguarding concerns were analysed to identify trends and escalate to the provider for further risk assessments where required. Risk assessments and control measures had been set out to protect residents' personal safety and dignity, and to be sure they felt safe and respected in their own home.

The inspector reviewed assessments and support plans for residents' personal, health and social care plans with members of the staff team. In the main, assessments were up to date and support plans were personalised, evidence-based and informed with input from the relevant allied healthcare professionals. Some assessments and support plans required revision, however, such as behaviour support plans not updated in response to changes in behaviour presentation and function. This is referenced under Regulation 7 below.

There were also gaps or discrepancies in the plans related to the assessed support needs for safe eating and drinking for residents who required modified diets, with limited evidence of how these assessments had been conducted or subject to review by relevant healthcare professionals. For some resident support related to social or community goals, the provider had identified a need for enhanced evidence that all staff were supporting varied, engaging and meaningful activities and outings outside of the main monthly outing planned by the key worker.

The premises was clean, appropriately decorated, and featured to be appropriate for the mobility and accessibility requirements of service users. Good practices on food safety, waste management and infection control were observed during this inspection. Some fire safety features were obstructed or not functioning correctly, which had not been identified during safety walks; these were later resolved after being brought to the attention of the person in charge.

## Regulation 13: General welfare and development

Residents were supported to access full-time education placements, and two vehicles were available for staff to support residents to access the community. Residents were supported to stay in contact with their families. The inspector observed good examples of residents having had enjoyable outings when planned in advance. The provider had identified through their quality improvement audits the need for further detail on progress notes with ongoing support objectives and for more than one active plan at a time, to ensure residents were afforded meaningful and varied opportunities for social engagement and life skills enhancement.

Judgment: Compliant

### Regulation 17: Premises

The inspector carried out a walkabout in the designated centre and found the premises to be clean, in a good state of maintenance and appropriately designed for the number and assessed needs of the service users. Bedrooms were appropriately decorated for the age profile and support needs of the service users, with sufficient space for personal belongings and mobility equipment. Suitable external spaces and play areas were available for residents to use.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The inspector reviewed transition plans for a resident who had transitioned to adult services and found that they had been discharged in accordance with provider policy and in a planned and safe manner which was agreed with the resident and their representatives.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector observed arrangements in place for identifying, recording, investigating and learning from serious incidents and allegations involving residents. Adverse incidents and accidents were recorded in reports and analysed to identify trends in information and reported in governance meetings. Where incidents or patterns of risk had been identified in the designated centre, these were risk rated in the centre's risk register with appropriate control and mitigation measures set out.

Where residents' needs had changed or people had moved in or out of the house, risk assessments affected by these transitions were revised accordingly.

Judgment: Compliant

### Regulation 27: Protection against infection

The inspector observed that the premises were clean and in an overall good state of maintenance to facilitate effective disinfection of surfaces. Appropriate and safe practices were observed in the storage and handling of medicine and food, management of waste, and opportunities to carry out hand hygiene.

The inspector observed a post-incident review which indicated that procedures for infection control, cleaning practices, contact precautions and staff deputation were followed during a recent outbreak of infectious illness in this house. This review highlighted good practice and identify opportunities for learning and risk review going forward.

Judgment: Compliant

### Regulation 28: Fire precautions

During this inspection, the inspector observed a fire rated door to a laundry room which was wedged open with a piece of metal, which prevented the self-closing mechanism from operating in the event of a fire. In a resident bedroom, another fire door was propped open as the electronic device for holding the door open safely was not working. This second door had been recorded as unobstructed and functioning normally during the fire safety walk on the day of inspection and no malfunction had been identified. The inspector brought these to the attention of management, and written confirmation was received the next day that these doors had been addressed.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

The inspector reviewed a sample of support planning for two residents whose identified means of expressing themselves may result in risk to themselves or other people. In the main, these plans were written with respect to the needs of residents, and with input from the behavioural specialist. Some improvement was required to

ensure plans were up to date and provided complete guidance to staff. For example, in one plan there was limited functional analysis of where residents may respond in one of a number of different ways, as there was little distinction between the triggers and response strategies for different types of risk. Aspects of another of these plans had not been updated where more recent incidents demonstrated behaviour which had not been previously identified. Some staff members could not locate guidance on how to proactively manage and respond to residents' behavioural support needs.

The rationale for the use of restrictive practice was identified in resident care plans, however there were some gaps in the evidence of what alternatives had been trialled or considered prior to decisions on introducing or retaining restrictive practice. Associated support plans identified measurable data to be collected by staff to inform the formal review of practices, however this was not consistently implemented. A senior manager advised the inspector that there were plans in progress to develop metrics for the use of restrictive practices in children's residential services.

The inspector was provided evidence related to an occasion on which staff utilised a physical hold restraint on a resident. The inspector observed that staff had followed appropriate protocols, sought advice from on-call management personnel, and taken steps to ensure that all less restrictive techniques had been exhausted before using this last resort measure.

Judgment: Substantially compliant

## Regulation 8: Protection

Staff were trained in how to identify and respond to instances of suspected, witnessed or alleged abuse of residents. Where safeguarding concerns had been reported in this centre, the inspector reviewed reports which indicted prompt investigation by the provider to gather evidence and identify any further concerns. Where ongoing risks had been identified, these were appropriately risk assessed with suitable control measures set out. The compatibility of service users and their suitability to live together was observed to be assessed where trends of incidents were identified, or as part of transition plans where new residents were being admitted to the designated centre.

Judgment: Compliant

## Regulation 6: Health care

The inspector reviewed assessments related to feeding, eating, drinking and

swallowing (FEDS) and associated care plans and staff guidance for supporting residents. Some discrepancies were noted between these records, including contradictions between the assessments and the support plans in levels of modification required to food and to fluids. This presented a risk of staff not having correct information to prevent risk of aspiration or choking. Where guidance on modified diets had been changed, it was not clear how these assessments had been formally reviewed by a relevant healthcare professional. The inspector was provided documentation indicating that plans had not yet had input or assessment by an occupational or speech and language therapist. Where an assessment of support requirements had identified the need for a plan to bring a resident's weight up to a healthy level, this plan had not been developed.

Judgment: Not 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>	
Regulation 14: Persons in charge	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
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 6: Health care	Not compliant

# Compliance Plan for The Warren OSV-0007716

Inspection ID: MON-0044106

Date of inspection: 11/07/2024

## 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 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following the inspection, a suitably qualified member of the maintenance team visited the Designated centre and completed the necessary repairs to ensure all fire doors were closing correctly.</p> <p>The Person in Charge completed a shared learning with all staff members of the importance of ensuring that under no circumstances are fire doors to be propped open.</p> <p>The Person in Charge completes an environmental and health and safety check which includes visual check on firefighting equipment including the fire doors each day they are on duty. In the absence of the Person of Charge the Team Lead/Shift lead will ensure the visual check on fire fighting equipment including the fire doors are completed and recorded in the Fire Safety Log book.</p> <p>An appropriately qualified external company completes 6 monthly servicing on fire door closing mechanisms and evidence of this is recorded in the Fire Safety Log book.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A comprehensive review of residents positive behaviour support plans was completed by the Behaviour Support Specialist post inspection. Up to date functional analysis has been added to all resident's Positive behaviour support plans, which clearly identifies the triggers and response strategies for the different types of risk.</p>	

All incidents are reviewed and analysed during monthly governance audits between the Person in Charge and Assistant Director of Services. Where changes to behaviour or new behaviours are identified these are escalated to the Behaviour Support team via ABC charts. The Behaviour Specialist will analyse the data collected and make any necessary updates to the positive behaviour support plan.

All residents restrictive practice assessments and risk assessments have been reviewed in conjunction with the MDT team and have been updated to reflect the rationale for use of restrictive practices. Where there is evidence that a new restriction is required this will be discussed and agreed in conjunction with the MDT to ensure that all alternatives have been trialled or considered prior to decisions on introducing or retaining restrictive practices.

The Person in Charge monitors the measurable data completed by staff to inform the formal review of practices on a weekly basis.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:  
A comprehensive review of resident FED's care plan was completed to ensure it reflects the guidance completed by the appropriate allied health care professional.

The Person in Charge met with the assigned allied health care professional and requested that all reviews that occur for the resident are communicated in writing as to ensure continuity of care and traceability of information and recommendations or changes made to the guidance is then updated in the Resident's care plan to ensure all information is accurate and up to date at all times.

The Resident continues to be regularly reviewed by the Dietician and a corresponding care plan has been developed. It is closely monitored by the staff nurse on duty in conjunction with the Dietician to ensure appropriate oversight of the resident's weight.

## 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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	12/07/2024
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Not Compliant	Orange	09/07/2024
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	Substantially Compliant	Yellow	09/08/2024

	behaviour.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	09/08/2024