



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

## Issued by the Chief Inspector

Name of designated centre:	Rushmere House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	21 October 2024
Centre ID:	OSV-0007787
Fieldwork ID:	MON-0045145

## About the designated centre

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

Rushmere House provides a residential service for up to four adults with disabilities. The house is a five bedroom detached two-storey home situated close to a small village in Co. Louth. Each resident has their own bedroom, one of which has an en-suite bathroom. One of the bedrooms is situated on the ground floor and the others are located on the first floor. On the ground floor there is also a large kitchen cum dining room, a utility room, sun room, living room and staff office. There are two bathrooms, one on the ground floor and one upstairs. The house is surrounded by a large driveway and garden.

The staff team comprises a person in charge, a house manager, two team leaders and a team of direct support workers. There are three staff on duty during the day and two staff on waking night duty. Nursing support (if required) is provided by community nurses employed in the organisation who support residents and staff to ensure that resident's health care needs are being met. A range of allied health care professionals are also available to support residents with their assessed needs. Residents do not attend any formal day service but rather are supported by staff to plan their day in line with their personal preferences. Transport is also provided to support residents with accessing community-based amenities.

**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
Monday 21 October 2024	16:15hrs to 18:50hrs	Caroline Meehan	Lead
Tuesday 22 October 2024	10:25hrs to 16:00hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

This inspection was carried out as part of a safeguarding-focused monitoring programme which included observations, discussions with staff and a review of documentation. There were no ongoing safeguarding issues in the centre on the day of inspection.

There were four residents living in the centre at the time of the inspection and there were no vacancies. The inspector observed practice in the centre during the first evening, and observed what life was like for residents living in the centre. Residents appeared comfortable and content in their home, and appeared happy for the inspector to visit their home.

The centre comprised four bedrooms, one with en-suite, three bathrooms, sensory sittingroom, conservatory, kitchen, dining room and utility room. There was an office downstairs, and an additional storeroom upstairs. Residents' bedrooms had recently been redecorated to include sensory lighting, decorating with the known colour preferences of residents, family photos, and new furniture which made these spaces more personalised for residents. Similarly in the conservatory, lighting and new seating had been provided specific to the needs and wishes of residents. The team in the centre had placed emphasis on making the centre homely and accessible for residents, and large photo displays were hung throughout the centre, as well as ensuring residents could freely access the gardens and sensory room as they needed.

The back garden had been further developed since the last inspection, and residents had helped to plant herbs in large planters. Three sensory areas had overhead covers added; this meant that residents who liked to access these outdoors spaces year round could do so.

The centre had recently been awarded autism accreditation, and effective communication was part of the core strategies in supporting residents. This meant the staff knew residents' expressive communication modes well, and were observed to effectively and efficiently respond to residents' non-verbal cues.

For example, one staff member was observed to support a resident with their meal, as the staff member interpreted the resident's vocalisations, saying to the resident they seemed to be enjoying their meal.

Residents' communication needs had been assessed and residents were being supported to develop communication exchange skills by using objects of reference which were displayed throughout the centre, and were relevant to the context of requests. For example, a cup was displayed by the kitchen, and a rubber duck was displayed outside bathrooms. One of the residents used an iPad app to communicate, and kept this on their person throughout the day. Staff were observed to be respectful in their interactions with residents, and used simple, clear

language when supporting them. This was in keeping with speech and language and behavioural support recommendations.

While the inspector was not familiar with the communication modes of residents, residents did interact with the inspector, by taking their arm and bringing the inspector into their home and to the bus, and by smiling at the inspector when complimented about their outfit. One staff told the inspector that it was important for this resident to look well, and they really liked positive comments about their appearance. Staff described a range of gestural and vocal expressions used by residents to express their feelings, wants, and preferences for example, face tapping. It was clear from observing residents and staff that staff knew residents' communication preferences well.

The rights of residents to participate in decisions, consent to care and to make choices was upheld, and staff described how they would know a resident was consenting to interventions, outlining the nonverbal cues residents used. The person in charge also described how residents' preferences of meals and activities were determined by sampling, for example, activity sampling. This information was used to plan goals and community activities with residents based on known preferences.

Residents were supported to maintain relationships with their families, either through visits home, phone calls and visits to the centre, and families were kept up to date on the wellbeing of residents. Residents were also supported to develop relationships in the community; for example, one resident had joined the local tidy town group in the past year, helping with planting and tidying in the local community. Another resident liked to get their nails done, go to cafes and had recently gone to a theatre show, as well as an overnight glamping holiday. To support some residents' preferences for a predictable routine, these residents were going to a day service once a week for an hour, and out for a meal once a week in a specific restaurant, with the aim to slowly but progressively introduce these new activities.

In summary, by providing this rights- based, person-centred support for residents, potential risks to residents' emotional wellbeing and safety were being managed and mitigated. Residents were enjoying a life of their own choice and preferred pace, while being supported to develop their skills and social relationships.

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

The provider had ensured the resources, systems and structures were in place to effectively meet the needs and protect residents. High levels of compliance were

found on inspection with all 10 regulations inspected found to be compliant.

Sufficient resources were provided, and were based on assessments and potential risks relating to residents' needs. Resources included satisfactory staffing levels, a spacious premises, sensory spaces and equipment, transport, and staff training.

Staff had the appropriate skills and were knowledgeable on residents' needs including how to support residents, and how to keep them safe. Mandatory and additional training had been provided specific to the protection of adults, children and to the needs of individual residents.

There were clear and effective oversight arrangements and staff could raise concerns with the management team if required. There was ongoing monitoring of the services provided, which included incidents, safeguarding, and residents' care and support, and residents' and families' views were sought as part of continuous improvement processes.

Overall the inspector found the governance and management systems were supporting an effective and safe service for residents.

## Regulation 15: Staffing

There were sufficient staffing levels in the centre to meet the needs of the residents and ensure they were protected. The provider had determined that three staff were required to work in the centre and two at night time, and from reviewing a sample of rosters over a three-month period, these staffing levels had consistently been maintained.

Consistent staff were provided in the centre, and if required, regular relief staff were employed in the centre to cover planned or unplanned absences. For example, for the coming month, two night duty shifts were due to be covered by a regular relief staff. The provision of a stable staff team meant that residents were provided with continuity of care and support.

The inspector spoke to two staff members and the person in charge, and while there were no current safeguarding concerns, they explained the importance of maintaining adequate supervision of residents, in particular key locations and times during the day to ensure residents were protected.

There was one staff vacancy for a team lead, and interviews for this post were scheduled for the coming week.

The inspector reviewed three staff files, and the provider had ensured all the documents as per schedule 2 of the regulations were in place including for example, Garda vetting, suitable references, and satisfactory employments histories.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were supported to engage in training, and a range of mandatory and additional training had been provided specific to the needs of the residents to ensure staff knew how to provide appropriate care and protect residents. Mandatory training had included safeguarding adults, and managing behaviours of concern, and additional training included Children First, positive management of complex behaviours, autism spectrum disorder, medicines management, and one-to-one supervision for residents. The inspector reviewed the training records, and all staff had attended these trainings, as well as completing a four-module online training in human rights.

Newly employed staff were provided with an induction program, and reviews took place at two-, four- and six-month intervals. The inspector reviewed three records, and induction had included providing information on safeguarding adults and children, as well as health and safety, an introduction to behaviours of concern, and goal planning specific to the needs of the residents in the centre.

The person in charge told the inspector that training was reviewed on an ongoing basis, and an online system was used to identify upcoming or outstanding training due. The person in charge also outlined the system for identifying and sourcing training if the need arose, and included linking with relevant multidisciplinary team members, as well as seeking resources through the assistant director of services if needed.

There were appropriate supervision arrangements in place, and staff were supervised by the person in charge, house manager and team leads on a day-to-day basis. Supervision meetings for staff took place every three months, and the inspector reviewed a sample of two staff members' supervision records. Staff had been given the opportunity in these meetings to review their progress, discuss any issues, and receive feedback on their work. Where identified, actions were developed following these meetings.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective management arrangements in place, and ongoing monitoring of the services, that positively promoted residents rights, safety and wellbeing.

There were sufficient resources deployed in the centre including staffing levels, a range of staff training, a spacious premises, transport, and policies and procedures relating to residents' wellbeing and safety. Staff were aware of how best to promote



residents' safety and rights, and these were the basis of ensuring residents were protected from abuse. For example, the inspector spoke to two staff members and they outlined how they interpret residents' vocalisations and gestures to determine their consent and choices. This in turn ensured that residents were leading their life as they wished, as well as complementing proactive behavioural support strategies, to reduce potential safeguarding risks.

Two staff outlined they can raise any concerns with the person in charge, and told the inspector the actions they would take in response to a safeguarding concern should this arise, including reporting incidents to the person in charge, the on call service, or a night superintendent. In this regard there were clear reporting structures for managing allegations of abuse.

The person in charge was responsible for the day-to-day management of the centre. A house manager had commenced in a full-time post in the centre on the day of inspection, and this was in response to the extension of the person in charge's role to now manage two centres. Both the person in charge and the house manager knew the residents well and had worked in this centre for a number of years. While there were no safeguarding incidents in over two years in the centre, the team were aware of potential risks, and the supports residents needed to manage their emotional wellbeing, and keep them safe.

The person in charge reported to the assistant director of services, and the person in charge outlined they can raise concerns, as well as escalate risks where decisions or resources requirements outside of their role arose. The person in charge and the assistant director reviewed risks on an ongoing basis; for example, all adverse incidents were reviewed by the person in charge and assistant director within three days, and the person in charge outlined they were well supported by both their manager and the multidisciplinary team where further actions were needed following adverse incidents.

Governance meetings with the person in charge and assistant director were held every month, and included a review of risks, incidents, safeguarding, residents' goals, premises, health and safety, restrictive practices, staffing and training. There was also ongoing monitoring of the services through a schedule of audits. The inspector reviewed a sample of 22 audits including finances, complaints, communication, individualised assessment and personal planning risk management and protection; for the majority of these audits, the centre had received full compliance. One action was underway to support a resident to open an online bank account.

There was a focus on continually improving the experiences for residents, and the centre had recently been awarded autism accreditation. An annual review of the quality and safety of care and support had been completed in August 2024, and residents' and families' views had been sought as part of this review. Safeguarding was reviewed as part of the annual review, and there were no actions arising from this review relating to the protection of residents in the centre. Six monthly unannounced visits had been completed, and the inspector reviewed the most recent two reports; they found actions were completed, including training for a staff

in positive management of complex behaviours and improved consistency in keyworking sessions for residents.

Overall the inspector found positive rights-based support for residents, as well as proactive planning, and responses to resource needs and potential risks meant that residents were protected in this centre.

Judgment: Compliant

## Quality and safety

A good quality and safety of care and support was provided to residents in this centre, which meant their needs were met and they were protected. A rights based model of support was provided that centred around residents choices on how they wished to live their life, and this in turn informed personal planning, behavioural support, as well as the layout of the premises.

Residents needs had been assessed by the relevant healthcare professionals and personal plans were implemented as recommended. The importance of residents preferences was reflected in practices - for example, providing a predictable routine, using objects of references, interpreting gestural and vocal expressions, planned introduction of new experiences, independent skills teaching, as well as providing a spacious, well-maintained premises with recommended sensory and activity spaces. Consequently, risks relating to behaviours of concern and potential safeguarding incidents were effectively managed through a positive and responsive approach.

Staff knew the residents and their support needs well, and actively sought to enhance opportunities for residents in the centre and in the community. There was ongoing review of residents' needs and their goals, and residents participated in decisions about their care and support.

## Regulation 10: Communication

Residents were supported with their communication needs, and there was ongoing promotion of residents' skills to enhance their receptive and expressive communication skills.

Residents' communication needs had been assessed by a speech and language therapist, and their recommendations, along with behavioural support guidelines, outlined how best to communicate with residents, and how to promote residents' communication. The inspector observed that these recommendations were implemented, and staff described how they were used in practice. For example, throughout the centre, objects of reference were observed, and two staff members

described what these objects meant, and in what context they were used. For example, to communicate to residents, choices were offered such as go for a drive (using a key), 'I want company' (using a teddy), 'I want a drink' (using a cup). The staff outlined a communication skills teaching programme was underway for residents, and physical prompting was used to help residents learn the skills of object exchange to convey their request or message. Staff also used LAMH and explained that residents understood some LAMH sign language and this was used throughout the day, alongside objects of reference.

One resident used an app on their iPad for requests, and to communicate feelings such as pain, and this complemented their needs in terms of their health and emotional support. Staff were very aware of residents' communication preferences, and described what different gestures, vocalisations and responses indicated, how residents consented, made choices, and expressed their feelings. Every effort was used to maximise communication with residents including the use of pictures and photos, accessible information on fire evacuation, and how to make a complaint, and prompt responses by staff to residents' vocal, gestural and physical interactions were observed. This meant that previous risks regarding safeguarding had been reduced through effective communication strategies, positive interactions, as well as behavioural support with positive impact for residents.

Judgment: Compliant

## Regulation 17: Premises

The premises were well maintained, and laid out to meet the needs and wellbeing of residents. The person in charge actively responded to ensure that updates to the premises were put in place, to enhance residents' experiences in the centre.

Since the last inspection, there had been a number of improvements in the centre. These included redecorating residents' rooms, installing sensory lighting in rooms, replacing wardrobes, and providing covered areas outdoors for those residents who liked to use outdoor sensory equipment throughout the year. The sitting room had been reconfigured to define a relaxation area, as well as an activity area, and this was in keeping with the needs of residents. The centre had sufficient facilities, for example, bathrooms and individual bedrooms, to ensure residents' privacy and dignity was protected.

The provider had ensured that where specific equipment was needed, this had been provided. For example, a weighted sofa had recently been provided, in line with control measures for an identified risk, and as mentioned outdoor sensory equipment was provided, as well as a sensory room. The centre was homely and comfortable, and residents' preferences had been considered when their rooms were redecorated. For example, displaying pictures of cars for a resident, painting a resident's room in their known colour preference, and installing a bubble tube light

in a resident's room.

Residents could walk freely between the indoor and outdoor areas, and most parts of the premises were fully accessible. One environmental restriction is discussed in Regulation 7.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risks were identified, assessed, and were well managed in the centre, to ensure potential risks to residents were mitigated and residents were protected.

While there were no safeguarding incidents in the centre, the person in charge and staff were aware of the circumstances that may pose a risk to residents' safety and wellbeing. These potential risks had been assessed, and control measures were outlined in risk management plans. The inspector observed these control measures were implemented in practice - for example, maintaining required supervision levels, providing a low arousal environment, providing alternative activities, and ensuring consistent routines. The inspector observed that where a resident indicated they wanted time alone, by going outdoors, staff maintained observation from a distance, and told the inspector how this was important for the resident, to help them self-regulate, in particular in the evening time.

Incident records were reviewed by the person in charge and the assistant director within three days, and incidents were also discussed at staff meetings, with learning from incidents agreed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed, and personal plans outlined how residents were supported in meeting their needs and ensuring their safety, while reflecting their individual choices and rights.

The inspector spoke to two staff members, and observed how staff were supporting residents in their daily life. The inspector also reviewed two residents' files. Staff knew residents well, and described the assessed needs of residents and how they supported residents with, for example, their communication skills, independent skills, positive risk taking, as well as a range of activities to support residents with their goals. Assessments of need had been completed for residents and these had been reviewed a minimum of annually. Assessments were informed by residents' choices, information from families, and reviews by the multidisciplinary team, and a

meeting was held annually to review residents' needs, to discuss progress and to develop plans going forward.

Personal plans were developed based on the identified needs and choices of residents, and these plans were detailed, personalised, and took into account the need to protect residents, while equally supporting residents to take positive risks, and to expand their opportunities. A staff member described how a resident has been supported to attend the cinema, cafes, and recently went to a musical show, and described despite potential risks, these community activities were continuing to be pursued. Staff also described how some residents prefer structured routines, and it was important to introduce new community activities, for example, meals out in a restaurant, at the pace residents preferred. Staff described how residents make choices and consent, and kept detailed progress notes of how residents responded to community- and centre-based activities, in order to inform activity planning on an ongoing basis. Residents were supported to develop goals in line with their choices, and there was a focus on expanding residents' social relationships, independent skills, and community participation. Goals were reviewed monthly as part of the keyworking process.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported with their emotional needs, and the implementation of behavioural interventions supported residents to enhance their communication and independent skills, while ensuring residents were kept safe.

The inspector spoke to two staff members and the person in charge, who described the rationale for the use of some restrictive practices, as well as describing how to support residents in line with behaviour support plans. The inspector observed that staff provided the recommended support - for example, ensuring a low arousal environment, using simple and direct language, providing positive verbal praise, and ensuring residents had a structured day as they preferred. From a review of incidents it was evident that the implementation of recommended behavioural strategies, as well as social, health, and communication plans had significantly reduced adverse incidents in the centre, thereby promoting residents' safety and wellbeing. Staff also described skills teaching programmes to help reduce the need for a restrictive practice, for example, a locked door.

The inspector reviewed two behaviour support plans, and plans had been reviewed regularly. Behaviour support plans had been developed by a behaviour support specialist, and included communication strategies, skills teaching, environmental considerations, trending of incidents, as well as phased reactive strategies in response to periods where residents may become distressed. Staff were aware of the potential safeguarding risks behaviours of concern may pose, and two staff

described how they manage these risks.

Restrictive practices were found to be implemented relative to the risks presented, and had been reviewed by the multidisciplinary team. As mentioned there was clear rationale for the use of restrictions, and the inspector observed the plan to reduce a restriction relating to locking of a door was implemented.

Judgment: Compliant

### Regulation 8: Protection

Residents were supported in a person-centred manner, by a skilled team, who ensured their needs were met, and they were protected.

There had been no safeguarding concerns reported to the Chief Inspector since 2022. The inspector reviewed incident records for 2023 and 2024, and no safeguarding issues had arisen. There were no complaints, and positive feedback had been received from families on the care and support residents were receiving in the centre.

Staff described the supervision arrangements for residents to ensure they were safe, especially during periods that may cause distress for some residents, and the inspector observed this supervision level was maintained at all times, as outlined in a risk assessment. All staff members had up-to-date training in safeguarding and in Children First, and two staff described the actions they would take in response to an allegation of abuse, in line with the centre policy.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld, and were focused on ensuring residents consented to support, made choices, participated in decisions, and took positive risks.

Staff knew the residents well, and the person in charge and two staff members described how residents consent to care, and make choices in their day-to-day life. For example, a staff described how a resident used gestural prompts to indicate no, or how objects of reference are used throughout the centre to indicate to residents the choices available. Staff also outlined how residents will indicate consent using body language, such as walking away from an activity. The inspector observed that staff responded to residents' choices - for example, a resident took the inspector by the hand to the bus indicating they wanted to go for a drive, and staff responded promptly to bring the resident out on the bus. As mentioned, staff supported residents to engage in positive risk taking, and were also aware of the need to

prepare residents for new activities. For example, residents were resuming swimming in a pop-up pool in a nearby town, and had visited the location before resuming sessions in the coming weeks.

In keeping with residents' preferences, residents' meetings were not facilitated as a group. Alternatively, the person in charge had developed a guide for staff on how the communication preferences of residents are considered in seeking feedback from residents including keyworking sessions, family calls, observations and interest checklists, and how weekly menus are chosen. Pictures were used to support residents' choice of meals, as well as staff observations of residents' enjoyment of certain meals. Weekly reports were kept and included how residents were enjoying and progressing with activities and goals, and of family contact. For example, a resident had recently resumed contact with a loved one, detailed records were maintained of how the resident expressed their enjoyment of this visit, and now visited their loved one every month, with positive outcomes for the resident.

Overall the support residents received was centred around a rights-based model of support, and had resulted in positive experiences for residents both in their home and in the community.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant