



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

Issued by the Chief Inspector

Name of designated centre:	2 The Birches
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	03 September 2024
Centre ID:	OSV-0008762
Fieldwork ID:	MON-0043421

About the designated centre

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

2 The Birches is a designated centre registered to provide full-time residential care and support for up to four young people under the age of 18 years, with intellectual disability, autistic spectrum of mental health diagnoses. The objective of this service is to provide a home environment which supports children with opportunities for education, social inclusion and skills development, and to encourage and promote independence, life skills and healthy activities and routines. The centre consists of a two-storey house in a residential area of County Kildare, with each resident having a private bedroom and access to shared living, dining, and garden facilities. The house has exclusive use of a vehicle to travel into the community. The residents are supported by a full-time team of social care personnel with access to nursing support as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 September 2024	13:00hrs to 20:20hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to assess the service provider's regulatory compliance in this designated centre, which was first registered in May 2024. This inspection was announced in advance, and the service users and their families were invited to provide written surveys on their experiences and feedback about the service. The inspector met the residents, the front-line and management staff, observed interactions and reviewed support planning and guidance, as part of the evidence indicating the lived experience in this designated centre.

This inspection commenced in the afternoon to facilitate meeting the front-line support staff, and meeting and observing the routines and supports of the children as they arrived home from school and went about their evening routine. All children were collected by staff and arrived home in the late afternoon, and spent time relaxing in their bedrooms or the living room. The children had their dinner which was prepared by the person in charge for when they got home, and some residents asked for snacks afterwards. The inspector observed that where children had already been given multiple packets of crisps or chocolate, staff offered alternatives rather than telling them no. Residents were also observed being encouraged by staff to use their words to make choices and to put their rubbish in the bin afterwards. Staff praised residents for engaging in these routine activities, and residents appeared happy and rewarded in doing so. Staff commented to the inspector that an area in which the service could improve service for residents was further increasing the variety of their meals.

The inspector observed one resident interacting and creating music on their computer tablet while enjoying lights projected on the ceiling and walls of the living room. Another resident went with their allocated staff member to a local park. Residents could come and go from the rooms and back garden without major restriction and were observed playing in the garden or rolling around on an office chair. The inspector observed staff using simple language to encourage and guide residents in their choices without telling them what to do against their wishes. Posters and pictures were used in some resident spaces to help them understand the structure of routines, such as a list of things to do to get ready in the morning. Residents were also provided social stories which plainly explained how their routine would change with the start of the new school term.

All three children were attending full-time school education. One resident had posters in their room including exercises being done in school which engaged their attention and learning activities. The staff indicated that they had a good relationship with the residents' schools and that they were good at communicating handover information about residents for the evening. The school had also provided care plans which were being used as an interim measure while the provider developed their own support plans for this centre.

Staff told the inspector that while the children did not choose to spend much time

doing activities together, they were generally comfortable sharing their house with their peers, and it was safe for children to travel together on outings. The house team had exclusive use of a seven-seat vehicle to facilitate trips and community activities, and a topic of staff discussion with their manager was to increase the number of staff who could drive to optimise community access and flexibility.

While no residents or family members had responded to written surveys issued in advance, the inspector had an opportunity to speak with a family member. They commented positively on the staff in the service and that their loved one appears happy in the house and had their needs met. The inspector observed residents to be generally happy and comfortable in their home, smiling, tapping their feet and running around the house before sitting down for dinner and screen time.

The inspector spoke with all staff on duty during this inspection, and found them to be knowledgeable of residents' day-to-day needs, and eager to develop the capacities and life skills of the young people. For example, one staff member used objective planners and pictures to demonstrate how one resident had become more independent in toileting and personal hygiene with reduce staff assistance. Staff also used guidance in supporting residents to be patient and tolerant when they had to wait or if their choice was not available. While staff told the inspector that some care and support plans had not yet been developed, they were familiar with interim plans provided by other services and emergency response plans such as administering medicine during seizure.

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 inspector found this service to be appropriately resourced with equipment, transport and accessibility features, with a management and oversight structure which facilitated continuous improvement and staff accountability, and communication channels by which residents and front-line staff were kept up to date on topics meaningful to them. All staff who spoke with the inspector demonstrated person-centric knowledge of the residents' needs and were observed to be delivering respectful and patient care. Improvement was required to ensure that shifts were consistently filled per the assessed needs of residents, and that the impact on continuity of support was mitigated when the service was required to use staff from other services to cover vacancies and absences.

The inspector reviewed minutes of meetings between the person in charge and their provider-level management, as well as meetings the person in charge held with front-line staff members. This included individual meetings held for ongoing supervision, probation, and continuous professional development, as well as

meetings held to debrief following adverse incidents.

Documentary evidence which was available during this inspection was readily accessible and provided for review on this inspection. Training matrices, the statement of purpose, new resident transition plans and team meeting minutes were recorded, kept up to date, and found to be specific to the needs of the staff team and service users.

Regulation 14: Persons in charge

The inspector met with the person in charge and reviewed the information submitted on their qualifications and work history. The person in charge worked full-time supernumerary hours and was based in this designated centre two days a week. They held a management qualification and were found to have sufficient experience in leadership and supervisory roles.

Judgment: Compliant

Regulation 15: Staffing

The inspector met and spoke with all staff members on duty during this inspection, and reviewed the statement of purpose, worked rosters for recent months, and a sample of personnel files for staff in this designated centre. Staffing needs for this centre were discussed with management, and the required complement of staff had increased from what was originally stated in the statement of purpose for this centre's registration. Staff number and allocation had been changed in response to assessed needs and incidents of residents as they moved in. There was a 1:1 ratio of staff to residents during the day, with three support staff required from 8am to 8pm and two waking staff shifts during the night. The person in charge advised that one vacant post was due to be filled by a person who had been recruited and was due to start their induction in the days following this inspection.

The staff members who spoke with the inspector demonstrated a good level of knowledge of the children's support requirements, personalities and routines. Staff demonstrated good examples of how they hoped to support residents to develop skills in pursuing positive and healthy routines and taking care of their own daily needs. Personnel files were found to contain information required by Schedule 2 of the the regulations including employer references and Garda vetting.

The management retained planned and actual rosters of staff who had worked in this designated centre. The inspector reviewed records on shifts worked since the centre reached its current occupancy. These records clearly identified when the person in charge was based in this centre, the hours worked by staff and management, and when staff were on annual leave and induction days. In four

weeks sampled, records indicated 36 shifts across 19 days which were staffed by personnel who did not usually work in this designated centre. The inspector was advised that many of these shifts included a surplus of staff from other centres based in this house to make up their contracted hours. However, 7 of 28 days recorded daytime staffing to be below the required staff to provide 1:1 support to residents, including three days on which the front-line team was staffed only by personnel from other services. This did not provide assurance that residents were in receipt of continuity of care from personnel who were familiar with their support needs, particularly as some care and support plans and guidance were still in development. When this was discussed with the centre management, the inspector was advised that the rosters provided did not contain accurate information.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had composed and implemented a policy on staff supervision, which included time frames within which staff would be subject to probation review and one-to-one supervision meetings with their manager. The inspector reviewed four staff members' supervision records, including those still in their probationary period. The minutes of these meetings included topics such as where staff were doing well in their duties or aspects of the role they were finding challenging. Other topics included commending staff who demonstrated good practices, reflecting on adverse incidents involving staff, and where staff were given an objective which would benefit resident quality of care, such as effective communication and getting staff authorised to drive the service vehicle.

The person in charge used a digital training matrix to identify the dates on which twelve staff contracted to this centre had attended training identified as mandatory for this centre. Staff members had attended online training in fire safety, safe moving and handling, supporting residents at risk of choking, safeguarding of children, and supporting people with autism.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed minutes from governance and oversight meetings, findings from internal audits, and records of meetings between the person in charge and their team members, and with their counterparts in other services.

The person in charge met with persons in charge of other residential services, and the minutes of these meetings indicated how the managers shared learning attained

from audits and incidents to identify areas for continuous improvement and risk assessment. The person in charge had a monthly meeting with their line manager at provider level. The inspector observed topics discussed in these meetings such as risk assessments and support plans required in the service, with specific and measurable actions for completion.

An audit took place in the centre in August 2024 which highlighted good practice and areas for improvement related to sufficient staffing levels, the rights and choices of the children living in the centre, and how feedback was attained from residents and their families in the initial months of operation.

In the main, the inspector observed the service to be appropriately resourced, with suitable premises, transport and drivers, equipment and premises. Observations regarding staffing resources is referred to under Regulation 15 on Staffing. The inspector observed learning opportunities being discussed in team meetings and individual supervision where staff required support, or where incidents of concern had been identified, to ensure that reporting and accountability structures facilitated continuous service development.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the provider's policy on admissions, the pre-admission records for each of the three residents, and the contracts agreeing the terms and conditions of residency in writing between the provider and the service users, or their representatives.

The records reviewed indicated that two of the three children, and the family of a third child, had visited the house prior to admission, as part of the provider's assurances that they were comfortable with their bedroom, house and local area and that it was suitable for the needs. While none of the residents met their future housemates prior to admission, the provider conducted an impact assessment based on the histories and experiences of the residents to identify any potential concerns regarding compatibility and safety.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been revised to reflect changes in the required staffing complement since residents were admitted, and contained information as required under Schedule 1 of the regulations. A copy of this document was available

for review in the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed a sample of the policies and procedures required under Schedule 5 of the regulations. In the main these policies were observed to have been adopted and implemented in practice in the centre. For example, staff were being supervised in accordance with policy, and residents who were at risk of going missing had descriptive profiles created.

Judgment: Compliant

Quality and safety

The inspector found evidence, through meeting the children, speaking with their primary support staff and family, reviewing documentary evidence and observing routines, that residents felt safe and comfortable in their home and were being supported by a staff team who were endeavouring to optimise their recreational and learning opportunities. Examples were observed of care and support plans required through resident assessments which had not yet been developed, were in their infancy, or required updating to reflect changing circumstances and needs. This carried a risk of staff not having complete or suitable information for responding to residents' needs, including staff who did not usually work in the centre.

Staff demonstrated good examples of their knowledge of residents' needs and wishes, and provided information on how each resident had settled in. This included where residents had been supported to develop their personal skills in daily activities such as dressing, washing and toileting, becoming more independent in activities with reduced staff requirement in the months they had been living in this service. As described in other sections of this report, the inspector also observed examples of varied, engaging and fun activities the residents were enjoying in their community. The staff provided evidence on their relationship with the residents' school, including how the two settings kept each other up to date on resident information, and how the school had provided plans and educational goals for use by either the staff or the residents to ensure that current educational objectives were encouraged when the resident came home.

The inspector observed the premises to be clean, in a good state of repair, and equipped with suitable decoration and play equipment for the residents' preferences and age profile. Facilities were in place for food cooking, storage and management

of medicine, and safety in the event of fire or evacuation. Residents' bedroom spaces were personalised and homely with adequate space and opportunities provided for residents to furnish and decorate their rooms how they liked as they got settled into their home.

Regulation 12: Personal possessions

Residents each had sufficient space to furnish their bedrooms as they preferred, and wardrobe space for their clothes and belongings. Residents were not observed to be unnecessarily restricted from accessing and using their property. Residents were not in receipt of an income so were not yet being supported to manage their personal finances, however the provider supplied a budget to this centre for the children to be supported to buy clothes, toys and other personal items.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector reviewed care and support plans related to recreational, social and personal objectives and discussed same with support staff. The inspector was provided evidence to indicate that residents were supported to engage in fun activities and outings in their community including going to parks and playgrounds, going to sensory gardens and interacting with animals. Staff and posters advised that there were upcoming plans to go on a trip to the zoo.

Staff demonstrated examples and walked through their guidance on how they were supporting residents with their personal and social needs. For example, staff had been provided guidance in encouraging residents to be patient and to use their words when they were anxious or annoyed. In another example, staff had supported positive change in a resident's routine regarding toileting and personal hygiene.

All three children were in full-time education, and the staff team demonstrated how they communicated back and forth with the school to identify learning opportunities and develop plans around continuity of education attainment targets. Residents were supported to stay in contact with their family.

Judgment: Compliant

Regulation 17: Premises

The inspector walked the premises of this designated centre and observed the house to be clean, bright and in a good state of repair. Each resident had a private bedroom with sufficient space to furnish and decorate their bedroom as they settled in. The children had shared use of a comfortable sitting room and dining area, and a back garden which included a swing set and trampoline.

Judgment: Compliant

Regulation 18: Food and nutrition

The centre was equipped with food, drink and snacks for residents, and had a kitchen to prepare dinner and snacks. During this inspection residents were provided a meat and vegetable dinner after school, and chicken goujons later in the evening. The inspector observed where children had already had multiple treats like crisps and on further requests staff offering healthier alternatives such as cereal. For residents with dietary requirements or modified foods, staff referred to interim guidance while awaiting clinical review and support plans for this service, as described later in this report.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector tested fire containment features, walked evacuation routes and reviewed emergency planning documentation during this inspection.

The addressable alarm system, fire extinguishers and emergency lighting were suitably installed, serviced and certified, and automatic door closure mechanisms were operational when checked. Fire drill reports indicated how the provider was assured that staff and residents could exit the building in a safe and efficient manner during day or night shifts. Some changes were required to information in fire safety documents and maps to ensure they were accurate for use in an emergency; this was identified to the person in charge who provided assurance that these would be corrected following this inspection. All staff were trained in fire safety procedures and the majority of the team had participated in at least one practice evacuation since opening.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed practices and procedures related to the recording, storage, disposal and administration of medicines with a member of the front-line support team. The inspector reviewed administration records which indicated that residents received their medicine in accordance with their prescriptions. Staff were provided instruction on the use and purpose of each medicine, including protocols for the correct use of emergency intervention medicine, with which the staff member was familiar.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a comprehensive assessment of residents' personal, health and social care needs, and the personal plans and staff guidance developed to deliver on these assessed needs. Plans were discussed with all front-line staff on duty during the inspection, with staff indicating from where they received guidance and where they would direct support personnel who were not as familiar with the residents' needs.

In some areas of care and support, plans were person-centred and detailed the specific needs of residents based on their pre-admission assessment and history in previous settings. However staff indicated that some of the plans required review to reflect where it was determined that residents support requirements were different or had changed since assessment, for example in the level of support required while walking, dressing and delivering intimate care.

In some aspects of residents' care and support, staff were provided guidance through plans developed by another service provider, such as the service through which the resident attended school. This included guidance for staff on how to safely prepare meals and reduce risk of choking, and how residents were supported to communicate and be understood. Staff commented that these plans were sufficient as an interim measure, while supports specific to the residential service were developed.

The inspector observed assessments requiring plans which had not yet been composed for use in this centre. For example, where assessments related to positive behaviour support had been carried out for residents, staff provided evidence to the inspector that plans for identifying and responding to these risks safely had not yet been developed.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector observed examples of where residents were identified in their assessments as requiring review by allied healthcare professional review, including residents requiring review by a chiropractor, and speech and language therapist (SLT) review required to develop plans to support communication, and for residents with risks related to choking, pica, or modified diets. The staff advised the inspector they were using plans and guidance from another service as an interim measure while awaiting their own review and care plan development. Following this inspection, the provided supplied information on when residents had had referrals or reviews by relevant clinicians.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not 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 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for 2 The Birches OSV-0008762

Inspection ID: MON-0043421

Date of inspection: 03/09/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge (PIC) has carried out a full review of the maintenance of the rosters in the centre.</p> <ul style="list-style-type: none"> • The PIC will attend further training in the use of the electronic rostering system to upskill their knowledge in monitoring, completing and amending staff rosters. • The PIC will follow a rolling roster and input the roster for the remainder of the year onto the system. • All staff projected annual leave to be completed in advance for the months ahead. • All vacancies are filled and inductions have been thoroughly finalised. • Rosters are to be reviewed at monthly Governance. • Only staff intended to be employed within the centre will be deployed there, to ensure continuity of care. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge has carried out a review of all residents Personal Plans and supporting documents.</p> <ul style="list-style-type: none"> • Personal Plans to be updated and triangulating with admission documents and multi-Disciplinary recommendations. • Where plans have been devised from external providers, these are to be formatted to ensure they are relevant to the current service provision. 	

- All Personal Plans and Positive Behaviour Support Plans to be discussed at the next staff meeting and education provided to the staff on the implementation of these plans.
- All referrals to Allied Health Professionals have been completed.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/10/2024
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/10/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Not Compliant	Orange	31/10/2024

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/11/2024