



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mabestown House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	25 September 2024
Centre ID:	OSV-0008768
Fieldwork ID:	MON-0044435

About the designated centre

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

Mabestown House provides a respite service for six children, both male and female, from 4 up to 18 years of age, who have intellectual disability, autism or acquired brain injury and may also have mental health difficulties and behaviours of concern. Its design and layout replicate a family home environment where possible. The comfortable and welcoming feel of the house, which includes a 1-bedroom Apartment, is consistent with a home-from-home-like environment. The main house has five individual bedrooms, 3 with en-suite. A large kitchen/dining room with a utility room. A large living room and a separate sitting room. There is a shared bathroom, WC, and staff office. The bedrooms are fitted out to a very high standard, and the children are encouraged to decorate their rooms and bring personal items, which will ensure their environment is as homely as possible. Mabestown House is located close to a large town in Co Meath, and residents can access an extensive range of amenities with staff support. The respite service is staffed on a twenty-four-hour basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 25 September 2024	09:30hrs to 14:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection. Through the review of a large volume of information and discussions with the person in charge and staff members, the inspector was satisfied that the residents were receiving a good service during their respite stays.

The person in charge informed the inspector that the provider, since opening in July 2024, had admitted a number of residents on an emergency respite basis, which was in line with the services statement of purpose. Two of these residents continued to be supported in the service. This impacted the provider's ability to provide respite breaks in a typical fashion. However, the two residents currently residing in the service were due to transition into full-time residential placements. The inspector was provided with a transition plan for one resident and was informed that the other resident's transition plan had yet to be finalised but was being developed. In the meantime, the provider had been facilitating day visits for residents who, if they wished could use the service in the future.

The inspector was greeted on their arrival by the person in charge. The person in charge showed the inspector around the house. The building had been modified to suit the needs of the residents. It was very well-presented, spacious and clean. There was a sensory space for residents to use and toys available for residents to use if they wished.

During the inspection, the inspector met with the person in charge, was introduced to five staff members, and spoke to a member of the provider's senior management team. The residents were not in the house during the inspection because they were attending school.

The inspector reviewed four surveys completed by residents with the support of staff, which yielded positive feedback. Additionally, feedback from five family members was provided, all of whom praised the service and the care and support shown to their loved ones by the management and staff team.

While the house had only recently been opened, there were a number of examples of how the provider and staff team effectively met the needs of the residents during their stays. The person in charge gave the inspector scrapbooks showing some of the activities the residents had completed. There were pictures of residents going swimming, visiting theme parks, playing in the garden and in the house etc. The inspector also reviewed the residents information and found that the provider had gathered the necessary information as part of pre-admission and assessment of needs processes and that support plans had been developed following the evaluations to ensure that the needs of residents were being met during their breaks.

The person in charge spoke to the inspector about the use of visual aids in the

service. Social stories were used to support residents regarding a number of topics, including returning to school, going on outings and helping residents with skills development. Visual aids were also available, and the person in charge showed the inspector how residents used them to select their meal choices. There was a notice board where visuals were used to show residents which staff would also support them, further reinforcing the person-centered approach of the service.

The review of staff rosters and observations on the day demonstrated that there was a large staff presence. Five staff were rostered each day and two at night time. The inspector observed the staff team engage in a large volume of cleaning tasks, and as noted earlier, the house was clean and well-presented. The injector spoke with two of the staff members and sought their insight on a number of topics, which will be discussed later under the relevant regulations. One of the staff team did speak to the inspector about the human rights-based training that they had completed. They spoke of how the training had ensued, that they supported the residents using a person-centred approach, that residents were offered choice, and that their decision was respected.

In summary, the inspection process found that, the provider and those supporting the residents had ensured appropriate care and support had been provided since the service opened in late July.

The following two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affect the quality and safety of the service being delivered

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector conducted a comprehensive review of the provider's arrangements, including the person in charge role, staffing, staff training, statement of purpose, and admissions. The review found them to be in full compliance with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 14: Persons in charge

The person in charge was responsible for this and another provider's services. Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents.

The inspector reviewed the person in charge's credentials and found that they were a qualified healthcare professional with additional qualifications in management. Throughout the inspection, the person in charge showed their knowledge of the resident's needs. They spoke to the inspector about the various supports in place and plans for the residents.

Judgment: Compliant

Regulation 15: Staffing

The review of rosters and observations on the day showed that the provider had ensured that staffing numbers and the staff team's skill mix were appropriate in meeting the needs of the residents. The inspector reviewed the current roster and a roster from late July when the service opened. The comparison of the two rosters showed that a consistent staff team was in place to ensure continuity of care for the residents.

Discussions with the person in charge identified that the service was social care. Still, nursing staff were rostered each day to support the medical needs of the residents. As discussed earlier, a large number of staff members were rostered each day. Residents were supported on a one-to-one basis whilst in the service, but many were supported two-to-one when engaging in community activities, and some required two-to-one staffing during personal care. The review of the rosters showed that the provider had ensured that safe staffing levels were maintained; the person in charge identified that the high volume of staff had successfully supported residents during periods of upset and had led to fewer adverse incidents.

In summary, the provider and the person in charge had ensured that a consistent staff team was supporting the residents; the skill mix of the team and the number of staff supporting the residents each day was also appropriate.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed the training records for three of the staff members on duty and a list of outstanding training for all staff members. Evidence showed that staff training needs were under regular review and that staff members attended training when required. While there was some outstanding training, the dates for completion had not yet expired, and there were arrangements for staff to complete the training.

Staff members had completed training in areas including:

- fire safety
- safeguarding vulnerable adults
- medication management
- infection prevention and control
- communication skills
- human rights-based approach
- epilepsy awareness and buccal midazolam (rescue medication)
- First Aid
- Children First
- managing behaviours of concern
- feeding, eating and drinking
- one-to-one supervision
- positive behaviour support
- positive risk-taking
- conflict resolution
- manual handling.

The inspector also sought to ensure that the staff team was provided with supervision. The inspector reviewed two staff members' records, which showed that the staff members had received regular supervision in line with the provider's processes.

The staff team was provided with appropriate training and supervision per the provider's arrangements.

Judgment: Compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. As mentioned earlier, the service opened in late July. There was some disruption in how the service was provided due to emergency admissions. However, the review of residents' information who had used the service showed that the provider and the staff team had supported the residents in a way that maintained their safety and met their

needs.

The provider completed a recent audit focused on governance and management, covering a large volume of topics. The inspector reviewed the audit and found that areas requiring improvement had been identified. A corrective action report had been drawn up following the audit listing the areas for improvement. The inspector reviewed this and noted that the person in charge had promptly assigned the duties to themselves.

The review of residents' information and information regarding the running of the service showed that the information was under regular review, indicating effective oversight and management practices. The inspector read the two staff team meeting minutes and found that the meetings were focused on learning and ensuring that the staff team had the appropriate knowledge to support the residents. Additionally, the provider supported the person in charge of their services to attend monthly meetings focused on information sharing, with an emphasis on learning from audits and inspections.

In summary, the appraisal of the management arrangements showed that the provider had ensured that the residents received a safe service that was effectively monitored.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed three residents' information regarding their admissions to the respite service. The review showed that the provider and person in charge had ensured that thorough reviews had been conducted, the information had come from the resident's families and, where possible, other stakeholders supporting the residents such as their school placements.

The review of records showed that the provider was admitting residents in line with the service's statement of purpose. As mentioned earlier, there have been emergency admissions since the service opened, with some ongoing admissions. This impacted the provider's plan to offer respite to many residents. Still, some residents were provided day respite, allowing them to become familiar with the service.

The inspector asked a staff member how they prepared to support the residents before they began their respite breaks. The staff member spoke of the daily team meetings and also of the review of residents information before their arrival, and also that staff followed a checklist when residents arrived and left to ensure that their belongings and medication were accounted for.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

Quality and safety

The review of information and observations found that residents received a service tailored to their specific needs and provided in a way that respected their rights.

The provider ensured the residents' needs were comprehensively assessed and support plans developed. The inspection found that guidance documents were created to help staff support the resident in the best possible way.

The inspector reviewed several aspects, including risk management, premises, communication, food and nutrition positive behaviour support and general welfare and development. The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team were delivering a safe and good service to the residents.

Regulation 10: Communication

The review of three residents information and discussions with staff members on the day showed that the communication skills and needs of residents had been assessed. There was information for staff to follow to ensure they could best support the residents during their stays.

The inspector found that there was information regarding residents' communication abilities captured in the personal plans, and for the two residents who had been utilising the service for a prolonged period, the person in charge had requested that

an appropriate person assess the communication needs of the resident and a communication passports were being developed.

The inspector found that social stories were used to support the residents with transitions and ensure they were involved and aware of activities. There was information on how to speak to the residents using their preferred sentence structures. As noted earlier, visual aids were available if required.

In summary, the inspector found that the staff team had been provided with information to support them in effective communicating with the residents.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that residents were offered opportunities to engage in activities when using the respite service. Residents were encouraged to identify what they wanted to do through discussions with staff and resident meetings. The pre admission process also listed the residents' preferred activities and the staff team were facilitating these. As mentioned earlier, there was visual evidence of residents engaging in a range of activities.

The inspector also found that for some residents, key working sessions were completed to help develop the residents daily living skills. Residents were also supported to contact their family if they wished to do so during their stays and the staff team transported residents to their school placements.

In summary, the review of information showed that the residents general welfare and development were prioritised during their respite breaks.

Judgment: Compliant

Regulation 17: Premises

The person in charge showed the inspector around the respite service; following this, the inspector was assured that the provider had ensured that the premises were designed and presented in a way that met the needs of the residents. The house was clean and in good repair and was very well presented on the day of inspection.

The respite service was a large home that suited some current residents. Toys and sensory/chill-out spaces were available for residents to use. Residents had their own large rooms, and the self-contained apartment that was part of the respite service

was utilised by residents who preferred a lower stimulus environment.

The garden was also large, with play areas available, and there were a number of pictures of residents enjoying their time in the garden.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector was shown the visual aids used by residents when choosing their meals. Meals were chosen during resident meetings. Weekly menus had been recorded. The inspector reviewed a sample of these and found that the residents were receiving a varied and balanced diet.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

As discussed in earlier sections, two residents utilising the respite service were due to transition into full-time residential services. The inspector reviewed one of the resident's transition plans. The resident was in the later stages of their move to their new home. A transition journey document was developed, capturing how the resident had been visiting their new home and how the resident's family and the staff team had supported the transition. There were pictures of the residents relaxing in their new home. The person in charge spoke to the inspector about the transition that the house had been chosen as it suited the needs of the resident who preferred a low stimulus environment.

The transition journey for the second resident was in the early stages. Still, the person in charge informed the inspector of the progress. The inspector observed the person in charge acting as an advocate for the residents when speaking to a stakeholder regarding the transition, ensuring the transition was carried out in a way that suited the resident.

The inspector found that the provider and person in charge had taken steps to support residents with successful transfers out of the service.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed residents individual risk assessments, a record of adverse incidents, and a risk register developed specific to the service. The appraisal of the information showed that appropriate risk management arrangements were in place.

The inspector reviewed the two current residents' risk assessments. The assessments were linked to the resident's assessment of need and support plans. The risk assessments were concise and well-written, giving the reader the required information to maintain the safety of the residents. The inspector found that the control measures were proportionate to the level of risk as well.

The level of support/supervision provided to residents through one-to-one support was a consistent control measure for managing risks. The person in charge noted that this had been important when residents' behaviours had escalated. The inspector reviewed adverse incidents that had occurred for the two current residents and found that the incidents had been brief and managed well by the staff team.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' information and found that comprehensive assessments of their needs had been completed. The information had been gathered in conjunction with the residents' families and, where possible, other stakeholders involved in supporting the residents. The inspector found that the assessments guided the support provided to the residents and that the information was well presented, which gave the staff team the required information to care for and support the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Part of the pre admission and assessment process focused on how residents presented when upset or angry. The provider had taken this information and again, in conjunction with the residents' families, developed brief behaviour support plans for the residents that needed them. The inspector reviewed two plans and found that they gave information on how staff members should communicate and support residents during periods of upset or anger. As noted earlier, the inspector found that when reviewing adverse incidents for residents, the staff team had well managed the incidents.

The provider's multidisciplinary team members had recently reviewed one resident. There was evidence of additional support being offered to support the resident, and

the staff team was provided with information on how to manage best scenarios that can cause upset for the resident.

Judgment: Compliant

Regulation 9: Residents' rights

Through the review of residents' information and also the appraisal of feedback from residents' family members, the inspector was satisfied that the rights of the residents were promoted and respected during their respite breaks. The residents, as much as possible, were encouraged to do the things they wanted to do, and the staff team were also following information regarding the resident's likes and dislikes.

The inspector found that key working sessions were being held. There was a focus on helping develop the residents' independent living skills and also ensuring that the residents were facilitated to do things they enjoyed. For example, some of the residents had gone to a theme park, and another resident had gone to the airport to look at planes, as this was something they enjoyed.

The pre admission processes also reviewed how potential residents would interact with people when visiting the house and the provider was taking steps to ensure that residents were compatible with one another in order to promote positive respite breaks and also to respect the rights of the residents.

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	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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant