



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

Issued by the Chief Inspector

Name of designated centre:	Tara House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	02 December 2020
Centre ID:	OSV-0007805
Fieldwork ID:	MON-0030780

About the designated centre

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

Tara House is located in a small town in Co. Meath and can provide care and support for up to five young adults with disabilities (both male and female). The centre comprises of one large detached bungalow with each resident having their own large bedroom. There is also a fully furnished kitchen/dining area, a sitting room, a sun room/games room, five bedrooms (two ensuite), a utility room, a storage room, a staff office and ample communal bathroom/shower facilities. The house is staffed on a 24/7 basis by a full-time person in charge, two team leaders and a team of support workers. Residents have access to a number of amenities in their local community including shops, hotels, restaurants and leisure facilities. Transport is also provided to residents for holidays and other social outings. The house has its own private garden areas to the front and back of the property with adequate private and on-street parking available. An outdoor gym is available to the residents in the back garden.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 December 2020	10:00hrs to 15:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met and spoke directly with three residents to get their feedback on the service provided. Staff interactions with residents was observed to be person centred, professional and caring. The centre comprised of a large detached two-storey house in Co. Meath which was maintained to a high standard. It was warm, welcoming and had just been recently decorated for the Christmas holiday period. Each resident had their own large bedroom (some en suite) and communal areas included a large fully furnished sitting room, a sun room/games room and a large kitchen / dining room.

Residents reported to the inspector that they loved their home and in particular, their bedrooms, which were decorated to take into account their individual likes and preferences. For example, one resident was a Liverpool fan and had decorated their bedroom with Liverpool pictures and memorabilia. This resident was also planning to visit Liverpool as part of their individual plans once the current pandemic was over.

Written feedback on the service from residents was also viewed as part of this inspection. Residents reported that they were generally happy with the service provided. They also reported that they were happy with the staff team, the activities on offer and the overall support provided.

The inspector observed that residents were very much at ease in the company of staff and staff were seen to be professional, warm, caring and respectful in their interactions with residents.

Capacity and capability

Residents appeared happy and content in their home and the provider had systems in place to ensure the service was monitored as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). However, some issues were identified with the staffing arrangements and the admissions process.

The centre has a management structure in place which was responsive to residents' needs and feedback. There was a clearly defined management structure in place, which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by the Director of Residential Services and two full time, experienced team leaders. The person in charge was a qualified social care professional who was aware of their legal remit to

the Regulations. They provided leadership and support to their team and ensured they were appropriately trained, supervised and supported to be able to respond appropriately to the needs of the residents.

A small sample of files viewed informed the inspector that staff had undertaken a suite of in-service training including safeguarding of vulnerable adults, children's first, fire training, manual handling, infection control and positive behavioural support. However, the staffing arrangement required some review to ensure it was consistent in meeting the assessed needs of the residents and in line with a current safeguarding plan. Notwithstanding, the inspector spoke with one of the team leaders as part of this inspection process and was assured that they had a good knowledge of the assessed needs of all the residents.

The person in charge and director of residential services ensured the centre was monitored and audited as required by the regulations. The annual review of the quality and safety of care was not due at the time of this inspection, however; a six-monthly unannounced audit had been carried out. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about changes to the operational management of the centre. For example, a recent audit on the centre identified that some staff were required to complete food hygiene training. This had been completed (or was in the process of being completed) at the time of this inspection.

It was observed that there were some peer to peer related issues ongoing in the centre at the time of this inspection. The person in charge and director of residential services had responded accordingly by ensuring safeguarding plans were in place and ensured the centre had regular and as required input and support from a team of multi-disciplinary professionals. In order to help address this issue, one resident was also due to transition from the service in December 2020. The resident was consulted with and involved in this transition and was looking forward to moving to their new home (which was a tailored service set up to meet their individual assessed needs). However, the admissions policy and practices required some review to ensure they took into account the need to safeguard residents from adverse peer to peer related issues and interactions.

Notwithstanding, residents reported to the inspector that they were happy in their home, happy with the support provided and with the activities on offer. Staff were also observed to be knowledgeable on the assessed needs of the residents and interactions between staff and residents was observed to be positive, professional and person centred.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified social care professional with experience of working in and managing services for people with disabilities. They were also aware of their legal remit to the

Regulations and knew the needs of the residents very well.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement required some review to ensure it was consistent in meeting the assessed needs of the residents and in line with a current safeguarding plan. Notwithstanding, the inspector spoke with one of the team leaders as part of this inspection process and was assured that they had a good knowledge of the assessed needs of the residents. A small sample of files viewed also informed that staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, children's first, fire training, manual handling, infection control and positive behavioural support.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre was being monitored and audited as required by the Regulations. There were clear lines of authority and accountability to include a person in charge and two team leaders who were supported in their role by the director of residential services.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admissions policy and practices required some review to ensure this took into account the need to safeguard residents from adverse peer to peer related issues and interactions.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and

objectives of the centre and a statement as to the facilities and services which were to be provided to residents. It accurately described the service that will be provided in the centre and the person in charge was aware of their legal remit to review and update the statement of purpose as required by the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and within their community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and community. Residents were being supported to build on skills in promoting their independence such as managing their own finances and writing skills. Where required, support was provided from occupational health and other allied healthcare professionals to further promote and build on independent living skills with some residents. While some social activities had been curtailed due to COVID-19, residents continued to engage in activities of interest such as equine therapy. Residents also liked to go shopping, and this activity had started to recommence since the easing of the COVID-19 related restrictions.

Residents were supported with their healthcare needs and as required access to a range of allied healthcare professionals including GP services formed part of the service provided. Residents also had access to a dietitian, occupational therapy, physiotherapy and speech and language therapy. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health. It was observed that one resident may decline to attend some healthcare related appointments, however; this was discussed with the resident and alternative appointments were made.

Residents were supported to experience best possible mental health and, where required, had regular access to psychology and psychiatry support. Where required,

residents had a positive behavioural support plan in place and from a small sample of files viewed, staff had training in positive behavioural support techniques.

There were some peer-to-peer related issues on-going in the centre at the time of this inspection. However; where required, safeguarding plans were in place and staff had training in the safeguarding of vulnerable adults and Children's First. There was also a plan of action in place (which was at an advanced stage) to support one resident transition to a new service. This transition was to help address some of the peer-to-peer related issues and the resident's new home was to be individualised to meet their assessed needs. From speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. Information was also available in the centre on how to contact an independent advocate.

There were systems in place to manage and mitigate risk. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control and donning and doffing of personal protective equipment (PPE) and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand washing facilities and there were hand sanitising gels available throughout the house. Staff were also observed to use PPE as required over the course of this inspection.

Overall, residents reported to the inspector that there were very happy with the service provided and systems were in place to support their social, health and emotional welfare needs.

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being.

Judgment: Compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control and donning and doffing of personal protective equipment (PPE) and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand washing facilities and there were

hand sanitising gels available throughout the house. Staff were also observed to use PPE as required over the course of this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and community.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and as required access to a range of allied healthcare professionals, including GP services; formed part of the service provided. Residents also had access to a dietitian, occupational therapy, physiotherapy and speech and language therapy. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health. It was observed that one resident may decide to decline attending some healthcare related appointments, however; this was discussed with the resident and alternative appointments were made.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and where required had regular access to psychology and psychiatry support. Where required, residents had a positive behavioural support plan in place and from a small sample of files viewed, staff had training in positive behavioural support techniques.

Judgment: Compliant

Regulation 8: Protection

There were some peer-to-peer related issues on-going in the centre at the time of this inspection. However, where required safeguarding plans were in place and staff had training in the safeguarding of vulnerable adults and Children's First. There was also a plan of action in place (which was at an advanced stage) to support one resident transition to a new service. This transition was to help address some of the peer-to-peer related issues and the resident's new home was to be individualised to meet their assessed needs. From speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. Information was also available in the centre on how to contact an independent advocate.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tara House OSV-0007805

Inspection ID: MON-0030780

Date of inspection: 02/12/2020

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In line with regulation 15, a review of the SOP for Tara House will take place and roster will be adjusted in line with SOP. Tara House will operate with 3 staff during the day and 2 waking night staff. Tara House may operate on 4 staff per day should the need arise for safeguarding, activities, and appointments.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: In line with regulation 24, the admissions, discharge and transition policy will be reviewed by relevant stakeholders to ensure it meets the needs of all residents. The impact assessment will be revised to include possible safeguarding concerns which may arise following a transition/admission. It will look at the concerns in relation to the potential impact of the new resident on existing residents and existing residents on the proposed new resident.</p>	

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.	Substantially Compliant	Yellow	06/01/2021
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	16/01/2021