

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

## Issued by the Chief Inspector

|                            |                               |
|----------------------------|-------------------------------|
| Name of designated centre: | The Sparrow                   |
| Name of provider:          | Talbot Care Unlimited Company |
| Address of centre:         | Meath                         |
| Type of inspection:        | Announced                     |
| Date of inspection:        | 11 April 2024                 |
| Centre ID:                 | OSV-0008731                   |
| Fieldwork ID:              | MON-0042975                   |

## About the designated centre

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

The facility can provide high-quality living accommodations for up to four children. It consists of a two-story community house in a town in Co Meath. There are four individual bedrooms. On the first floor are three bedrooms, one with an ensuite and a shared bathroom. On the ground floor is one bedroom with an ensuite, a large living room, a kitchen /dining room, a plant room, and a staff office.

A staff team comprising a person in charge, a team leader, social care workers, a staff nurse, and direct support workers supports the residents twenty-four hours a day

**The following information outlines some additional data on this centre.**

|  |   |
|--|---|
| Number of residents on the date of inspection: | 2 |
|--|---|

## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date                   | Times of Inspection  | Inspector    | Role |
|------------------------|----------------------|--------------|------|
| Thursday 11 April 2024 | 09:00hrs to 16:15hrs | Eoin O'Byrne | Lead |

## What residents told us and what inspectors observed

The overall findings from the inspection were positive. This was the first inspection of this children's service. At the time of inspection, the service had been open for seven weeks, and two residents had moved in. Through observations and the review of information the inspector was assured that the person in charge and the staff team were developing relationships with the residents and seeking to put structures in place to best support each resident.

The inspector had the opportunity to interact with both residents. When the inspector arrived, the residents were relaxing in the living/dining area and interacting with staff members. There was a significant staff presence, and the environment was busy, but both residents appeared at ease and in good form. One resident was talking about spending time with family, and another was asking staff about school.

The person in charge showed the inspector around the house. The residents' home was a new build. It was spacious, designed to suit the residents, and clean and free from clutter. One of the residents had chosen not to decorate their room, and staff were helping the other identify how they wanted their room to look. Some works were required to the garden area, but the person in charge identified that a plan was in place to address them.

Later in the morning a resident introduced themselves to the inspector. They spoke to the inspector about their family, school, hobbies, and music they liked listening to. The resident showed the inspector around their home and spoke of liking it and the staff team.

The resident spoke to the inspector about the reasons they were living in the service and that they were working towards returning to their family home. The resident again spoke of their family. They were also collected by a family member during the course of the inspection.

The second resident communicated with the support of visual aids and planners. The resident did use some words to communicate. The inspector observed the residents to be comfortable in their environment and relaxed watching TV and listening to music. Through observations and the review of information, the inspector identified that some improvements were required regarding the staff team's knowledge of how to best communicate with the resident. This will be discussed in more detail later in the report.

The inspector spoke to the family members of both residents. The family members spoke positively regarding the service being provided to their loved ones. They spoke highly of the staff team and referenced how they were kept up-to-date with what was happening.

One of the residents was attending school four days per week. The resident spoke about being happy there and getting to see their friends. The resident's school placement had not changed despite the address change, and the staff team transported the resident to and from the school.

Due to travel distance, the second resident's school placement had ceased when they moved into their new home. There was evidence that the provider was sourcing a new school placement for the resident. The resident was engaging in daily activities. They enjoyed going on short outings and expressed that they wished to go on a train journey. There was evidence of social stories being prepared to support the resident with this. Discussions with the person in charge identified that a goal for the resident's placement was to support them to engage in everyday activities outside of their home.

There was a large staff presence, and both residents received two-to-one staffing support. The inspector spoke with all four staff members. The inspector found that they had the relevant qualifications and skills to support the residents. The staff members were observed to interact with the residents in a manner that respected and promoted their rights. One of the staff members spoke to the inspector about the Human Rights training they had received. They spoke of how the training had increased their awareness of the importance of visual aids and social stories for persons who could not communicate verbally.

In summary the inspection found that the provider and staff team were in the process of getting to know the residents and developing supports for them. The residents or their representatives informed the inspector that they were happy with the service and through observations and the review of records the inspector was assured that the residents were receiving safe and suitable care.

## 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 also reviewed the provider's arrangements regarding, staffing, staff training, admissions and directory of residents. The review of these areas found them to comply 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 resident.

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.

#### Regulation 14: Persons in charge

The provider ensured that the person in charge possessed the necessary experience and qualifications to fulfil the role. The inspector reviewed the person in charge's credentials and found that they were a qualified healthcare professional with additional qualifications in management. The person in charge demonstrated that they had a good understanding of the needs of the residents. They were present in the centre most days, and the inspector found through discussions and the review of audits that they had good oversight of practices and the care provided to the residents.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector reviewed rosters since the service opened in February. The review showed that the provider had maintained safe staffing levels. Both residents required round-the-clock support and supervision and received the necessary care. Four staff members were rostered each day, and at night, two staff members worked in the service. As noted earlier, the inspector spoke with all four staff members and covered topics during the discussions that will be discussed in more detail under the regulations sections. The interactions found that the staff members were knowledgeable.

The inspector reviewed the information of three staff members personnel files regarding schedule 2 of the regulations. The person in charge had ensured that they had obtained the relevant information to ensure that the staff members were suitable to work with the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider had developed a staff training matrix that captured the staff members' completed training. Following the appraisal of the matrix, the inspector was assured that the staff team had access to appropriate training as part of a continuous professional development programme. Staff members also completed training specific to the residents' needs, further enhancing the quality of care provided to the

residents.

For example, staff members had completed numerous training programmes:

- children's first training
- first aid
- fire safety
- infection prevention and control
- safe administration of medication
- human rights-based approach
- understanding autism
- manual handling
- restrictive practices
- assisted decision-making act
- human rights
- positive risk-taking
- epilepsy
- communication skills
- positive management of challenging behaviours

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had put a directory of residents in place as required under the regulations. The review of the directory showed that it had been updated to reflect the current residents living in the service.

Judgment: Compliant



## Regulation 23: Governance and management

A review of the provider's governance and management arrangements found them appropriate. They ensured that the service was safe, relevant to the resident's needs, consistent, and effectively monitored. There was a clearly defined management structure, led by the person in charge; and the team leaders and staff team supported them in their duties.

A schedule of audits was in place. The inspector reviewed this and found that the audits covered a wide range of topics. This ensured that the person in charge had appropriate oversight of the care and support being provided to the residents.

A governance review assessment had also been completed in recent weeks. The appraisal of the review showed that it had identified several areas that required attention. Action plans had been created following the review, and the inspector found that the actions had been promptly addressed.

In summary, the inspector found that the provider had developed systems to ensure that the service provided to the residents was safe and effectively monitored.

Judgment: Compliant

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

Both residents had recently transitioned into the service. The inspector reviewed the information regarding the resident's transition, which included multidisciplinary team meetings, assessments of needs, and transition plans. The information gave the reader an insight into how the residents and their families were successfully prepared for the transition. The residents and their families had visited the service before moving in, and there was evidence of information sharing between the provider residents' families and their school placements. As mentioned earlier, one of the residents informed the inspector that they were happy in their new home, and the other resident appeared comfortable.

Judgment: Compliant

## Quality and safety

The review of information and observations found that the residents were receiving a service tailored to their specific needs and provided in a way that respected their rights. The residents and the staff team were taking steps to identify the things

residents wanted to do, and plans were being implemented to support the residents in achieving them.

The provider ensured that the residents' health and social care needs were comprehensively assessed, and support plans were developed to guide staff members in providing positive outcomes. The inspection found that guidance documents were created to help staff support the residents in the best possible way.

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

In conclusion, the provider, person in charge, and staff team delivered a safe service that met each resident's needs. The residents appeared happy in their new surroundings and their overall daily activities.

### Regulation 10: Communication

The inspector met with both residents. One resident interacted using verbal communication, whereas the other used visual aids, social stories, and visual planners.

The inspector reviewed the aids used to support the non-verbal resident. It was found that a large volume of visual aids had come with the resident when moving into their new home. The inspector reviewed social stories developed by the staff team and found that they were focused on communicating routines with the resident. The inspector did note that there was a need to ensure that the wording used in the social stories was appropriate.

The inspector also found no evidence of the staff team being provided with guidance on how to best use the visual aids, daily planners, or social stories. This was identified to the person in charge. The inspector was later informed that a behaviour support team member would complete a training session with staff in the days following the inspection. However, this should have been completed with staff members before the resident's admission to ensure that the staff team could effectively communicate with the resident.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

Through the review of daily notes, care plans and discussions with a resident and resident representatives, the inspector was satisfied that the general welfare and

development of the residents was prioritised by the provider.

As discussed earlier, the staff team supported one of the residents in attending school, and the provider had begun to take steps to seek an educational placement for the second.

The review of daily notes showed that the residents were engaging in things they wanted to do. Both residents had regular family contact, and one spoke of meeting their friends.

The review of the information mentioned earlier, particularly daily notes, captured how staff members developed relationships with the residents. For example, one resident liked to stay up late. The staff team engaged with the resident about this in a caring manner and encouraged them to retire to bed at a reasonable hour without incidents escalating.

Judgment: Compliant

### Regulation 17: Premises

The residents' home was a new build and well presented. As discussed earlier, the person in charge and a resident showed the inspector around the house. The house had been adapted to suit the residents, and the inspector found it clean and free from clutter. There was adequate space for residents to receive visitors if they wished, and there were sufficient outdoor recreational facilities.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector found that there were appropriate systems regarding risk identification and risk management. They reviewed the risk register that had been developed for the service. This effectively captured social and environmental risks and the steps required to reduce risks for residents and those supporting them.

Individual risk assessments were developed for the residents, and an appraisal of these found them to be linked to the residents' care plans and behaviour support plans. The risks were clearly identified, along with the steps required to manage and reduce the risk. The control measures to manage the risks were reviewed and were found to be proportionate.

The inspector reviewed the records of adverse incidents and found that where incidents had occurred, the staff team followed support plans during the incidents which allayed the residents' anxieties and enabled them to re-engage in their

routines. The incidents had been reviewed, and where required, learning was identified to reduce the potential for re occurrence.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The review of information identified that the residents were prescribed medications. The inspector reviewed the practices relating to ordering, receiving, storing, disposing, and administering medicines. The inspector found that the systems were safe and well-managed.

A staff member showed the inspector where medication was stored, explained to the inspector how one of the residents liked to take their medication, and gave a detailed answer regarding the safe administration of medication.

The inspector also appraised medication profiles and medication care plans that had been created. They gave information regarding residents' information and how residents liked to receive their medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The review of information found that the provider and the person in charge had ensured that comprehensive assessments of the residents and their needs had been completed. Following the assessment process, care plans were developed, and the inspector studied these and found that they gave the reader an insight into how to care for and support the residents in a person-centred manner.

The review of daily notes and adverse incidents identified that staff members were following the guidance in the care plans when supporting the residents, which led to positive outcomes for them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that the residents had access to behaviour support specialists. A behaviour support plan had been developed for one resident, and there was evidence of steps being taken to devise a support plan for the second resident. The inspector studied the behaviour support plan that had recently been

finalised. They found the plan to be thorough, focused on understanding why the resident may present with challenging behaviours and gave detailed guidance on how to support and care for the resident during challenging incidents.

As noted earlier, the staff team received training in managing challenging behaviours. The inspector spoke to a staff member about how they would support a resident during difficult periods. The staff member responded appropriately and referenced information from the guidance documents.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector reviewed the daily notes for both residents for the previous three weeks. The review showed that the residents were being encouraged to identify things they wanted to do and engage in them when appropriate.

The staff team had been provided with training focused on human rights, and the inspector observed staff interact with residents respectfully. Regular key working sessions were being held, and the inspector reviewed those completed over the previous four weeks. One of the residents had identified that they wanted to bake. As noted earlier, the other resident had stated that they wanted to complete a train journey. The staff team were taking steps to help the residents achieve their goals.

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 14: Persons in charge                                     | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                        | Compliant               |
| Regulation 19: Directory of residents                                | Compliant               |
| Regulation 23: Governance and management                             | Compliant               |
| Regulation 24: Admissions and contract for the provision of services | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication   | Substantially compliant |
| Regulation 13: General welfare and development                       | Compliant               |
| Regulation 17: Premises  | Compliant               |
| Regulation 26: Risk management procedures                            | Compliant               |
| Regulation 29: Medicines and pharmaceutical services                 | Compliant               |
| Regulation 5: Individual assessment and personal plan                | Compliant               |
| Regulation 7: Positive behavioural support                           | Compliant               |
| Regulation 9: Residents' rights                                      | Compliant               |

# Compliance Plan for The Sparrow OSV-0008731

Inspection ID: MON-0042975

Date of inspection: 11/04/2024

## 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 10: Communication  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 10: Communication: Social stories and other picture visuals are used with the resident to communicate effectively. The tools used have been developed using familiar visuals from their respite and school placements. These visuals have proven very effective, however, further training has been provided to the staff team in the use of these communication methods.</p> <p>SLT input has also been requested to augment this training. A referral has been sent for this resident for a full communication assessment from SLT to review the current methods of communication and ensure that this is the most effective for the resident.</p> <p>The Positive Behavior Support Plan in place outlines effective communication strategies that can be used with the residents to effectively communicate. The behaviour specialist has also provided the staff team various strategies that can be used to aid communication.</p> <p>The wording of social stories has been reviewed with the team and any wording that is unproductive to the task at hand has been replaced with positive and optimistic words. Any further development of social stories will be reviewed by the PIC prior to use with the resident.</p> <p>The PIC will discuss communication at every team meeting going forward to ensure that all staff are familiar with the tools in place and comfortable with implementing same.</p> <p>Skills teaching will be discussed at supervisions with direct support workers, team leads and staff nurses to ensure their understanding of the importance of communicating effectively and positively with the residents at all times.</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 10(2) | The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan. | Substantially Compliant | Yellow      | 31/05/2024               |