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## The Hamlet, OSV-0008092, 10 November 2021

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'The Hamlet, OSV-0008092, 10 November 2021', [report], Health Information and Quality Authority, 2022-02-08, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-06-11 19:18:22
Link to Item	<a href="https://hdl.handle.net/20.500.14765/106834">https://hdl.handle.net/20.500.14765/106834</a>



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

## Issued by the Chief Inspector

Name of designated centre:	The Hamlet
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0008092
Fieldwork ID:	MON-0034734

## About the designated centre

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

The Hamlet provides a residential respite service for up to five male and female children between the ages of 4 and 18 years, who have an intellectual disability, autism, or acquired brain injury, who may also have mental health difficulties or behaviours of concern. The objective of the service is to provide a therapeutic home environment. It is a social care led service staff by direct support workers, with nursing staff available on site. The designated centre consists of a two-story house detached at the outskirts of a large town in north County Dublin, and each service user has use of a single-occupancy bedroom, multiple communal areas and garden spaces.

**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 10 November 2021	11:15hrs to 17:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector found that residents enjoyed their time in the house and were supported by a friendly, supportive and adaptable team of staff.

The inspector briefly met some of the service users, as well as discussing their support with family and keyworkers present on the day. Service users who had stayed overnight were supported to go to school or other services during the day. Later in the afternoon and evening different service users attended the service to stay that night. Between each group being accommodated, the staff tidied the house and made sure that bedrooms were decorated appropriate to who would be staying in the room, including using age-appropriate decoration and including favourite items such as blankets and other comfort items from home.

The inspector heard positive commentary from service users and their representatives, who spoke highly of the support from the staff team, the house and its convenient location. Family members commented that the management was very good at keeping them informed of how the children's time in the service went. The inspector found examples of how the provider had engaged with family members to make them aware of any incidents or risks in the service.

The service was resourced with a staff team which could provide a minimum of 1:1 ratio of staff to residents, a large premises and two cars. This allowed the service users to pursue their own routine and interests without them being interrupted by that of their peers. The house had multiple living rooms, sensory play areas, gardens and yards to provide a personalised stay for the service users. Bedrooms were large and personalised, with appropriate toilet and shower facilities, including those suitable to accommodate people with mobility support needs.

Residents were supported to spend their time in the house however they wished with a suitable level and presence of support staff to supervise or directly provide support in accordance with the residents' wishes and assessed needs. Staff were knowledgeable of residents' family and school experiences, communication styles, meal preferences and personal development goals. Residents had key working staff who had worked with them to develop communication tools and stories to support them to understand their assessed needs, to protect themselves from harm, and understand changes in their life and routine. The inspector found the staff team to be adaptable to a differing range of ages in the service. This included those supporting teenagers to work on their school homework and skills for adulthood, and at other times of the day, encouraging younger children to work on their art, letters and numbers, and using computer tablets for educational programmes.

The inspector observed residents to be relaxed, enjoying their time in the service and chatting with staff. This included listening and dancing to music, watching cartoons, using their computer, going for drives with staff, and spending time alone

in their bedroom.

Information was available in a suitable manner for residents on how to plan their day and week, advise them which staff were working that day, how to make a complaint, or to whom they could speak if they felt unsafe. Residents commented that they felt comfortable telling the staff if something was upsetting them.

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

This designated centre was first registered in September 2021 and this was the service's first inspection. The inspector found that this was a good centre which operated a person-centred approach to support delivery of children and teenagers. The provider had appropriate structures in place to provide effective oversight and management of the service, and to support and supervise the staff team of this new service.

The provider had assessed the required staffing needs for the service and at the time of inspection, was recruiting for two whole time equivalent posts for direct support workers as well as recruiting to permanently fill a team leader post. Until these posts were filled, the provider had use of a large panel or relief personnel, though in sample of rosters reviewed, the provider had secured the same two to three people to consistently fill these posts. All required documents for a sample of personnel were present, including work references, proof of identification, and clearance by An Garda Síochána.

The inspector reviewed a sample of records on how staff were inducted, trained and subject to probation in their respective roles. Staff had completed their mandatory training, been involved in a fire drill, and been introduced to the procedures and practices of the service prior to commencing their role. The inspector found good examples of how feedback from colleagues, service users and families had contributed to probationary review decisions as well as performance indicators and delivery of support objectives. For staff who had completed their probation period, a calendar of supervision meetings was set out to discuss competencies and opportunities for career development.

There was a clear structure of management and reporting so that the provider could have effective oversight of the centre's operations. The inspector reviewed minutes of meetings between local management and provider-level directors in which the provider was made aware of incidents and risks in the service. The inspector found good examples of where incidents, accidents and allegations regarding both service users and staff were used as opportunities for the team to learn and develop going

forward.

The provider had suitable contingency arrangements for responding to risks related to the COVID-19 pandemic, taking into account the risks associated with the turnover of people in a short-stay service, including deputation arrangements for absent managers, cover for staff absences, contact tracing systems, and keeping staff, service users and visitors safe during suspected and actual cases of COVID-19.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced for the post and worked full-time in this role.

Judgment: Compliant

#### Regulation 15: Staffing

The designated centre was resourced with a knowledgeable and supportive team of staff, and the provider had secured regular relief personnel to provide consistency and continuity of support while recruitment was in progress to fill the remaining posts.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were appropriately supported to enhance their competencies and raise concerns, through robust induction, probation, supervision, team meeting structures. Staff were trained in the skills required to safely provide support for the residents' assessed needs.

Judgment: Compliant

#### Regulation 22: Insurance

The provider had the required insurance policies in effect for property and public liability associated with the service.

Judgment: Compliant

### Regulation 23: Governance and management

Appropriate oversight and reporting structures were in effect to ensure the provider was aware of adverse events and risks in the service, and were prepared to respond appropriately to risks related to staffing resources, infection control, quality of support and safeguarding of residents.

Judgment: Compliant

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

The provider had supported children to be introduced to the service in line with their admissions procedures, and a signed agreement between the child's parents/representatives and the service provider outlined the terms and conditions of accommodation.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had composed a statement of purpose which outlined the services and facilities provided in this designated centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had notified the chief inspector of adverse events and incidents within the required time frames.

Judgment: Compliant

## Quality and safety

The inspector found that residents were being supported with their social, healthcare and educational support needs during their time in this house. While some minor quality improvement was required related to medicine management and infection control practices, the provider was ensuring that support was delivered in a space which was safe and suitable for the number and age profile of the service users.

The provider had conducted pre-admission assessments to ensure that the service was suitable for the residents' needs and that the centre staff had any required specialist training to deliver their supports. The provider supported the residents and their representatives to visit the centre to be introduced to the house and staff and to arrange routines around school and other support and community services.

The inspector reviewed a sample of service users' support plans. The inspector found good examples of how pictures and simple language descriptions were used to explain and discuss support arrangements in a manner which was suitable to the service users' respective ages and level of understanding. Keyworkers planned out goals to work towards while in the service, including enhancing social skills, making friends, developing personal relationships, preparing for adulthood, and learning to manage a healthy diet and personal hygiene routine. The staff spoken with were familiar with what each child was working on in school and how they could support them with ongoing learning, including maths, literacy, social knowledge and personal health and safety.

The premises was safe and suitable in its design and decoration for children of all ages. There were multiple large living rooms as well as smaller rooms for quiet space or messy play. All bedrooms were of a suitable size, with exclusive bathroom use and sufficient space to store clothes and belongings. There were multiple safe, secure and private outdoor spaces including patio yards, gardens and a large trampoline. There was no unnecessary locking of internal rooms.

The premises was suitably equipped in the event of fire. All internal doors were constructed to contain and seal in fire and smoke, and were equipped with device to keep doors open by choice without compromising their ability to self-close. All escape routes were equipped with emergency lighting and running man signage to support a safe exit, and none of the secure doors or gates required keys to open in an emergency. The assembly point was clearly labelled and at a safe distance from the house. The provider had conducted a high number of practice evacuation drills in the weeks since opening, to ensure that all staff members and most new service users had the opportunity to be involved in at least one drill to be assured that there was no delays. All equipment including the addressable fire detection system and fire fighting equipment was kept under routine service and inspection.

The premises was clean, and bathroom and kitchen spaces were designed with easy-clean surfaces and features. As not all areas of the house were used full-time, weekly flushing of seldom used water outlets and shower heads was carried out to avoid infection risks due to stagnant water. The provider had identified areas which

required attention to their maintenance team to ensure effective sanitisation, such as covering exposed pipes and unfinished walls. Staff all followed correct use of personal protective equipment, and had sufficient stock of aprons, visors and gloves for use in the event an outbreak. The provider had undergone an infection control audit just prior to this inspection, in which the provider was advised of areas requiring improvement to further enhance practices, such as having hand gel dispensers mounted to walls rather than in loose bottles. The inspector also identified minor areas in which infection control standards could be improved, including appropriate storage and separation of dirty and clean mops and brooms. Of the ten staff recruited to this service, between four and six people had yet to complete courses in infection prevention and control, effective hand hygiene, and donning and doffing of personal protective equipment.

The dose, purpose, route and frequency of medications prescribed to the children was clearly set out and signed off by the prescribing doctor. Administration records were signed off and complete, and the inspector found examples of where medication errors were reviewed by management. The centre had separate storage for each resident who attended the service, including double locked storage and count sheets for medication which is subject to additional security checks. Of the sample of residents' medicines reviewed, some improvement was required so that the provider could be assured that all prescribed medication was readily available, particularly PRN medicines (medication which is administered only when it is required rather than taken regularly).

The inspector reviewed a sample of incidents in which safeguarding risks or allegations had arisen for various reasons. The provider had reminded staff on how to identify and report suspected, alleged or actual instances of resident abuse or misconduct. The inspector reviewed how the provider responded to allegations in a prompt manner and conducted investigations to gather the full facts and keep the people involved safe until the matter was concluded. Where incidents had occurred, the inspector found examples of where staff had discussed them with the resident affected to reassure them going forward.

### Regulation 13: General welfare and development

Support structures were in place to ensure that staff in this house could continue with education, social, life skills and personal development goals which the resident was working on at home or in school.

Judgment: Compliant

### Regulation 17: Premises

The premises was spacious and suitable for the number and needs of residents, including suitable private, communal and external spaces, and accessible features were required.

Judgment: Compliant

### Regulation 18: Food and nutrition

There was sufficient food and snacks available in the house. Where residents had dietary requirements, allergies, or preferences for how they eat their meals, this was clearly explained to staff.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had composed a guide for children using the service which included all information required under the regulations, and this was available in a format which was accessible and easy to read.

Judgment: Compliant

### Regulation 27: Protection against infection

Overall the provider had arrangements to keep the residents, staff and house safe from risks related to COVID-19 and other infections. Some improvements were required to enhance standards of practices related to use of equipment, and in staff attendance at infection control training sessions.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The premises was suitably equipped and designed to detect, contain and extinguish fire and smoke, and evacuation routes were clear and unobstructed. Staff and residents were supported to attend at least one practice evacuation drill when they joined the service.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

In the sample reviewed, some PRN (administered as required) medicines were not readily available in the centre stock.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider had ensured that person-centred support plans were in place all residents, which were developed through comprehensive review including relevant input from previous settings, the resident, their family and other representatives, their school, and the multidisciplinary team.

Judgment: Compliant

### Regulation 8: Protection

The provider had conducted prompt investigations into alleged or suspected abuse or misconduct incidents and taken appropriate action to come to a conclusion and keep service users safe. Residents were supported to protect themselves, and talk to staff if they were upset or anxious.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Hamlet OSV-0008092

Inspection ID: MON-0034734

Date of inspection: 10/11/2021

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The person in charge has now implemented an IPC training tracker in the centre. In line with current public health advice, this tracker has identified the core training required by all staff in the centre. All staff have been advised of any outstanding training and are required to have this training completed by 10/12/2021. Following this all staff training will then be reviewed to ensure full compliance. Individual staff training records will be sent to the training and development department and recorded on the organization's training database.</p> <p>A staff meeting was held on the 02/12/2021 to advise staff of the required IPC training and to cascade learning from this inspection and the recent IPC audit.</p> <p>Maintenance requests have been reviewed and new wall tidies, which ensure the separation of clean and dirty equipment, have been erected in the utility room.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Two nurses have been employed in The Hamlet since the 1st of November 2021. These nurses are now reviewing each child's Kardex and medication folder. Staff will contact parents in advance of respite to ensure that there have been no changes to their medication prior to admission. On the admission of each child, checks will be completed</p>	

on all medication, to ensure that all required medication is present, including all “as required medication”.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	10/12/2021
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Substantially Compliant	Yellow	06/12/2021

	of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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