

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

Issued by the Chief Inspector

Name of designated centre:	Kare DC14
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	14 May 2024
Centre ID:	OSV-0001989
Fieldwork ID:	MON-0034273

About the designated centre

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

The designated centre provides full time residential services to five adults over the age of eighteen years with an intellectual disability. The centre is a two-storey house situated on the outskirts of a large town in Co. Kildare. The property consists of a detached house which is split into two sections, one section can accommodate three residents and the other is a single-occupancy apartment. There is a second apartment which is adjacent to the main house that can accommodate one resident. One section of the main house contains a lounge area, a kitchen, a utility room, bathroom, an office and one bedroom. The other section of the house contains a living room, a kitchen and four bedrooms, two of which are en-suite. Both sections are divided by a code-locked door. The apartment contains a kitchen and living area and a bedroom with an en-suite shower room. To the back of the house there is a garden which contains a decking area. Residents are supported by social care staff during the day and overnight.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 May 2024	09:00hrs to 17:00hrs	Karen Leen	Lead
Tuesday 14 May 2024	09:00hrs to 17:00hrs	Carmel Glynn	Support

What residents told us and what inspectors observed

This inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The provider KARE, Promoting Inclusion for People with Intellectual Disabilities operates 20 designated centres and has demonstrated a good regulatory history. Inspectors of Social Services completed inspections in nine designated centres over two days, including visiting the provider's head office to discuss oversight and progress with quality improvement initiatives with members of senior management. Overall the inspections found high levels of compliance with the regulations, and effective governance and oversight systems which were identifying and acting upon issues in response to the needs of residents. In this centre, the inspector also found good levels of compliance with improvements required in relation to the systems in place to ensure that the Chief Inspector of Social Services is notified of certain events in line with regulatory requirements and to ensure the implementation national and provider safeguarding policy.

The designated is a large two storey house in a residential estate, it comprises of a main house with three bedrooms (one ensuite), living room, kitchen and dining room, bathroom and two single occupancy apartments equipped with bedroom, bathrooms, kitchen and living room areas. Residents also had access to a garden which was accessible from all area's of the designated centre. The designated centre also had an arts and crafts room for residents to enjoy areas of interest. The garden was equipped with a BBQ and some furnishings, however the provider had identified that some work was required to the wooden decking placed to the back of the house. The provider had a plan in place for the completion of this work. Residents also had a small vegetable garden which they maintained throughout the year. The centre had access to transport Monday to Friday from 5pm until 9am each morning and full access over the weekends. The provider also had a system in place which allowed the centre to book a bus from across the service if required. However, inspectors found that this system was not always available to meet the transport needs of residents. The designated centre was located near a large town and there was regular access to public bus and transport links to support residents in their social activities and to attend their areas of employment.

The centre was decorated in line with each residents tastes, the centre was found to be clean and tidy with a schedule in place to ensure that the house was maintained to a high standard. The centre was decorated with pictures of family and friends and pottery completed by residents. The inspectors observed a number of art pieces completed by residents which made up the decor of the designated centre such as small straw roof cottages.

There was five residents living in the designated centre on the day of the inspection, the inspectors had the opportunity to speak to all residents during the course of the inspection. In addition, all five residents completed the questionnaires in relation to support in the centre prior to the inspection. The information in these questionnaires

presented that residents were happy in their home, that they felt supported by staff and the person in charge to make decision and to freely access their home and local community.

From what residents told us and from what inspectors observed, it was clear that residents were enjoying a good quality of life and that the care and support provided to the residents was person-centred. Residents were treated with dignity and respect. The provider and person in charge were endeavouring to promote an environment where each of the residents' needs and wishes were considered and taken into account. The inspectors identified a range of training including human rights training and training from external organisations in place in the centre in order to further enhance each residents experience in the house and promote each individuals lifestyle choice which promoted inclusion and access.

One resident showed the inspectors around their apartment within the designated centre. The resident spoke to the inspector about an up coming holiday they had planned with friends from their fitness class. This holiday had turned into an annual event and was something the resident looked forward to each year. The resident told the inspectors that they loved their home and were always planning new activities. The resident had recently started working in a local coffee shop and was very excited about how their first day had gone.

The inspectors met one resident on their way to use the local library. The resident told the inspectors that it was such a lovely day they had planned to walk to the library. The resident told the inspectors that they liked living in the designated centre and that they would not change anything about their home. Inspectors could observe staff discussing with the resident the need for sun cream and hat due to the warm weather and to contact the house for a lift home if required. The resident assured staff they had their mobile phone and would call if they needed anything.

One resident spoke to inspectors on their return to the designated centre from work. The resident told the inspectors that they work in a local factory for almost 25 years. The resident told the inspectors that they like their job but that it can be extremely busy, however they enjoy the work and the people that they work with. The resident told the inspectors that in their spare time they like to meet friends and go out for dinner, cinema and holidays.

One resident spoke to one inspector about their interest in painting artwork and how they had made a number of art pieces for family, friends and local day services. The resident showed the inspector the art and craft room that had been put in place for them to use. The art room was filled with completed art work and supplies.

In summary, the findings of this inspection were that the residents appeared happy and content in the designated centre and that they were supported by staff to make independent choices and when required additional support was provided through advocates and staff training.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in the centre, and how

these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with strong local governance and management supports in place. The inspector found that each resident was at the forefront of their service with their views and wishes driving the direction of their service.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team and service manager, who were knowledgeable about the support needs of the residents, and this was demonstrated through good-quality safe care and support. The person in charge and operations manager met frequently, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents, and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. A six-monthly unannounced review of the centre had taken place with the inspectors finding the audit to be detailed and with actions highlighted within the centres quality enhancement plan. However, the inspectors found that greater access was required in relation to the centres transport. The designated centre had access to this transport at weekends and weekdays in the evening from 5pm to 9am the following morning. The inspectors identified that at times outside of the designated hours residents did not have freely available access to transport and relied on taxi service or public bus.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. The person in charge provided support and formal supervision to staff working in the centre. The inspectors found that staff had completed training in human rights and had sought external guidance from advocacy groups to participate in resident and staff meetings to assist residents in upholding and promoting their individual life choices.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

The inspectors found a number of occasions where a notification of an incident had not been reported appropriately in line with the regulations to the Chief inspector.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a full and complete application to support the renewal of the centre's certificate of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge was responsible for the management of one other services, in addition to the designated centre, and the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff members employed in the centre to meet the assessed needs of residents. The resident group were observed to receive assistance, care and support in a respectful, timely and safe manner. There was

good continuity of care and support being provided to residents.

A review of staff files was completed the day before this inspection in the provider's head office. They were found to contain the information and documents specified in schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all mandatory training was complete and up to date for all staff. This included training in safeguarding and protection and the safe administration of medication. In addition, all staff had completed human rights training and the inspectors observed a number of practices in place that promoted the rights of each resident in the designated centre.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre. The inspector reviewed a sample of supervision notes and found them to be in-depth and promoted the personal and professional development of staff.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure which was detailed in the provider's statement of purpose. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities. The provider had systems for oversight and monitoring including a number of audits, six-monthly

reviews and an annual review. The inspectors found the six monthly review of the centre to identify areas of improvement and were equipped with a SMART action plan for completion of outstanding work.

However, as previously discussed the centre did not have access to full time transport. The vehicle attached to the designated centre was shared with another service within the provider. The designated centre had access to this transport at weekends and weekdays in the evening from 5pm to 9am the following morning. The inspectors identified that at times outside of the designated hours residents did not have freely available access to transport and relied on taxi service or public bus. The inspectors did identify a local agreement in place with residents for the use of taxi services for the most part which was covered by the provider.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated, and was located in an accessible place in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were not reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had developed a complaints policy which was available and reviewed in the centre. The complaints procedures were also outlined in the statement of purpose and there was an a easy-to-read document on managing complaints available and on display in the centre. There was a nominated complaints officer

and their picture was available in the easy-to-read document.

The inspectors noted that there was a complaints log in place in the designated centre and this was regularly reviewed by the person in charge and escalated where required to the provider.

Judgment: Compliant

Regulation 4: Written policies and procedures

An inspector reviewed the Schedule 5 policies and found that the 21 required policies were available. They had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Overall it was found that the centre had the resources and facilities to meet residents' needs, however the inspectors found that some improvement was required in order to ensure that all safeguarding concerns in the centre were reported in line with national and the providers policy.

The provider had ensured that a comprehensive assessment of need had been carried out for all residents, and this assessment was updated at regular planned intervals. There were detailed and person centred support plans in place for all identified assessed needs. The inspectors found that residents took a lead role in the development of their personal plans, and that all plans were available to residents in an accessible format.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The inspectors found that the person in charge was promoting a restraint free environment. In addition, staff had also completed training in positive behaviour

support to ensure they were skilled and knowledgeable in how to respond to behaviours of concern and implement behaviour support recommendations and plans.

A review of safeguarding arrangements in the centre found that residents were protected from the risk of abuse. Staff had received appropriate training and were aware of supports in place to promote residents in their home. However, the inspectors found gaps in the procedures in place for the management of safeguarding concerns. For example, the provider had not completed all reporting steps as outlined in both national policy and the providers policy when responding to an identified safeguarding concern for a resident. The provider had put immediate control measure in place to ensure residents safety within the centre and their local community, however not all steps were followed when reporting a safeguarding concern.

There were systems in place to promote the rights of the residents and to ensure their individual choices were respected. Residents participated in regular meetings which the inspectors found to be educational, informative and supportive of each individuals autonomy and rights. The inspectors found that each resident in the centre was at the forefront of their care and were driving the delivery of the service they required through a supportive staff team.

The premises was found to be designed and laid out in a manner which met residents' needs. There were adequate private and communal spaces and residents had their own bedrooms, which were decorated to their tastes. The centre was equipped with a back garden and a small area finished with decking for residents to have BBQ's.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The inspector found that risk was well managed. All identified risks were subject to a risk assessment, with control measures in place to support residents and minimise risks to their safety or well being. Risk control measures were found to be proportionate, and supported residents to safely take positive risks.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preference.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. The inspector found that residents had detailed accessible information available to them in relation

to their home and services available. The registered provider had ensured that residents had access to media sources and technology. Residents had televisions, tablets, and mobile devices, and there was Wi-Fi available in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property and received support to manage their finances in accordance with their abilities and preferences. The inspectors reviewed a sample of financial records where residents received support from staff to manage their finances. Each resident had their own bank account and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

The provider and person in charge had ensured that all residents had access to their personal items. Their artwork and personal mementos were displayed throughout their home which presented as individual to those who lived there.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities with residents participating in a number of educational opportunities and also participating in advocacy committees and research groups through various third level colleges. Residents were encouraged to maintain relationships with their families and friends.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which were decorated to their individual style and preference. Residents had access to facilities which were maintained in good working order.

The person in charge and the provider had a schedule of works in place for the completion of minor maintenance works within the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies. There was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. The provider also had risk management assessments in place to assist in addressing any known or potential safety concerns. These risk assessments were found to be robust in nature and they were reviewed on a regular basis.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had committed to a programme of works in relation to enhance the fire containment measures in this centre which has been completed. There were adequate fire management systems in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. The provider was also in the process of commissioning a fire assessment report for all properties, including this designated centre.

The centre was completing required fire checks on all fire equipment in the centre and inspectors reviewed evidence that all staff had training in fire training and had participated in fire drills within the designated centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and procedures in place for the ordering, administration, storage and disposal of medications. The person in charge had completed a risk assessment and assessment of capacity for each resident. This was reviewed regularly with residents in line with their preferences. Medication audits were being completed as per the providers policy and any recommendations or findings from audits were a topic discussed within staff meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need and personal plan in place. From the sample reviewed, residents' assessments clearly identified their care and support needs. Assessments and plans were regularly reviewed and updated with any changes in need. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness. Multidisciplinary professionals were involved as appropriate in developing support plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Behaviour support plans were available for those residents who required them and were up-to-date and written in a person centred manner.

Judgment: Compliant

Regulation 8: Protection

Improvements were required to the area of protection in the designated centre. The inspectors found that not all safeguarding concerns had been completed in line with the providers policy. The inspectors found that the provider had systems in place to ensure that residents were safe and were implementing measures to reduce the occurrence of safeguarding incidents in the designated centre. However, the inspectors found that not all steps of the national and the providers policy had been implemented in relation to reporting incidents of allegations of abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff and there was evidence that residents were supported to choose their daily routines and engage in activities they liked and enjoyed. Residents had access to advocacy services if required, and were listened to with care and respect by staff.

Residents were consulted with about decisions that impacted them and were involved in their personal plans and goals. For example, the person in charge and staff team had acquired the assistance of an outside organisation to complete training and information session with residents in relation to their overall wellbeing and advocating for their rights in the decision making process.

Residents were also involved in the running of their home and participated in resident house meetings. The inspectors found these meetings to cover a wide range of topics and provided detailed information to and from residents in relation to their centre, the provider and their local community.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kare DC14 OSV-0001989

Inspection ID: MON-0034273

Date of inspection: 14/05/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1. Kare owned transport</p> <p>The house has use of a 7-seater bus every afternoon / overnight from 3.30pm Monday to Friday, all weekend, bank holidays and Local Service close downs. The current bus they use no longer meets the needs of the service user. A new bus from the fleet was provided for use by the house as and from the 19th of June 2024 to trial for suitability. This will be trialed for a two week period and another option created if required after this point.</p> <p>Bookable buses are available for booking in advance by the leader in this location. They are generally used for appointments and holidays.</p> <p>2. Public Transport</p> <p>Two of the service users living in this location could possibly utilise public transport. This is currently under review and will be discussed at the next staff team meeting on the 9th of July 2024. The actions arising from it may include supporting individuals with Travel training if required.</p> <p>3. Staff owned cars</p> <p>Generally the staff in this location are indemnified to use their own vehicles to provide access to activities. The budget for mileage for 2025 will be created to ensure it covers a more accurate use of the vehicles. This will be completed by the end of October 2023.</p> <p>Kare are developing a new service agreement which will ensure that the fees payable are clarified for each individual, including taxi costs. This will be completed as a bespoke document for each individual residing here by the end of September 2024.</p>	

Kare Transport Policy will be reviewed and updated if required by the end of 2024.	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The leader and Operations manager met to agree how to manage notification of incident on the 15th of May 2024 and agreed the following steps:</p> <p>If Social Care Leader is absent from work, the Operational Manager will be contactable for the designated centre as per the Statement of purpose.</p> <p>Prior to leave, the leader will log on to CID and delegate her signings to the Operations manager for the set period she will not be in work.</p> <p>The Operations manager will link with the staff in both houses on a regular basis during the relevant time period, along with reviewing contact notes daily for all individuals. The operations manager will then be responsible for any CID and HIQA notifications that arise in that set period.</p> <p>This is in place as and from the 15th of May 2024.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Designated officer in Kare has attended the staff team meeting in this location to discuss the importance of reporting and to run through Kare safeguarding policy ensure staff had an opportunity to ask questions and seek clarity. This was completed on the 17th of April 2024.</p> <p>The Operations manager and leader have identified learning from this as part of their 1-1 discussions on the 15th of May 2024. The learning will be discussed at the staff team meeting also.</p> <p>At the next staff team meeting, the team will review the policy and procedure again with the leader on the 9th of July 2024.</p> <p>The Gardai were notified on an incident retrospectively on the 15th of May 2024 by the leader on behalf of a resident in this location. The Gardai would not take a statement from a staff member and the resident choose not to pursue making a statement.</p> <p>The HSE Safeguarding and protection team closed this case on the 29th of March 2024.</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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2024
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Yellow	15/05/2024
Regulation 31(3)(f)	The person in charge shall ensure that a written report is provided to the	Not Compliant	Yellow	15/05/2024

	chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any other adverse incident the chief inspector may prescribe.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	09/07/2024