



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

## Issued by the Chief Inspector

|                            |   |
|----------------------------|---|
| Name of designated centre: | Mansfield   |
| Name of provider:          | KARE, Promoting Inclusion for People with Intellectual Disabilities |
| Address of centre:         | Kildare   |
| Type of inspection:        | Unannounced   |
| Date of inspection:        | 24 August 2023  |
| Centre ID:                 | OSV-0005750   |
| Fieldwork ID:              | MON-0036233   |

## About the designated centre

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

Mansfield is a detached bungalow located near a town in Co. Kildare in close distance to local amenities. Each person residing in the home has their own private bedroom with en-suite bathroom. Mansfield provides a home to a maximum of three male and female adults with in intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in the house. Residents are supported by social care workers and assistants.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 3 |
|--|---|

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 24<br>August 2023 | 11:00hrs to<br>17:30hrs | Karen Leen | Lead |

## What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations. The centre is home to three residents and the inspector had the opportunity to meet with each resident and observe interactions in their home during the course of the inspection. The inspector used these observations, in addition to a review of documentation, and conversations with support staff to form judgments on the residents' quality of life. The inspection was facilitated by the person in charge and support staff. The inspection found high levels of compliance with the regulations.

The centre is located in a housing estate in Co. Kildare. The premises is a one storey bungalow and consists of three bedrooms each one equipped with an en-suite, staff office, kitchen with a dining area and living room. The centre has a garden area to the front and the back of the premises, with the back garden furnished with a table, chairs and a BBQ area for residents to avail of in the summer months. The centre was located close to many services and amenities. The centre has access to a bus at the weekends and during the week should access be required, the centre is close to transport links which residents informed the inspector that they like to avail of during the week to attend work and social outings. The inspector observed that the centre was clean and tidy. The interior of the centre was designed in line with residents personal tastes and had been adapted to fully meet the needs of each resident with accessible fittings placed in the kitchen, living room and bedrooms. The inspector observed that the centre was clean and tidy.

On arrival to the centre one resident was away on an overnight visit attending a concert with family, other residents were making plans for the day. During the course of the inspection, the inspector had the opportunity to meet with all three residents. All residents spoken to informed the inspector that they were happy living in the centre and that they felt supported by the staff and the person in charge. All residents told the inspector that they knew how to raise concerns if they needed to and who they should address concerns to. There was evidence that residents were encouraged to avail of the National Advocacy Service to assist them with complaints both in the centre and in the local community should they require the support of such services.

One resident told the inspector that they had a very active role within their home and that they enjoyed ensuring that their house was well maintained. During the inspection the inspector observed the resident cutting the grass in the garden and completing household tasks in the kitchen. The resident also told the inspector that they enjoy taking part in a number of activities outside of the centre including visiting the library each afternoon, swimming at least four times a week and going out for lunches and dinners in the local community. The resident told the inspector that they had recently decided to retire from work and were enjoying finding

activities in the centre and local community to keep busy.

The inspector spoke to one resident who was on their way to an appointment in the main town using public transport. The resident told the inspector that they were happy in the centre and that they had a very active social life. Staff informed the inspector that the resident was in the process of setting up their own creative design business and were very busy as the business was still in the early stages. Staff informed the inspector that the resident was an artist and the business would be to promote and sell their art design. As part of an on going goal the business plan was developed with the resident having a table at the local crafts fair and was currently waiting the delivery of business cards.

The inspector had the opportunity to speak to one resident on return from an overnight stay and a concert with family. The resident told the inspector about the concert and their plan to go to another one with family before the end of the year. The resident told the inspector that the staff in the centre had accompanied them to many concerts and that they had a plan to attend the Christmas markets and enjoy an overnight stay with residents from the centre and staff. The resident discussed that they worked a number of mornings each week in the local community and that they greatly enjoyed this. The resident told the inspector that after work and in the evening time they enjoyed a number of activities such as cinema, lunches and dinners in the community, meeting friends and family and attending concerts and shows as music was a great passion.

The inspector found that the person in charge and staff team were knowledgeable of the assessed needs of residents and were striving to meet nation standards in areas such as individualised supports and care and decision-making in accordance with residents' abilities and preferences. The inspector found that staff had completed training in human rights and were actively implementing this training into their everyday practices. For example staff had assisted one resident to promote their wish to enter paid employment. Staff had assisted the resident to complete a Curriculum Vitae (CV) and attend interview style workshop. The resident was successful within the employment process a goal that was built upon with staff support. The resident was then supported by staff when they made the decision to retire from their workplace with adequate supports and activities in place in the centre to ensure that the resident had access to meaningful activities both in the centre and local community.

The next two sections of this report will 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 provided.

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the

regulations. The inspector found that this designated centre met and exceeded the requirements of the regulations in many areas of service provision.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently monitored. The person in charge had implemented strong governance and management systems to support the delivery of an effective service. The centre was found to be well resourced and care and support was being delivered in a person-centred manner. There was a clearly defined management structure in place. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for an additional service, the inspector found that governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfill their professional responsibilities.

The inspector found evidence of supervision meetings between the person in charge and the PPIM, at these meetings the governance systems in the centre and concerns as they arise in the centre were discussed and actions placed. The person in charge had completed supervision meetings with staff team and had a schedule of supervision in place for the remainder of the year. The inspector reviewed a sample of supervision records and found them to be detailed and of good quality promoting each staff member within the team. Furthermore, staff spoken to on the day of inspection told the inspector that they felt supported in their role within the centre and that the appointment of the current person in charge had lead to further support for both residents and staff.

The provider had systems in place to review the quality of services such as bi-annual, unannounced visits and an annual review of the quality and safety of care within the centre. The annual review clearly set out how the views of residents, family members and staff were captured in order to inform goal setting. A time bound action plan was derived from the annual review.

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster available and maintained in the centre. Staffing arrangements, such as recruitment and workforce planning, took into consideration any changing or emerging needs of residents. Staff employed in the centre were familiar to residents and the staffing arrangements were seen to facilitate continuity of care.

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. The person in charge had a monitoring system in place to ensure staff had access to a schedule of training and also ensured that each staff had the minimum required training (as determined by the provider) to safely meet residents' assessed needs.

The inspector found that the staff team had completed training in human rights and they used this training to further enhance the residents quality of life both within the centre and ensuring greater opportunities in building relationships with family,

friends and the local community.

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.

#### 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 additional 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 was sufficient staff available, with the required skills and experience to meet the assessed needs of residents. Planned leave or absenteeism was covered by a regular staff panel to ensure continuity of care and support for residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. There were established supervision arrangements in place for staff. The inspector found that the person in charge had systems in place that ensured oversight and management of staff training needs ensuring refresher training was completed in a timely manner.

The inspector found that the staff team had completed training that would further enhance residents quality of life for example, the staff team had completed training in human rights and the Assisted Decision-Making (Capacity) Act 2015. Staff were actively implementing this training for residents which were having a positive impact in the general welfare and development of residents in the centre.



Judgment: Compliant

### Regulation 23: Governance and management

Arrangements for the governance and management of the centre were robust and effective, staff spoken to were aware of their roles and responsibilities and of how to escalate any risks or concerns. The provider and person in charge had supervision and performance management process in place. The person in charge had ensured that staff had access to formal supervision which was of a high quality and included actions to be completed to further enhance the quality of service received by residents.

The annual review included views and comments of residents, families and staff members and identified areas that were done well and further areas for improvement. The inspector found the annual review to be completed in a person centre manner with the residents as the main focus of the review.

Judgment: 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 for residents and their families.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had in place a complaints policy for the centre. An easy-to-read version of the complaints procedure was located in an accessible place. The complaints policy and procedure included information for residents on how to access advocacy services and the inspector found evidence that residents had been referred to the National Advocate Service. However, details of complaints made by residents were not accessible on the day of the inspection and could not be made

readily available to the inspector during the course of the inspection. The inspector found that not all complaints that were open by staff members on behalf of residents could be reviewed by relevant personal to the complaint procedure. For example, the inspector found a number of complaints that had been completed by front line staff and senior management that the person in charge could not access.

Judgment: Substantially compliant

## Quality and safety

The inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and aimed to enhance residents experience by promoting each resident to be active within the running of their own home and being part of the local community. 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.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans. Residents had access to assistive devices and equipment in order to promote their full capabilities with regard to communication. Residents spoke to the inspector about using mobile devices and tablets in order to book hotel stays away, cinema and concert tickets.

Residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community and were supported to maintain relationships with friends and family. It was found that residents were central to the personal planning process, and that their will and preference was respected with regard to decision making. The inspector found that residents were supported to set and achieve personal goals which were regularly reviewed with the individual resident and staff team to ensure that goals identified were enhancing their quality of life.

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 (equipped with an en-suite), which were decorated to their tastes. The premises of Mansfield was clean, suitably decorated and maintained in a good state of repair both internally and externally. Residents has access to a back garden which was equipped with a table and chairs for relaxation. Assistive equipment was available as per residents' assessed needs including height adjustable beds, a Parker bath and the kitchen and dining area were designed to be accessible to all residents' needs.

The provider had prepared a residents' guide which had been made accessible and

contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

The provider had in place precautions against the risk of fire and had made arrangements for detecting, containing and extinguishing fires. All staff had completed fire safety training and regular fire safety checks were carried out. Regular fire drills were completed which simulated both day and night time evacuations. An emergency file was maintained which included up-to-date personal evacuation plans. Staff and residents spoken with were knowledgeable regarding the evacuation procedures and the provider had ensured that new staff had received an appropriate induction in relation to fire safety procedures.

The provider had effected appropriate procedures and policies to ensure the safe administration of medications. Staff had received training in this area and could competently describe the processes for the ordering, administration and disposal of medications. The person in charge had completed a risk assessment and assessment of capacity which ensured that each resident had responsibility for their own medication. There was clear auditing systems in place to identify medication errors and systems in place for residents' to ensure residents were aware of the supports available when self administering medications.

### 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 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 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. Support plans, communication aids, and assessments undertaken supported further development in areas such as personal relationships, community and social development, and emotional development. Resident were supported to maintain and develop personal relationships and friendships.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. Each resident had their own bedroom with en-suite, which were nicely decorated and personalised to reflect their preferences. Residents had access to a back garden which was accessible and was laid out with garden furniture and a BBQ for residents use. The garden required some weeds to be removed, however the provider had a plan in work for completion.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. Staff had received training in fire safety. Fire drills were carried out at regular intervals that ensured staff and residents are aware of procedures to be followed in the event of a fire. Staff and residents spoken to were confident with regards to the actions to take should there be a fire and the provider had ensured that new staff had received an appropriate induction in relation to fire safety procedures.

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. Staff spoken with were knowledgeable regarding the procedures for the administration of medication. The person in charge had completed a risk assessment and assessment of capacity which ensured that each resident had responsibility for their own medication. This was reviewed regularly with residents in line with their preferences. The person in charge had implemented support and guidance for staff to ensure medication audits were in place to clearly identify drug errors and to ensure that medication were administered as prescribed for each resident.

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 23: Governance and management             | Compliant               |
| Regulation 3: Statement of purpose                   | Compliant               |
| Regulation 34: Complaints procedure                  | Substantially compliant |
| <b>Quality and safety</b>                            |                         |
| Regulation 10: Communication                         | Compliant               |
| Regulation 13: General welfare and development       | Compliant               |
| Regulation 17: Premises                              | Compliant               |
| Regulation 20: Information for residents             | Compliant               |
| Regulation 28: Fire precautions                      | Compliant               |
| Regulation 29: Medicines and pharmaceutical services | Compliant               |

# Compliance Plan for Mansfield OSV-0005750

Inspection ID: MON-0036233

Date of inspection: 24/08/2023

## 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 34: Complaints procedure  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Kare’s electronic system for complaints recording was reviewed with the developer on Tuesday the 12th of September to ensure the system is capable of ensuring that all staff working in a location can access complaints for that location including the person in charge at any point, regardless of the department linked to the complaint or the timeline when the complaint was made. Any actions identified have been completed on Thursday the 14th of September.</p> <p>All leaders and services were informed of the improvement changes via email on the 14th of September 2023 via a communication from Kare’s CID Database helpdesk.</p> <p>PIC to go through all complaints over the past three years as part of a staff team meeting to identify learning opportunities and ensure all staff are aware of the outcome of the complaints. Staff team meeting scheduled for 27th September 2023 and this is on the agenda.</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).

| <b>Regulation</b>   | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|---------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 34(2)(f) | The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied. | Substantially Compliant | Yellow             | 27/09/2023                      |