



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

Issued by the Chief Inspector

Name of designated centre:	Oakview
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0007999
Fieldwork ID:	MON-0032999

About the designated centre

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

The designated centre is registered to provide full-time residential support for up to two adults with an intellectual disability who require a low or high level of support with personal needs and care. The service can also provide accommodation and support for people with physical support needs. The designated centre consists of a dormer bungalow in a scenic rural area of County Wicklow. The house is equipped with accessible mobility and bathroom features and a large communal living room and kitchen-dining area. Each resident has a private bedroom and they are supported during the day and night by a team of social care workers and social care assistants.

The following information outlines some additional data on this centre.

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

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
Tuesday 5 October 2021	11:30hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with both residents living in the house during this unannounced inspection. The residents appeared to have settled into their preferred routines in their new home and were engaging with their preferred activities including watching their favourite television shows and using their computer. Where required, staff supported the residents in communicating their preferences and activities to the inspector.

The residents had been living in this centre full-time from June 2021 after a period of short stays so that they could get used to the house, the staff team and their housemate before deciding to move in permanently, and to ensure that the services provided were suitable to deliver on their assessed needs. The residents were provided with easy-read documents advising them of the terms of residing here as well as information for if they felt unsafe or wished to make a complaint to management.

The centre premises were overall suitable in design. Residents of this house had single private bedrooms which provided adequate storage for belongings and space to decorate based on individual preference if they wanted. There was a scenic and private outdoor space available and the designated centre had exclusive use of a car to optimise their ability to get out into the community as and when the resident wished. Bathroom facilities were available with appropriate accessibility and mobility features. The centre was featured with pictorial aids to support the resident to make choices regarding meals, activities and plans for the day.

The inspector observed kind, friendly and supportive interactions between the residents and staff. Staff were supporting residents to explore local points of interest such as ponds, parks and the local town. The staff were also introducing electronic devices to support the resident in their communication and decision-making.

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 commenced operation in May 2021. The inspector found good examples of how the provider was assured that the centre was resourced with the appropriately facilities, personnel and management arrangements to meet the assessed needs of residents who may be accommodated here. Some improvement

was required to ensure that changes made to the service post-registration were reflected and communicated in the statement of purpose and floor plans upon which the service is registered as they occur.

The provider had conducted a comprehensive audit of the whole service in July and August of 2021 which included an on-site inspection. This reviewed aspects of the designated centre related to staff development, resident support planning, medication practice and timely referrals to required health and social care services. Each of the findings of the audit set out a timeframe for improvements to be addressed, and the inspector found examples of where these had been completed or were progressing as per the provider's timelines. Many of the findings of the inspector on this visit had been identified in this audit.

The inspector reviewed a sample of the training records and supervision meetings of the staff team. These records indicated how the staff were supported to become familiar with their role, the centre, the team and the residents in the new service, as well as describe how they would be supported by their line manager with identified improvements or challenges. The management and supervision structure was clear in this designated centre, including the on-call arrangements during days on which the person in charge was off-duty.

Registration Regulation 8 (1)

The provider had made minor changes to the purpose of rooms without updating the floor plans against which the service was registered and notifying the chief inspector.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge worked full-time in their role and held the required experience and qualifications as per the regulations.

Judgment: Compliant

Regulation 15: Staffing

The service was appropriately resourced to provide sufficient staff based on the number and assessed needs of the residents. The provider had arrangements to

ensure that continuity of staff support would be retained during absences.
Judgment: Compliant
Regulation 16: Training and staff development
Staff were in receipt of training and supervision relative to their role, and the provider had booked training sessions to ensure skills were kept up to date.
Judgment: Compliant
Regulation 22: Insurance
The provider had the required property and public liability insurance in effect for the service.
Judgment: Compliant
Regulation 23: Governance and management
The designated centre was suitably resourced to provide personnel, vehicles, equipment and premises required by the residents living in the house. The provider had conducted comprehensive audits of the service since opening and where areas for improvement were identified, prompt response was planned out to address same.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The provider had accommodated the residents into the centre in accordance with their admission procedures, and the terms and costs related to residents' residency were explained in an accessible format.
Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose when applying to register the service, however this had not been updated to reflect changes made since, including conditions of registration, description of rooms, and staffing complement.

Judgment: Substantially compliant

Quality and safety

The inspector found that there were suitable arrangements in place to provide evidence-based support for residents and to ensure their safety and dignity was protected in their home. Some areas of improvement was required to ensure that staff were provided clear and consistent guidance on fire safety procedures, and that the resident and their personal development objectives were a core part of the creation of support plans.

The inspector found that a comprehensive needs assessment had been carried as part of the admission process and was done in consultation with the multidisciplinary team. The inspector found that plans were detailed and provided appropriate levels of support for staff to deliver on individual needs, including mobility support, eating and drinking, intimate care, and communication. The inspector found examples of where revisions had been made to support plans after adverse incidents such as injuries, as well as information learned by staff as residents settled into their home. Where the relevant clinician required regular observations and charts by staff to make their assessments, such as food and fluid intake or medication notes, these were clearly and consistently recorded by the staff team. The provider had identified in their own audit that the input of the residents and their representatives had not been sufficiently involved in the creation of support plans. The inspector found that cognitive ability and communication requirements were cited in support plans as the reason that residents were not consulted. From meeting the residents and observing interactions between them and staff, the inspector found that residents would be able to contribute to decisions on their care with the appropriate support from their staff and representatives. Staff spoke with the inspector about how they were supporting residents with accessing community activities and developing their skills. Some improvement was required to ensure that support plans tracking progress on goals and wishes related to these meaningful social and development opportunities, as opposed to aspects of clinical support such as attending medical appointments.

The premises overall was spacious and comfortable and the provider had ensured that mobility supports such as accessible bathroom features and overhead hoists were available. The centre had a large scenic outdoor space and exclusive use of an accessible vehicle for getting out into the community. Some damage had been done to door frames and wall plaster in both bedrooms and the hallway due to impacts

from furniture and equipment, and these had been communicated to the facilities team through maintenance records. The centre overall was clean, and bathrooms and kitchens could be effectively sanitised. The house was suitably equipped with person protective equipment, cleaning supplies and sanitising material, and staff were observed cleaning touch points, and wearing face coverings when in close proximity to others. The centre had a designated staff member responsible for ensuring correct infection control practices were in effect, and the provider had a contingency plan on how to respond to a possible or actual outbreak of COVID-19.

While this dormer bungalow had multiple evacuation routes to follow in the event of fire, one of the residents could only follow one route. When speaking with staff and reviewing emergency guidance documents, there was a lack of clarity and consistency in how staff would proceed if that route was compromised in an emergency. While four practice evacuation drills had taken place between June and September, the records from these indicated that they took between one minute and five minutes with no description of what procedures or route was followed, what the reason was for the time difference, or how a consistently low time could be achieved, to provide guidance to staff who had not participated in the drill. Improvement was also required to ensure that all doors along evacuation routes were equipped to contain flame and smoke in the event of a fire, and that doors could be held open by choice without propping them open or compromising their ability to self-close. At the end of this inspection, the provider was instructed to review fire safety protocols and set out a plan in the short term to provide assurance that safe evacuation could occur until long term objectives were met. In the days after the inspection, the provider confirmed that an external door had been altered to provide a second safe evacuation route, that staff guidance on evacuations had been reviewed to reflect this, and that works had been commissioned to address containment measures.

The inspector observed staff administering medications and explained the protocols and recording systems for each type of medication. Guidance from the prescribing doctor was clear on the time windows allowed for each drug, and how to properly record instances where residents refused medicine or did not take full doses. Protocols around PRN (administered as required) medicines were clearly described, and all medication prescribed was in stock and appropriately stored and counted.

The inspector observed staff interacting with residents in a patient and friendly manner, and their engagement with residents reflected the guidance in the relevant support plans. Detailed proactive and reactive response strategies were outlined for instances in which residents expressed distress or frustration in a manner which presented a potential risk to themselves or others. Support plans on maintaining the residents' privacy and dignity were detailed and where there was a concern of potential abuse, it was investigated promptly and referred to the relevant external parties. Procedures and checks were also in effect to ensure residents' finances were kept safe.

Regulation 10: Communication

Residents had communication support plans in place, and the staff were in the process of trialling the use of assistive technology and visual aids to support their communicate needs.

Judgment: Compliant

Regulation 11: Visits

The provider had suitable protocols to accommodate visitors to the centre including a visitors log and checks for signs of COVID-19 risk before entry.

Judgment: Compliant

Regulation 17: Premises

Some areas of ongoing maintenance were required related to walls being damaged by equipment in the hall and the bedrooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had been assessed for their needs with feeding, eating, drinking and swallowing (FEDS), and supports were in place to ensure varied and nutritious meal and snack choices were provided to residents.

Judgment: Compliant

Regulation 27: Protection against infection

The designated centre was clean, and suitable personal protective equipment and sanitising equipment was available. Staff were training in proper infection control and hand hygiene practices and a member of the team was allocated responsibility for ensuring these were followed. Contingency plans for responding to a suspected or confirmed outbreak of COVID-19 was in effect.

Judgment: Compliant

Regulation 28: Fire precautions

The centre premises was not equipped to contain the spread of flame and smoke in the event a fire. Where doors were kept open by choice, they were not consistently done in a manner which would allow self-closing doors to shut.

Staff guidance on procedures to follow if primary evacuation routes were compromised was not clear or consistent on inspection. Practice drills did not provide assurance that a timely and safe evacuation could consistently be achieved at all times.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Staff were provided clear guidance on the management of medicines and appropriate procedures were followed regarding the administration, recording and storage of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Support plans were detailed and informed by an assessment of needs which included multidisciplinary input. Improvement was required to ensure that plans were developed with maximum participation of each resident, and where appropriate their representatives, in accordance with their needs and preferences.

Support plans specifically related to personal development objectives required review to ensure they were based on the wishes and interests of the residents rather than medical and staff guidance objectives

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had detailed and person-centred strategies for staff to pre-empt and respond to expressions which may cause distress or harm to the residents or others, and to support them to stay safe.

Judgment: Compliant

Regulation 8: Protection

Residents were supported to stay safe from harm, neglect or financial abuse. Arrangements were in effect for the provider and staff team to record, report and investigate suspected, alleged or actual instances of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Substantially 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	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oakview OSV-0007999

Inspection ID: MON-0032999

Date of inspection: 05/10/2021

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
Registration Regulation 8 (1)	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): Statement of purpose will be updated prior to the end of November 2021 and resubmitted to the inspector.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of purpose will be updated prior to the end of November 2021 and resubmitted to the inspector.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance actions have been completed on the walls in October 2021 including measures to prevent further damage.	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire door new closures were completed in October 2021.</p> <p>New fire evacuation plan to include second emergency exit for wheelchair user completed on the 8th of October 2021.</p> <p>Day time drill completed with new evacuation plan in October 2021. Night time drills will be conducted prior to the end of November 2021.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Personal plans will be updated to ensure records are accurate to reflect contribution of the person and their representatives prior to the end of November 2021.</p> <p>Additional goals were identified with each of the residents in October 2021. We are currently working to support them to achieve their dreams and wishes through structured planning.</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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Substantially Compliant	Yellow	30/11/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	13/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	22/10/2021

	detecting, containing and extinguishing fires.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	08/10/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/11/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the	Substantially Compliant	Yellow	18/10/2021

	resident's personal development in accordance with his or her wishes.			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/11/2021