



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

Issued by the Chief Inspector

Name of designated centre:	Kare DC18
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	15 November 2023
Centre ID:	OSV-0008185
Fieldwork ID:	MON-0042171

About the designated centre

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

Priory Village is a designated centre registered to provide full-time residential support for up to three adults with an intellectual disability. The centre consists of a two-storey house on the outskirts of a town in Co. Kildare. Each resident has a private bedroom, one of which has an en-suite bathroom. Downstairs is an accessible bathroom, large living room and kitchen, and a sun room with dining space. The premises has a large garden space and the use of a vehicle in the evenings for community access. Residents are supported by a team of social care workers, with access to nursing support as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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
Wednesday 15 November 2023	10:30hrs to 13:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This short announced inspection was completed following an application by the registered provider to vary two conditions of the registration of the designated centre. They applied to add a building to the footprint of the designated centre, and to increase the registered bed numbers by one. The findings of this inspection was that this was a suitable change of footprint of the centre as it was supporting a resident during a crisis period and would assist in promoting safeguarding plan in place for residents in the centre. However, the inspector of social services found that assurances were required from the provider in relation to fire safety precautions in the premises visited, before a decision could be made in relation to the application to vary conditions of the registration of the designated centre.

An inspection had been completed on the designed centre prior to the providers submission of the application to vary on the 08th of October 2023. There were three residents living in the designated centre at the time of the inspection but the inspector did not have the opportunity to meet with any of them during the inspection. The designated centre comprised of a two-storey house in a small village in Co. Kildare. The application to vary meant the provider was applying to add a second premises to the footprint of the centre and to increase the registered beds from three to four. This was a temporary measure as the provider had planned to submit a further application to vary to remove one premises from the footprint of the centre once renovation work had been completed on an already registered designated centre under the providers remit. Due to the an increase in solicited information by the provider, this step had been taken in order to further safeguard all residents.

The premises is a large one storey bungalow that is a short distance from the initial property of DC 18. It has been identified to provide residential care for one resident. The building comprises of a resident bedroom, a main bathroom with a shower, a staff sleep over room and en-suite, a small living room, a kitchen area and with one vacant bedroom. There is a large garden area with a small seating area to the front of the house. The premises has access it's own vehicle and was situated close to a town were the resident attends a drop in day service to accompany their individualised service provided by the provider. The premises was furnished to meet the needs of the resident, however additional work was required in relation to regulation 28: Fire precautions.

Overall, the addition of the premises to the footprint of the designated centre was deemed suitable as an interim arrangement until such time that the resident secured their permanent home. There was no staff vacancies at the time of the inspection and the provider had a transition plan in place for the resident that incorporated a full staff team. The provider had also conducted a transition meeting with the resident and their family, who were in agreement that a short term arrangement was required in order to reduce the impact of current compatibility concerns in the

designated centre.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall the findings of this inspection were that the provider was identifying and responding to residents' needs. They had systems in place to ensure they had adequate oversight of care and support for residents in the centre. Their systems for monitoring included regular audits and reviews.

As previously mentioned, this inspection was completed following an application by the provider to vary two conditions of the registration of the designated centre. The findings of this inspection were that adding the building to the footprint of the centre, was a suitable arrangement. However, following the inspection the inspector sought additional assurances from the provider in relation to fire detecting and containment measures in that building. These assurances were due to be submitted by provider to the Chief Inspector of Social Services after the inspection. They will be discussed further under Regulation 28.

At the time of the inspection there was no staff vacancies. The provider had recently increased the whole time equivalent (WTE) for the the centre in order to support safeguarding plans in place due to a number of peer-to-peer safeguarding incidents which were having a negative impact on residents. The provider had identified a WTE to accompany one resident as part of their transition to the new premises.

Registration Regulation 8 (1)

The provider had made an application to vary condition 1 of the registration of the designated centre. They had submitted all of the required information with the application

Judgment: Compliant

Regulation 15: Staffing

The provider had a proposed roster in place that would see continuity of care for resident during transition within centre. There were no vacancies in the centre on

the day of the inspection and the provider had recently increased the centres whole time equivalence in order to support safeguarding plans in place.

Judgment: Compliant

Quality and safety

Overall the findings of this inspection were that the provider was recognising residents' needs and responding appropriately. The premises that the provider had applied to add to the footprint was found to be warm, spacious, clean and had been decorated in a homely manner. The design and layout of the premises was in line with the statement of purpose and found to be suitable to meet the needs of one resident as a temporary measure while they waited for more suitable housing.

There was suitable fire fighting equipment and means of escape in place within the designated centre. The residents personal emergency evacuation plan had been completed for the new premises, on the day of the inspection the provider had deemed the resident to be independent during a fire evacuation and their bedroom was equipped with a fire exit. The building was equipped with fire doors, however these fire doors did not have fire closures in place. There were fire detectors noted in the main living area and hallway of the premises however the inspector observed that the fire detectors were not connected to a fire alarm panel system. The inspector observed that there was no smoke detector or means to extinguishing a fire in the utility room to the back of the property which stored a number of electrical appliances such as a washing machine and clothes drier. The provider was conducting a fire review of the premises with an external fire company on the 15th of November 2023. Subsequent to the inspection the provider submitted evidence to the office of the Chief Inspector that demonstrated the completion of works in the centre to bring regulation 28: Fire precautions into compliance. The provider had completed required works to the fire doors located in the designated centre. The provider submitted assurances that the fire detection systems had been linked to the premises control panel. The provider also updated the centres emergency response plan.

Regulation 17: Premises

The Designated centre is situated on the outside of a small village in County Kildare. It is a single storey three bedroom bungalow. The property is in close proximity to the other house in the designated centre. There is a large kitchen and sitting room area. The property also has a large garden for residents to avail of. The resident also has access to their own transport and all staff are identified drivers for the

vehicle.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk policy which contained the required information and a risk register.

Judgment: Compliant

Regulation 28: Fire precautions

The register provider was awaiting an external fire provider to review the premises to ensure that adequate arrangements were in place for detecting, containing and extinguishing fires. The provider is required to ensure that adequate warning can be given to both residents and staff in the event of a fire. Fire containment measures in the building visited required review by the provider to ensure that there were adequate fire containment measures in place. Subsequent to the inspection the provider submitted evidence to the office of the Chief inspector to demonstrate that a fire panel and detector system had been updated and in place in the centre. The provider had also completed all required works to the fire doors of the designated centre in order to bring regulation 28 into compliance with the regulations.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies and procedures in place to ensure safe medication practices for the centre were in place. The provider had also ensured that medication could be stored in a safe and secure manner within the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The resident identified for transition plan had a comprehensive assessment of need in place

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 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Quality and safety	
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