



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

## Issued by the Chief Inspector

Name of designated centre:	Priory Village
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	13 October 2022
Centre ID:	OSV-0008185
Fieldwork ID:	MON-0036058

## 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:	2
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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
Thursday 13 October 2022	11:10hrs to 17:10hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

During the course of the inspection the inspector met and spoke with residents, the person in charge and staff members. In addition, the inspector spent time reviewing documentation and observing the physical environment of the centre.

This designated centre consisted of a two-storey house in which each resident had a private bedroom and access to a large sitting room, kitchen, sun room and large external gardens. Residents had been supported to personalise their bedrooms based on their preferences and interests. At the time of inspection, the residents had lived in the new house just under two months. The residents were settling in well and getting used to seeing it as their home, they told the inspector that they liked the house. The inspector was shown photographs of the residents visiting the new house, and shopping for furnishings and decorations with the staff team, and the team used pictorial social stories to support the residents to make the house their own. Residents were supported to be visited by their friends from their previous house if they wished.

Regular house meetings took place in which residents could plan out activities and meals for the week ahead. Residents were being supported to enhance their life skills by being given household chores and the staff were planning to introduce one resident to gardening in their new larger outdoor space. During the day the residents had access to meals and snacks, watched television, went for a walk and used their computer. The inspector observed residents being supported by a front-line team which included staff who had transitioned with them from their previous setting. All staff were observed speaking with the residents in a respectful, friendly and encouraging manner.

Appropriate privacy and supervision was supported in activities of daily living. There were no restrictive practices in effect in the residents' living space and residents could walk freely around their home. Residents had access to the keys to their bedrooms if they wished to lock them for privacy. In accordance with assessed support needs, residents were supported to hold onto their own money. Bedrooms had sufficient space for clothes and belongings including lockable storage available. The house was pleasant and comfortable, with suitable separation of office and staff areas to retain the homely aesthetic.

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 was the first inspection of this designated centre. The inspector found that the provider had comprehensive governance arrangements in place to effectively manage this designated centre and oversee the quality of resident support.

This centre was registered in February 2022 and residents commenced living in the house full-time in August 2022. The inspector was provided evidence of the process for introducing the residents to the house, allowing them to transition at their own pace and with the preferred arrangements for furnishing and decorating their new home. Residents' contracts with the provider had been revised to reflect the changes and these were signed by the residents or their advocates.

The provider had conducted an assessment of the number and skill mix of staff required to deliver support to the residents. However, in a review of worked staffing rosters, the number of staff working in the centre often did not reflect the patterns advised from the staffing needs assessment, with a number of days indicating one staff on duty when the assessment indicated for there to be two during the day. The impact of this on each resident's ability to leave the house without their peer was mitigated in instances where a second staff member was scheduled to come in for a few hours to support attendance at medical appointments or go grocery shopping.

The inspector was not provided all requested information related to staff members, however the person in charge maintained detailed records on supervision, probation and team discussions, which covered topics meaningful to the career development of the team including ongoing learning and delegation of leadership and ownership opportunities, and how their responsibilities changed in the new setting. The provider had identified training and skills required by people working in the house based on the support needs of residents and there had been high level of attendance at these courses.

Ongoing checks and reviews were taking place where required through risk controls, with staff diligently recording information such as regular health checks, upkeep of the premises, and management of medicines and money coming and going from the centre.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced in their role and was aware of their responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had conducted an assessment of the staffing levels required to provide effective support for each resident in the house. However, in a review of the worked rosters of the service, the inspector found that residents did not consistently have the level of staff support identified from this assessment.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The inspector reviewed a sample of records which indicated that staff were supervised and their performance was managed by their line manager in accordance with the provider's policy. New staff members were subject to an appropriate probationary review and evidence was available to indicate goals for career development identified by staff members.

All staff were facilitated to attend training in mandatory areas such as fire safety and safeguarding of vulnerable adults. The provider had identified training required to work for this provider group, and what was required for working to support residents in this designated centre. The person in charge had the means of identifying when training was due to be renewed as per policy.

Judgment: Compliant

### Regulation 19: Directory of residents

The person in charge had information required under Schedule 3 of the regulations available for review on inspection.

Judgment: Compliant

### Regulation 21: Records

In the main, records requested at the start of this inspection were readily available for review throughout the day. Some records requested could not be retrieved for review.

Judgment: Substantially compliant

## Regulation 22: Insurance

Appropriate insurance arrangements were in place for this centre.

Judgment: Compliant

## Regulation 23: Governance and management

An appropriate governance and oversight structure was in effect. The inspector was provided evidence indicating systems in effect for the ongoing review and control of risks related to fire safety, infection control, medication management, resident support and performance management of staff.

Judgment: Compliant

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

A detailed, person-centred transition plan was implemented for the residents over the weeks leading up to the move to ensure that they were comfortable with the move and had the opportunity to furnish and decorate their new home and bedroom. Signed contracts outlining the new terms, conditions and fees payable were agreed and signed between the resident, or their representative, and the service provider.

Judgment: Compliant

## Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose outlining the services of the designated centre, which included the information required under Schedule 1 of the regulations.

Judgment: Compliant

## Quality and safety



During the inspection, this inspector observed an overall high quality of support for residents as they settled into their new home. Examples were seen of the residents' choices and decisions factoring in the transition process. Some improvement was required to the ongoing assessment and review of resident support plans to reflect events and changes in their support.

The provider had conducted a comprehensive assessment of need since the residents moved into their new designated centre and for the most part plans were up to date. A number of support plans were carried over from their previous house which provided contrary or inconsistent information on their current support structures. For example, some plans referenced locked doors or restricted access to parts of the residents' home or belongings, however staff and the person in charge advised that this was not done anymore. Other plans commenting on amenities in the local community had not been amended to reflect their current setting. Other plans had not been reviewed following adverse incidents as set out by the post-event review.

The premises of the designated centre was suitable in layout and design for the number and assessed needs of residents. The premises were kept in a good state of maintenance and cleanliness, and the person in charge had a means of raising snagging items or maintenance requests to the facilities team.

All evacuation routes in the house were equipped with features to contain the spread of fire or smoke in an emergency. Evacuation routes were equipped with fire-fighting equipment, emergency lighting and maps to assist a timely escape. The person in charge had overseen a number of practice evacuations to be assured that all team members had had the opportunity to participate, and to be assured that a timely evacuation could take place.

The inspector reviewed protocols related to infection control procedures and checks around the house. In the main these were implemented in practice, with evidence observed related to control of waterborne bacteria risk, waste management procedures, pest control inspections, and sufficient equipment and opportunities for hand hygiene. Some of the risk control protocols were not consistently implemented per the instruction in the risk register, however these did not pose major risk to residents or staff.

Property logs and financial records were available to safeguard residents, and residents were supported to have access and control of their money and belongings in accordance with their assessed level of understanding and support.

Staff were knowledgeable of the purpose and circumstances of residents' prescribed medicines and the inspector observed staff carrying out counts of medicine stock coming in and out of the centre from day service or from the pharmacist. Residents had recently been reassessed to determine the level of support required in taking medicines and supported accordingly.

## Regulation 11: Visits

A house log was kept of visitors coming into the centre. There was space in which the resident could receive their visitors in private if desired.

Judgment: Compliant

## Regulation 12: Personal possessions

The provider had conducted assessments on the level of support required to manage money, bank accounts and personal property. For residents who were supported by staff, structures were in place to monitor incoming and outgoing finances

Judgment: Compliant

## Regulation 17: Premises

The premises of the designated centre was suitable in size and layout for the number and assessed needs of residents. The premises was in a good state of cleanliness and maintenance. Residents could safely access their home and living space.

Judgment: Compliant

## Regulation 18: Food and nutrition

A selection of nutritious food, drinks and snacks were available in the house. Guidance and reminders on preparing meals for residents with particular dietary requirements was readily accessible to staff.

Judgment: Compliant

## Regulation 20: Information for residents

A simple language residents guide outlined the supports and facilities available to

residents in the house and was readily available to them.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider maintained a register of risks in the service and the control measures in effect to mitigate their impact or likelihood of occurring. The provider kept detailed records of actions and outcomes to be taken following accidents and incidents in the designated centre. The provider had emergency plans in place for serious events such as fire, infection outbreak, power outage or residents going missing.

Judgment: Compliant

### Regulation 27: Protection against infection

The inspector observed some practices in the designated centre which were not done in accordance with the provider's protocols and guidance to staff. However, in the main, observation and records of the environment and staff practices provided assurance of good oversight and ongoing management of infection risks related to premises upkeep, waterborne bacteria, pest control, laundry, and waste management.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire alarms, emergency lighting and fire-fighting equipment were in working order and subject to routine inspections and checks. Emergency evacuation routes were protected from fire and smoke with self-closing doors equipped with smoke seals. Where doors were held open by choice or necessity, this was done in a manner which did not compromise containment features. Practice evacuation drills had taken place to ensure that residents and staff were familiar with what to do in the event of fire, and this included simulation of minimal staffing levels.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Staff were knowledgeable of practices related to the prescription, recording, administration and disposal of medicine in the centre. All prescribed medicines were available in stock. Where required, protocols or guidance on precautions for the use of medicines was easily accessible to staff members.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

A comprehensive needs assessment had been carried out following the residents' admission to this designated centre. Overall plans provided guidance to staff on supporting the residents' health, personal and social care needs. A number of personal plans had not been reviewed to reflect changes in the residents' circumstances, such as references or support plans relevant to their previous house and community, and restrictive practices which had been retired in their most recent review. In one aspect of care delivery, a revised assessment had not been completed following an adverse incident.

Judgment: Substantially compliant

## Regulation 6: Health care

The inspector found evidence to indicate that residents had appropriate access to their doctor and allied health professionals, and routine checks and monitoring was happening in accordance with their support plans.

Judgment: Compliant

## Regulation 9: Residents' rights

Examples were observed of how residents' privacy, dignity and consultation was respected in their support delivery and decisions made in their home. Choices and assurances for the residents was a key element of their transition into their new homes, personal spaces and 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Priory Village OSV-0008185

Inspection ID: MON-0036058

Date of inspection: 13/10/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The Statement of Purpose was updated to reflect the staffing to reflect that there are 4 Social care workers on the roster in October 2022.</p> <p>'My Services' on CID states was amended and updated to reflect current staffing in place In October 2022.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            A safe system for transporting HR records from secure centrally located site at the time of inspection will be finalized by the end of December 2023.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:            Open packet of cheese without label disposed of on date on inspection.</p>	



Staff reminded of importance of labelling opened items on date they were opened at staff team meeting in November 2022.

Staff reminded to ensure mop and bucket put away correctly in line with infection control policy at staff team meeting in November 2022.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1 plan reviewed by SLT and guidelines in place in October 2022.

Restrictive Practices x 2 were discontinued and archived in October 2022.

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2022
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	22/12/2022
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	30/11/2022

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/10/2022
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in	Substantially Compliant	Yellow	31/10/2022

	circumstances and new developments.			
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