



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

## Issued by the Chief Inspector

Name of designated centre:	Ardscoil
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	19 October 2022
Centre ID:	OSV-0008236
Fieldwork ID:	MON-0036903

## About the designated centre

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

Ardscull is registered to support children and teenagers, aged 18 years and below, on short breaks during the week or at the weekend. The service is registered to accommodate up to five service users at a time with a physical, intellectual or neuro-developmental disability. The service provides support for physical, emotional and social needs in a large house near a town in County Kildare. The house is subdivided into three sections, to provide accommodation for up to three residents in one area, and two residents in separate, single-occupancy living spaces. The house has multiple communal areas, kitchen and dining spaces, as well as a large external grounds. Children have vehicle access to facilitate community activities. They are supported in their stay by 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:	1
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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 19 October 2022	14:00hrs to 18:30hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

During this unannounced inspection, the inspector met with the service user currently availing of a respite break as well as their support team, and reviewed notes related to other service users who had recently finished a stay at the designated centre at the time of the visit.

The child attending the service arrived from school in the afternoon and enjoyed their time watching cartoons and using their computer tablet. The inspector observed friendly and encouraging interactions from the staff members working in the service, who were familiar with the resident's means of communicating, levels of support with daily activities, and their personality, interests, likes and dislikes. Staff demonstrated appropriate and familiar support with how the resident took food and medicine, used pictures to communicate, and used the bathroom. The resident was comfortable with the team and later went for a drive to the local town.

The house was large, homely, and equipped to be appropriate for use by children. In the living room the children had ready access to toys, games, an indoor trampoline, and space for activities. The house was suitably decorated with wall decals and murals, and notice boards with information for the children was kept at an appropriate height for them to read. The premises had a large safe garden with space to play football and run around. The service had exclusive vehicle access for community transport.

Each service user had a single private bedroom, with some bedrooms equipped with ceiling hoists and accessible en-suites for those who required mobility support. There was adequate storage for clothes and other belongings in each bedroom.

Since opening in 2022, the provider had received positive commentary from the families and representatives of the children who had attended the service, who spoke positively of the team and the quality of service. Some development was required to ensure that the experiences, feedback and satisfaction of the children who came to the service was collected in a meaningful way and used in the provider's own quality reviews. At the time of inspection, there was very limited information available on what residents enjoyed or wanted more of out of their time in the house.

The next two sections of this 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 service.

This centre was registered in May 2022 and commenced operation shortly thereafter. The provider had recently completed a six-month quality and safety audit in which they had commented on the achievements and outstanding work in bringing the service into full operation and regulatory compliance in its initial months. Where work was outstanding, or areas identified for improvement, a time-bound action was set out to complete this. The majority of the inspector's findings on this visit had been identified in the provider's own findings. The inspector also found adequate systems for addressing items raised by the team through premises checks and fire drills.

The provider had a schedule for the attendance of staff members at their supervision meetings with the person in charge. The inspector found evidence indicating that new staff members were progressing through their probation programme, and established staff members had meaningful career progression goals set out for the year ahead. While some improvement was required in the provider assessing the training needs of this specific designated centre's team, there was evidence available to indicate staff attendance at key training such as safeguarding of children, safe moving and handling, positive behaviour support and safe medicine administration.

The person in charge was on leave at the time of this unannounced inspection, which was facilitated by another manager with the service provider, who led the team during the person in charge's absence. This manager had ready access to all required information on the centre, staff and service users to effectively manage the service. The direct support team also identified shift leaders and knew their allocated responsibilities while on duty.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced for their role. Suitable deputation arrangements were in effect when they were off-duty.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider had a means of tracking and auditing attendance at training by the front-line team, and identify where people were required or overdue to complete

sessions. There had been a high level of completion among the team in training sessions such as positive behaviour support, fire safety, safeguarding of children and medication management. However, it was not clear from the provider's policy what skills and training the staff team were required to attend as mandatory in this designated centre based on an analysis of needs.

For a sample of staff records reviewed, the inspector found evidence indicating their results of probation, and for those who had successfully completed this, their goals for the year ahead and how these would be supported by their manager.

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 finances, and performance management of staff.

Judgment: Compliant

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

The provider was in the process of establishing contracts of support between themselves and service users, and their families. The sample which had been completed outlined the terms and conditions of availing of the respite service.

Judgment: Substantially 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

### Regulation 34: Complaints procedure

Records reviewed indicated that the provider had not received any complaints as of the time of inspection. Systems and templates were in place to record and respond to any matters raised, with those responsible for their management identified in policies and procedures.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures as per the requirement of Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

The provider was found to be in overall good compliance with the regulations in this new centre's first months of operation, and evidence was found of areas yet to be completed being identified for address by the provider in their own reviews, such as ensuring that personal support plans were kept under review as residents spent more time in the service.

The inspector reviewed a sample of assessments establishing the support plans required to safely deliver on service users' need. In the main, these were written in person-centred and respectful manner, and included contributions from service users' families and schools. However, not all supports identified from the assessments of need had been developed into a corresponding support plan to guide staff. From speaking with front-line staff and observing support practices, the inspector noted examples in which the knowledge and effective practices described and utilised by staff, such as in communication and personal support structures, were more specific and detailed than those described in the support plan.

Some development was also required to provide sufficient guidance in supporting



residents with positive behavioural support needs. Behaviour exhibited in response to anxiety or distress, such as physical aggression, property destruction or self-injurious behaviour, was described collectively in support plans, with limited functional analysis on what triggers or upsets each type of response described, what antecedent behaviour may indicate a response, and how to support a resident to return to their baseline prior to or during an incident.

The provider had structures in place for staff to monitor incoming and outgoing money and medicine to ensure they have what they need at the start of a respite stay. A medicine audit took place on the arrival of a service user, with staff promptly identifying where a discrepancy needed to be corrected before the next dose was due. Staff recorded residents' pocket money for their stay and any spending done with it to have an account of what it is used for. The inspector found examples of levels of support being described with simple prompts to staff, such as where children prefer to hand their money to the cashier in shops.

Some improvement was required in capturing satisfaction, feedback and commentary as far as practicable, for the service users attending the centre. There was very limited evidence available on inspection to indicate what residents enjoyed doing when they stayed over, what they would like to do on future visits. Some notes on service user consultation towards support structures indicated their input would not be sought, as they were minors. Some of these practices required review to ensure that service user participation was maximised in development of plans and consultation towards the quality of service audits. However, the provider had committed in their service improvement plans to ensuring that residents had enhanced access to easy-read versions of plans and documents in the coming months.

The premises was suitable in design and layout for the number and needs of residents, and the premises was clean, in a good state of maintenance, and equipped to allow for safe and timely evacuation in the event of fire.

## Regulation 10: Communication

Staff were observed supporting residents in their communication using tablet programs, phone apps and pictures around their living space.

Judgment: Compliant

## Regulation 12: Personal possessions

The provider had structures in place for the management and safekeeping of service users' money and personal possessions.

Judgment: Compliant

### Regulation 17: Premises

The internal and external premises was suitable in size and layout for the number and assessed support needs of service users. Where maintenance or repair issues were identified, staff had a means of raising these with the facilities team. Suitable accessibility features were available where required.

Judgment: Compliant

### Regulation 20: Information for residents

A residents guide outlined the supports and facilities available to residents and contained the information required by the regulations.

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.

Judgment: Compliant

### Regulation 27: Protection against infection

The upkeep of the house environment and staff practices and checks provided assurance of good oversight and ongoing management of infection risks related to cleaning, waterborne bacteria, laundry, and waste management.

Judgment: 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. These drills indicated where safety improvements could be made, such as enhancing outdoor lighting, and there was evidence available that this was being addressed.

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. On arrival, staff promptly reconciled medication prescriptions and stock levels to ensure they had what was required during that respite stay.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

A needs assessment had been carried out upon the service users' admission to this designated centre which incorporated commentary from family members. Overall plans provided guidance to staff on supporting the residents' health, personal and social care needs. However, there were some supports assessed as required for which a plan had not yet been developed.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

In a sample of care and support plans reviewed, not all service users assessed as requiring a positive behaviour support plan had one implemented. In the sample of plans reviewed, multiple behaviour types were collectively described with limited functional analysis on causes or potential triggers for each risk presentation, to

provide appropriate guidance to staff on the management of some behaviours.

Judgment: Substantially compliant

### Regulation 8: Protection

Systems and practices were in effect to monitor resident finances to safeguard against financial abuse, and to protect their privacy and dignity during general and intimate support. All staff were trained in the safeguarding of children and were aware of their duty to report any suspected or witnessed incidents of concern.

Judgment: Compliant

### Regulation 9: Residents' rights

Some development was required to ensure that the opinions, feedback, experiences and commentary of the children was attained in a meaningful way for them, to ensure their voices were heard in centre operations and decisions made about their support and routines when availing of the service, as well as for the provider to use as evidence to determine service quality.

Judgment: Substantially 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 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Ardsull OSV-0008236

Inspection ID: MON-0036903

Date of inspection: 19/10/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Training policy will be reviewed by the end of October 2022 and changes communicated to all staff by the 9th of November.</p> <p>The Risk register for this location will be updated to include specific training required for staff who are employed here by the end of November 2022.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:            Contracts of support between KARE, service users, and their families will be followed up and requested to be returned and signed by all current people using the service by the end of November 2022.</p>	
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:  
 Due to the nature of children accessing respite services on an ad hoc basis, all plans will be reviewed to ensure a relevant plan is in place for each assessed support need, for each child prior to the end of December 2022.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
 Behaviour support plans will be improved and developed for each child prior to the end of December 2022.

Each plan reviewed, will ensure a functional analysis on causes or potential triggers for each risk presentation is in place, to provide appropriate guidance to staff on the management of the behaviours.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 A tool will be developed to ensure:

- that the opinions, feedback, experiences and commentary of the children is attained in a meaningful way for them,
- to ensure their voices were heard in centre operations and decisions made about their support and routines when availing of the service,
- use as evidence in the annual review to determine service quality

will be in place by the end of December 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2022
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/11/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal	Substantially Compliant	Yellow	31/12/2022

	plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/12/2022
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	31/12/2022
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	31/12/2022

