



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

Issued by the Chief Inspector

Name of designated centre:	Morell
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	02 June 2021
Centre ID:	OSV-0001989
Fieldwork ID:	MON-0032753

About the designated centre

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

The designated centre provides full time residential services to five adults over the age of eighteen years with an intellectual disability. The centre is a two-storey house situated on the outskirts of a large town in Co. Kildare. The property consists of a detached house which is split into two sections, one section can accommodate three residents and the other is a single-occupancy apartment. There is a second apartment which is adjacent to the main house that can accommodate one resident. One section of the main house contains a lounge area, a kitchen, a utility room, bathroom, an office and one bedroom. The other section of the house contains a living room, a kitchen and four bedrooms, two of which are en-suite. Both sections are divided by a code-locked fire door. The apartment contains a kitchen/ living area and a bedroom with an en-suite shower room. To the back of the house there is a garden which contains a decking area. Residents are supported by social care staff during the day and overnight. The house has shared use of a bus for outings and community access.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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
Wednesday 2 June 2021	10:30hrs to 16:25hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

Through meeting and speaking with the residents throughout the day, and observing the atmosphere and interactions in the house, the inspector found that residents enjoyed a busy, active and fulfilling life with the appropriate levels of support from staff to achieve personal objectives and maintain daily routines and community participation. Residents were safe and happy in their home and got along well with their housemates and with staff, and had discovered new hobbies and projects to work on while their usual activities were suspended due to COVID-19.

This designated centre consisted of a large house in a residential area. Three residents lived in the main part of the house, with two other residents each having their own self-contained apartment annexe with separate kitchen and living areas. While one resident was at work during the inspection, the inspector met four residents throughout the day. Additionally, all five residents filled in a questionnaire for the inspector the day before the visit in which they commented positively on their house, the staff, and the supports to make their own choices and decisions in their daily routine and long-term objectives.

The residents had lived in this house together for many years, and the staff members had also worked in this service for a long time. The inspector observed a friendly, casual and mutually respectful relationship between the residents and staff. The house had a relaxed atmosphere and the structure of the day was supported in an appropriate fashion based on each resident's preference and support requirements.

One resident was eager to show the inspector around their apartment which was highly personalised and decorated with their artwork, photographs and soft furnishings. They talked through their social stories and week plan with the inspector, as well as showing off their writing, collection of jigsaws and photos from their holidays and recent birthday party. They had been supported by staff to style their hair and nails how they liked.

The provider had converted the attic into a loft area which one resident used as a studio to create and display their art, modelling, pottery, woodworking, figurines and papercraft projects. This resident also had a small greenhouse area where they grew and maintained parsley, lettuce and tomato plants.

Residents were keeping up with their preferred sports and exercise, with residents training and competing in Special Olympic events such as running and golf. One resident held a green belt in karate. One resident enjoyed cycling around the town and local parks, and others went for long walks alone or with a housemate. The provider hosted remote live-streamed exercise classes which residents enjoyed. Residents who met with the inspector were proud of making good progress on their fitness and weight loss goals.

Residents were in paid or voluntary employment and they enjoyed their jobs. Some residents' workplaces were closed due to the COVID-19 pandemic at the time of the inspection, as had some of their preferred community locations such as libraries and pubs. The residents told the inspector of the new projects and hobbies they were pursuing in light of this. These included learning or developing skills in baking, cooking, horse-riding, mixing music, and adult learning in writing and maths. Staff were aware of residents' preferred television shows, and were observed chatting to residents about their favourite gameshows, soap operas, and programmes about doctors and vets.

Each resident had their own private room and their own bathrooms in the house and there was suitable communal space for the number of residents. Residents' living rooms had large televisions, comfortable furniture and adequate space for their movies, video games, board games and jigsaws. Residents with their own annexes could access them separately from outside without needing to go through the main house. Residents commented that they enjoyed having their own private space but could socialise with their peers as and when they liked. Residents commented that the people living and working in the house respected their privacy in their home.

Residents had been supported by staff to understand what they needed to do to stay safe during the COVID-19 pandemic. At the time of the inspection, residents were preparing to receive their last round of vaccination and were being prepared and assured on what to expect by the support staff.

The majority of residents were independent to manage their own medications and money. The residents were working with their respective keyworker to set out a budget and manage their savings for holidays or hobby equipment. Goals such as these were tracked with progress steps discussed with residents and their keyworkers.

The inspector spoke by phone to some family members, who commented positively on how their loved ones were supported in general and during the social lockdown. They commented that the staff team and person in charge were approachable and kind and that they "went the extra mile" to ensure that the residents were kept safe and busy with their work, hobbies and interests. Residents, families and staff were looking forward to all meeting up with each other when social restrictions eased.

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 safety and quality of the service being provided.

Capacity and capability

The inspector found that the registered provider had measures in place to ensure that the service provided was resourced with a strong team of staff who were

appropriately trained and familiar with the residents' needs. The person in charge and staff team commented that they felt appropriately supported by each other and by the provider-level management, and the inspector found evidence indicating that the service provider was continuously monitoring and enhancing the operations of the designated centre.

The inspector reviewed a sample of how staff members were supervised by their line manager. Records of these one-to-one meetings covered meaningful topics such as job progression opportunities, requests for training and education, and how staff could be supported to most effectively support the residents, particularly residents with whom staff acted as a keyworker. Staff commented that they felt supported by their colleagues and managers to carry out their duties effectively and appreciated opportunities to take the lead on certain plans and projects, such as facilitating education sessions for residents or being responsible for good infection control practices in the house. The staff had a good rapport with the residents, and the inspector observed examples through the day of casual, friendly chat and joking, and the staff members displayed a ready knowledge of residents' interest, routines and personal projects. Staff supported the residents to communicate their comments to the inspector without speaking on their behalf.

The provider maintained a robust oversight structure of the operation of the designated centre. They had completed their annual and six-monthly audits of the service. In these they highlighted the primary challenges and achievements in retaining the safety and quality of the service for residents and staff. Areas in need of improvement were identified with time-bound plans of action, as were aspects of the service being developed to enhance the service standards. Examples of initiatives taken included upgrading fire safety measures, supporting residents to explore interesting new job opportunities, and working to increase availability of service vehicles currently shared with other services so as to maximise the frequency of getting out on trips and outings. The annual report featured contributions, suggestions and feedback from the residents on their experiences with the house, staff supports, access to preferred activities and the community, and the challenges they faced during the pandemic and its impact on their jobs and hobbies.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of this designated centre, and associated documentation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time and was suitably qualified and experienced for their role.

Judgment: Compliant

Regulation 16: Training and staff development

Staff personnel were up to date on their mandatory and supplementary training. Structures were in effect to facilitate staff supervision and professional development.

Judgment: Compliant

Regulation 22: Insurance

The provider had evidence of the required insurance in place against property damage and personal injury.

Judgment: Compliant

Regulation 23: Governance and management

Management and auditing systems were in effect to ensure that the designated centre provided suitable and person-centred support and where areas of improvement were identified, these were followed up through time-bound plans of action.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a written and signed agreement between each resident and the service provider which outlined the services of the designated centre and the associated fees payable.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had composed a statement of purpose for the designated centre which included all information required under the regulations.

Judgment: Compliant

Quality and safety

The inspector found this to be a designated centre which was safe, promoted and supported meaningful opportunities for its residents, and delivered support in a manner which was respectful of residents' choices, preferred routines and levels of independence. Health, personal and social support plans for residents' assessed needs were detailed and person-centred, with some development required to ensure that evaluation of their effectiveness clearly reflected the views of the residents and the relevant health professionals.

The inspector reviewed a sample of care and support plans for residents' assessed needs, and guidance for staff on supporting the resident on same. Plans reviewed were written with concise, detailed guidance for staff which was tailored to each resident's specific supports and was written in a way which was respectful to the residents' independence and dignity. Staff demonstrated a good knowledge of these plans when speaking with the inspector; for example describing how their responses to specified support needs would differ when in the house, travelling in a car or out in the community. Where support plans guided staff to carry out regular monitoring or exercises with residents, this was being clearly recorded. Support plans were available in a format which was suitable for the residents' most effective means of communicating and understanding, with one resident using this accessible plan to describe to the inspector how they stayed safe, carried out their daily activities and planned out their week with the staff. Simple language stories were also used to support residents to understand and consent to matters related to medical appointments, the requirements for restrictive interventions or safety measures, and the effect COVID-19 was having on their routine, work and community interests. While all resident support plans were reviewed regularly by the person in charge and the keyworker, evidence that these reviews were accompanied by an evaluation of their effectiveness was required, including evidence that it was done in consultation with the resident and the relevant health professionals.

Residents were assessed for their capacity and independence to self-administer their own medication, and staff had means of checking that medications continued to be taken as per the times and methods prescribed, and that they were collected routinely from the pharmacist.

The residents lived in a spacious and comfortable house in a suburban residential area. Amendments to the house had been made to accommodate the residents and their interests. For example, the attic had been converted into a studio in which one resident could work on their crafting projects. Outdoor space had been used in a way that was meaningful to the residents, with a bike storage shed and greenhouse set up for use by some residents. Two of the five residents lived in a separate apartment on the property which they could access independent of the main house and which was equipped with living and kitchen facilities of their own. Each resident had designed and decorated their personal space based on their interests and preferences, with sufficient space to store their belongings and furnish their living spaces. The provider facilitated a restraint-free environment with no residents restricted from moving freely around their own living space. Where residents may require chemical restraint, the rationale for its use was clearly set out for a specific purpose, and the resident was supported to understand and agree to its use. One resident had a device on their bedroom door which notified staff when they left their room at night. This was originally installed due to the distance between the resident's bedroom and the staff sleepover room, but the rationale for this device's continued use was not clear, as the resident demonstrated to the inspector how they would use an intercom phone in their bedroom to call staff when they wanted.

The house was designed to allow a safe evacuation of residents in the event of fire. The provider was continuously identifying areas for improvement in fire safety measures and had recently installed self-closing, fire-rated doors in high risk zones such as the kitchen areas. Regular practice evacuation drills took place and the residents and staff achieved consistently low times to vacate the premises. Through these drills, the team was also identifying areas of potential delay and taking action to ensure this was known in the event of evacuation. All fire safety equipment was tested and maintained within the required timeframes.

Residents were provided education on staying safe during the ongoing health emergency, and what to expect when getting their vaccine, so that they could make assured and informed consent to same. The house was clean and suitably equipped to protect against infection risk. Staff were observed following good hand hygiene and personal protective equipment practices.

Regulation 10: Communication

The provider found good examples of where residents were facilitated to read and understand information which was important to them in accordance with their assessed and preferred communication methods.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to personalise their home, and had adequate space for their clothes, belongings and various projects and hobbies.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to pursue meaningful and personally fulfilling opportunities for employment, education, recreation and community activities in accordance with their interests and preferences.

Judgment: Compliant

Regulation 17: Premises

The premises was of suitable size, design and layout for the number and assessed needs of the residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide with accessible information for residents on the terms and services associated with living in this house.

Judgment: Compliant

Regulation 27: Protection against infection

The house was clean and supplied to protect against risk related to infection. Staff were observed following good practices of hand hygiene and precautions related to the COVID-19 pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

The provider was continuously identifying areas in which fire safety could be improved, and had recently enhanced fire containment measures in the house. Regular fire drills provided assurance that residents and staff could get to a place of safety promptly in the event of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were supported and assessed for their level of independence to manage and administer their own medication, with appropriate supports provided in accordance with this assessment.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Some improvement was required to ensure that reviews of care and support plans were accompanied by evidence to show that they were conducted in a manner which ensured maximum participation of the resident, and evaluated the effectiveness of the plan.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector identified a device monitoring resident movement which was not identified as an environmental restraint and the rationale for its continued use was unclear with the presence of a more personal and less intrusive measure of alerting staff.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that resident choice, independence and privacy was respected in the residents' daily lives, and that they were facilitated to have input on the running of their house.

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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	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	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 9: Residents' rights	Compliant

Compliance Plan for Morell OSV-0001989

Inspection ID: MON-0032753

Date of inspection: 02/06/2021

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
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: The staff team will attend training on the 14th of July 2021. This training will cover how to complete the relevant section on the internal database that captures this information and ensure there is sufficient evidence that reflects the work which has been completed going forward.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The monitoring device will be disengaged by the 07th July 2021.	

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 05(6)(b)	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 be conducted in a manner that ensures 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	14/07/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	14/07/2021

	annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	07/07/2021