

# 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:	Announced
Date of inspection:	22 March 2024
Centre ID:	OSV-0008185
Fieldwork ID:	MON-0043164

## 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:	3
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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
Friday 22 March 2024	09:30hrs to 15:30hrs	Karen Leen	Lead

## What residents told us and what inspectors observed

This report outlines the findings of a short-notice announced risk-inspection of this designated centre. It was scheduled to inspect against the provider's compliance plan which was received subsequent to an inspection in the designated centre on the 06 October 2023. High levels of non compliance were identified on that inspection and the provider was required to submit a compliance plan detailing measures to be taken in order to address the levels of non compliance found. This inspection was therefore scheduled in order to review the progress that the provider was making in coming in to compliance with the Health Act 2007 (as amended) and associated regulations. The inspection found that the provider had initiated a number of control measures in order to bring the designated centre into compliance with the regulations and standards.

This designated centre consists of two houses in close proximity to each other in Co Kildare and is registered for four residents, at the time of the inspection there was one vacancy in the centre. The first house is a large two storey building which is home to two residents. Downstairs, there is a sitting room, kitchen, bathroom, two residents bedrooms, a staff sleep over room and a large sun room. Upstairs there is an additional staff sleep over room, small sitting room and vacant residents bedroom with en suite. Residents have access to a large garden which is equipped with garden furniture. The second house is a three bedroom bungalow and is home to one resident. The provider had completed an application to vary in November 2023 in order to add an additional premises to the floor plans of the designated centre. This house consists of a sitting room and kitchen, a large accessible bathroom, resident bedroom and staff sleepover room. This house was equipped with an outside seating area which overlooked a large scenic view of the surrounding area.

The inspector had the opportunity to visit both houses during the course of the inspection. The inspector observed both houses to be well maintained with residents art work and photographs on display throughout the houses. Each resident had their own bedroom which had been personalised to their individual tastes, and was of a suitable size and layout for their individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

The inspector was provided with the opportunity to meet with two of the three residents living in the centre, one resident was away with family and not due to return until the following day. The inspection was facilitated by the person in charge throughout and by the person participating in management for large period of the inspection. The inspector spoke with the person in charge, staff, and a number of residents. While some of the residents spoke with the inspector, not all residents provided their views on the service they were in receipt of. A review of documentation and observations, throughout the course of the inspection, were also used to inform a judgment on residents' experience of living in the centre. The

inspector observed that residents appeared relaxed in their home. Some residents were engaged in activities in their home such as preparing meals with staff or were listening to music when the inspector arrived. The atmosphere in the centre appeared relaxed and comfortable. The staff working with the residents appeared to know them well and engaged in conversation about their plans for the day and were informing the inspector about residents goals for the coming year.

On arrival to the designated centre one resident was getting ready to attend a social outing in the local community. The resident had recently decided to retire from their day service and were being supported by staff to have an active retirement plan. The inspector observed the resident discussing their plan for the day with staff that was presented on their picture timetable for the week. The inspector observed the resident discuss with staff their wish to change the plan for the morning, staff supported the resident to change their plan on the picture board and discussed the money they would require as the resident wished to go shopping. The inspector had the opportunity to speak to the resident on their return from shopping in Kildare town. The resident showed the inspector some of the beautiful purchases they had made and told the inspector that they love to shop. The resident spoke of how they enjoyed buying new items of clothing if they had any upcoming plans with family and friends. The resident also spoke about their enjoyment of finding bargains in the local charity shop and could spend hours with staff trying to find items.

One of the residents told the inspector that they liked the staff in the house and were going out for a treat in the afternoon. The resident was assisted with their communication needs by familiar staff who ensured that the resident could communicate freely. Staff spoke to the inspector about the residents changing needs and how the resident currently prefers short outings with familiar staff. The inspector observed the resident to freely access all shared living areas within their home throughout the inspection. The inspector observed the resident chatting with staff and laughing throughout the day.

Residents were consulted with about the running of the centre through weekly resident forums. These forums included meal planning and discussion on relevant topics such as rights and safeguarding. Residents had the opportunity to meet with the provider's designated officer where they wished to do so. Monthly key working sessions were another forum which residents could use to speak about their experiences and plan activities. The inspector found evidence that the person in charge and staff team were ensuring that resident knew how to make a complaint and could freely make complaints in an accessible manner through weekly complaints meetings.

In summary, from what residents told the inspector and what the inspector observed, it was evident that residents were supported to lead busy and active lives in the centre. Since the last inspection, there had been a clear focus on supporting residents' to understand their rights and to refer to external agencies where that was required. The provider had also identified changing needs for residents and the want to take retirement from day services and had acted accordingly with the appropriate staffing.

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

The purpose of the inspection was to monitor progress the provider was making in coming into compliance following non-compliances identified at the previous inspection in October 2023. Overall, this inspection found improvement in compliance with the regulations since the previous inspection. The provider had completed their actions as outlined in their compliance plan response. The inspector found that there were significant improvements in the level of compliance in a number of regulations on this inspection. However, further improvement was required in relation to regulation 23, governance and management.

The inspector found that the provider had strengthened and improved their governance and management arrangements since the last inspection. An annual review had been completed for the centre, however the inspector found that the annual review for the centre had not taken into consideration the views of the residents or their representatives.

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences. The designated centre had one whole time equivalent vacancy in the centre, however the inspector noted this vacancy was in response to residents changing needs and was covered by regular relief staff familiar to residents and the centre.

A planned and actual roster were maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for additional services, the inspector found that governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfill their professional responsibilities.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents. All staff had completed mandatory training including fire safety, safeguarding and positive behaviour support. In addition, training was provided in areas such as dementia, autism and dysphagia.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

The provider had enhanced their systems for recording, screening and logging complaints. A complaints log was kept and the inspector found that it was suitably detailed on the status of each complaint and any follow up actions. Residents and their representatives were made aware of the complaints process. Since the last inspection, there had been a clear focus on supporting residents' to understand their rights and to refer to external agencies where that was required. The person in charge and staff team had implemented weekly complaints meetings with each resident. The inspector found these meetings to provide educational information for each resident and was creating an open culture where residents could voice their concerns in relation to any aspect of the quality of care they were in receipt of within the designated centre. The inspector also noted a high volume of compliments from resident during these meetings. For example one resident was highly complimentary of the support received during their retirement process.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge was responsible for the management of one other service, in addition to the designated centre, and the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the resident's current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

The centre had one vacancy identified, however this vacancy was made from



additional hours placed in the centre in order to assist residents with changing needs. The inspector found that this vacancy was managed by familiar relief staff to ensure continuity of care and support for residents.

The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed mandatory training including fire safety, safeguarding and positive behaviour support. In addition, training was provided in areas such as dementia, autism and dysphagia.

The inspector found that staff were receiving regular supervision as appropriate to their role and, the person in charge had developed a schedule of supervision for 2024 for all staff members.

Judgment: Compliant

### Regulation 23: Governance and management

The provider commissioned an unannounced visit to occur in the centre every six months following which a written report on the safety and quality of care was produced. This report informed an action plan which endeavoured to address any concerns regarding the standard of care and support. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2023. However, the annual review for the centre had not taken into consideration the views of the residents or their representatives.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the

service provided and met the requirements of the regulations.

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame. The inspector reviewed a sample of incident logs during the course of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the designated centre. This was accessible and was displayed in a prominent place in the centre. The person in charge and staff team discussed complaints regularly with residents through residents meetings. The inspector found that since the last inspection the person in charge and staff team had placed a great emphasis on educating and supporting residents to make complaints and were holding weekly complaints meetings to ensure that residents were aware of the providers policy and also to ensure that residents could access external advocates if required.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the inspector found that the day-to-day practice within the centre ensured that residents were safe and were receiving a good quality and person-centre service. The inspector found that the provider had implemented a number of quality improvement plans within the centre that was having a positive impact on each residents lived experienced within the designated centre.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The person in charge had complete a review of positive behaviour support plans with residents and multidisciplinary support in order to identify where support needs are required or could be discontinued. The person in charge and staff team were reviewing each residents positive behaviour support in line with identified changing needs in a timely manner. The inspector found that the person in charge was promoting a restraint free environment within the centre. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preferences. The inspector found that the person in charge was regularly reviewing each residents assessment of capacity in line with identified changes in residents assessed needs.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents. The person in charge and staff team had developed detailed documentation individualised for each resident to ensure that all safeguarding incidents were recorded and documented.

There was evidence that the provider had implemented a number of actions that ensured the designated centre was operated in a manner which was respectful of all residents' rights. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunities to experience life in their local community. Residents accessed numerous external activities such as shopping trips, social activities, planned holidays, meals with families and friends. There was an emphasis on supporting residents with life skills such as planning for retirement and assisting residents in the process of viewing new homes.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

## Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt,

prescribing and administration of medicines. Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed. Residents had also been assessed to manage their own medicines. This was reviewed regularly with residents in line with their preferences and changing needs. Medication audits were being completed as per the providers policy and any recommendations or findings from audits were a topic discussed within staff meetings.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. Clear behaviour support plans were in place to guide staff on how best to support these residents, and regular multi-disciplinary input was sought in the review of residents' behavioural support interventions.

The inspector reviewed behaviour support plans in place for residents. The plans detailed proactive and reactive strategies to support residents in managing their behaviour. They were devised in consultation with the clinical team and reviewed regularly as per the providers policy.

The inspector completed a review of restrictive practices in place in the centre and found that all restrictive practices were logged, regularly reviewed and risk assessed in line with the provider's policy. In addition the person in charge and staff team were monitoring the use of restrictive practices and attempting to reduce the frequency of use within the designated centre.

Judgment: Compliant

### Regulation 8: Protection

Overall, the inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. Since the last inspection the provider had enhanced their oversight and monitoring of safeguarding within the designated centre by implementing a number of control measures that further enhanced residents lived experience within their home, such as increasing the

staffing whole time equivalence for the designated centre. The inspector found that the provider and person in charge had implemented these control measures without impacting residents rights or being restrictive in their nature.

Staff working in the centre completed safeguarding training to support them in preventing, detecting, and responding to safeguarding concerns. There was also guidance in the centre for them to easily refer to. Staff spoken with were able to describe the safeguarding procedures. The inspector found that safeguarding concerns in the centre were being appropriately responded to, reported, and managed, for example, safeguarding plans were prepared and measures were put in place to protect residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found evidence that provider had implemented a number of systems in order to ensure that the service provided to resident was safe, effective, adequately resourced, monitored and tailored to the needs of each resident in the designated centre. The person in charge and staff team had developed resident documentation to ensure that potential safeguarding concerns were clearly monitored and that appropriate supports were in place in order to uphold residents rights and keep residents safe from abuse.

The inspector found evidence indicating how residents' choices and wishes were respected. Staff were observed supporting residents in a manner which protected their privacy and dignity, and allowed residents to have their voice heard in how they went about the running of their home, participation in healthcare choices, how they planned their daily routine and preferred community activities.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kare DC18 OSV-0008185

Inspection ID: MON-0043164

Date of inspection: 22/03/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The annual review of the quality and safety of care and support in the designated centre for 2023 will be updated to include feedback and the views of the residents and their representatives. This will be completed by the end of May 2024.</p>	



**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/05/2024