



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

Issued by the Chief Inspector

Name of designated centre:	Kare DC4
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	05 December 2023
Centre ID:	OSV-0008236
Fieldwork ID:	MON-0036919

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:	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
Tuesday 5 December 2023	11:00hrs to 16:00hrs	Karen Leen	Lead
Tuesday 5 December 2023	11:00hrs to 16:00hrs	Carmel Glynn	Support

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations. The centre provides a respite service for children and teenagers, aged 18 years and below, with 41 children availing of the service. The service is registered to accommodate up to five service users at a time with a physical, intellectual or neuro-developmental disability. On the day of the inspection, there were two children availing of the respite service. The inspectors of Social Services had the opportunity to meet with one child during their respite stay, and several staff during the course of the inspection. The inspectors used these observations, in addition to a review of documentation, and conversations with support staff to form judgements on the children's quality of life and experience of respite. The inspection was facilitated by the person in charge and the person participating in management (PPIM). Overall the inspection found high levels of compliance with the regulations.

The centre is located near a town in County Kildare. The house is a large two storey building suitably adapted to meet the assessed needs of children availing of the service. The centre is subdivided into three sections, to provide accommodation for up to three children in one area, and two children in separate, single-occupancy living spaces. Admissions are based on individual assessed needs including matching the needs and interests of a particular group of children/young adults. The house has multiple communal areas, kitchen and dining spaces, as well as a large external grounds. There are child friendly facilities, with an outdoor play area, equipped with all weather turf grass and a trampoline in a fenced area. The centre was decorated for Christmas, with a Christmas tree in the kitchen, a large patchwork Christmas tree that children could remove and place decorations on and festive decorations throughout the house. The house was decorated with bright, child-friendly decorations throughout for example smiley face stickers on the wall in the bathroom, animal stickers on the walls, sensory bath toys in the Jacuzzi baths and an array of games located in the main living areas. The property had five bedrooms with one en-suite, each bedroom was decorated in a welcoming colour and with large beds that had been purpose built by the provider. There were visual aids, schedules and choice boards in use and on display throughout the centre in order to promote children's individual communication choices. However, additional work was required to one single occupancy living space which will be discussed further in the report.

On arrival to the centre the inspectors were met by the person in charge who was facilitating a staff meeting, all children were availing of school service prior to their respite stay. The inspectors had the opportunity to meet with the staff team at the commencement of the staff meeting and at stages throughout the inspection. Staff spoke to the inspector about the criteria for admission within the centre and how compatibility assessments were completed prior to respite stays so that each child would benefit from a respite stay with individuals that enjoyed similar interests. Staff spoken to were familiar with residents assessed needs and there was a strong focus

on children having a meaningful experience while in respite. Staff spoken to felt supported in their role and discussed the complexities of a respite service and ensuring that the compatibility assessments and staff skill mix is correct for each child's stay in respite.

Due to the identified assessed needs of one child availing of respite, one inspector had the opportunity to meet with this child and their support staff. The inspector observed the child using their tablet on return from school, picking songs and music videos. Support staff informed the inspector of the choices available for the afternoon in respite and how the child would be assisted to pick an activity. The inspector observed staff getting down to the child's level when communicating and observed that the child was relaxed and comfortable in the presence of support staff. The inspector observed the child pick from a number of activities for the afternoon including choice of food and activity.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered

Capacity and capability

The registered provider and the person in charge had implemented strong governance and management systems to support the delivery of an effective service. The centre was found to be well resourced and care and support was being delivered in a person-centred manner. There was a clearly defined management structure in place. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently monitored. The provider had systems in place to review the quality of services such as unannounced visits to the centre and an annual review of the quality and safety of care. The person in charge had implemented a number of additional auditing systems, which were discussed at monthly staff meetings and formed part of the centre's Quality Plan. The annual review included views and comments of residents, families and staff members and identified areas that were done well and further areas for improvement

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting children's assessed needs. There was a planned and actual roster available and maintained in the centre. The person in charge and provider had incorporated additional staff team meetings into the monthly roster promoting an environment of shared learning.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such

as fire safety, safeguarding and first aid. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. A review of the staff training matrix identified that staff had access to mandatory and refresher training.

While the inspectors found evidence of care being delivered to a high standard, improvements were required in relation to the maintenance and accessibility of documentation in the centre. The inspectors identified a number of inaccuracies between the support plan held electronically and in paper format in the centre. The person in charge had identified these inaccuracies and was currently working through rectifying the errors with the staff team. The provider had also changed the name of the designated centre on the 31st of October 2023 and this was yet to be reflected on a number of documents within the designated centre.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

The registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspectors found that the policies were readily available for staff to access. The inspectors viewed a sample of the policies, including the policies on safeguarding, positive behaviour support, communications, residents personal property and finances, and food safety; and found they had been reviewed within three years of approval.

The provider had contracts of care in place for children accessing the service. A sample of files were viewed and indicated that all of the children had up to date contracts of care in place which were signed by their family members. These were also in place for crisis admissions. The inspectors also found evidence that reviews were being conducted by the person in charge and support staff after respite stays to ensure that each child received an enjoyable experience.

There was a complaints policy and clear complaints procedures in place. There was a person nominated to deal with complaints. A review of records found that complaints were managed in accordance with the provider's policy and that the person in charge had clear systems in place to ensure that complaints were dealt with in a timely manner. Complaints were recorded and escalated appropriately, with a record of communication with the complainant maintained.

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.

Judgment: Compliant

Regulation 15: Staffing

The centre had sufficient numbers of suitably qualified and experienced staff members to meet the assessed needs of residents. There was a planned and actual roster, and arrangements in place to cover staff leave whilst ensuring continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Staff were up to date with all mandatory training. The inspectors found that the person in charge had systems in place that ensured oversight and management of staff training needs ensuring refresher training was completed in a timely manner. Staff received training in areas such as safeguarding, fire safety and medication management. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs, such as PEG feeding.

The person in charge was seen to have oversight over staff supervision and had implemented additional staff meetings each month to promote a shared learning within the staff team.

Judgment: Compliant

Regulation 21: Records

The inspector found evidence of care being delivered to a high standard, however, gaps and inconsistencies were identified in the maintenance and accessibility of documentation. However, the inspector found that these gaps were not impacting on children availing of the services provided in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The centre was adequately resourced to meet the assessed needs of the children availing of the respite service. The provider and person in charge were ensuring oversight through regular audits and reviews. There was evidence that actions identified as a result of audits and management meetings were progressed in a timely manner and that they were being used to drive continuous service improvement.

The provider had completed unannounced visits to the centre. The provider had carried out an annual review of the quality and safety of the centre, the annual review included consultation with residents, families and staff members and identified areas done well, and plans for the year ahead

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Children had contracts of care in place which were in line with the regulations, regularly reviewed and signed by the provider and the family members of the children. This included arrangements for crisis admissions.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated, and was located in an accessible place in the designated centre for residents and their families.

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 complaints log was reviewed on the day of inspection. The inspector found that the person in charge had good oversight of the complaints made within the centre and ensured

that complaints were followed up in a timely and satisfactory manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies had been reviewed within the three years of approval. The inspector also found evidence that policies were discussed regularly at staff team meetings.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the children who availed of respite in the designated centre. Overall, the inspector found that the governance and management systems in place ensured that care and support was delivered to children in a safe manner and that the service was consistently and effectively monitored. However, improvements were required in relation to the maintenance of the one section of the premises.

The inspectors found that a number of areas for improvement were required in relation to one section of the premises that could provide support for one child during each respite stay. These findings are detailed under Regulation 17, the inspectors acknowledged that the provider had completed a business case for the procurement of funds in relation to the outstanding premises work. Notwithstanding the works required to one section of the centre, the inspectors found the designated centre to be bright, clean and presented in a manner that would be appealing to children during their respite stay. There was sufficient bathrooms which were designed and equipped to meet children's needs. The centre provided a number of communal spaces that were bright and spacious for children and a large outdoor play ground.

Each of the 41 children and young adults currently accessing respite breaks in the centre had an assessment of need and personal plan developed. The inspectors viewed a sample of the assessments of need and personal plans and they were found to be person centred and clearly guiding staff to support with their care and support needs, with an emphasis on creating independence for each child in line with their wishes and preferences. There was evidence that they were being regularly reviewed to ensure they were effective and reflective of children's current needs. There was evidence of annual reviews with children's representatives and

relevant members of the multidisciplinary team.

The provider had ensured that children's communication support needs had been comprehensively assessed by an appropriate healthcare professional in conjunction with each of the children's network team and schools. Children were assisted and supported to communicate through clear guidance and support plans. Children had access to communication systems and aids and information in relation to the centre was presented in an accessible manner, for example the kitchen area displayed pictures to demonstrate where items could be found. Children had access to assistive devices and equipment in order to promote their full capabilities with regard to communication.

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 inspectors found that there was a strong emphasis on shared learning and education and development within the centre in relation to medication management that focused on changes in children's medications, assessed needs and learning from medication audits.

The person in charge had ensured that staff were provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice. There were a number of restrictive practices in place in the designated centre. These were recorded and regularly reviewed and there was evidence of removal and reduction of restrictive practices in the centre.

The safeguarding arrangements in the centre were found to be effective in protecting residents from the risk of harm or abuse. Staff had received training in safeguarding vulnerable adults. There were clear lines of reporting, and any potential safeguarding incidents were investigated and escalated appropriately.

Regulation 10: Communication

Children had documented communication needs which had been assessed by relevant professionals. Staff spoken to on the day of the inspection had in-depth knowledge of each child's communication needs and could describe the supports that residents required. The inspectors observed staff throughout the course of the inspection interacting with children using various alternative communication technology such as visual displays, assistive technology and Lámh. There was an environment of fun created in the centre with the inspectors observing staff creating activities for play which involved alternative means of communication and ensuring that staff were engaging with children through the children's choice of communication.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was found to be clean, spacious and kept to a high standard of cleanliness. The inspectors found that the centre was decorated in a manner that suited the interests of children that availed of the centre.

There were a number of outstanding maintenance issues within the centre which were in need of completion including:

- Fitting of new radiators to one compartment of the house
- Fitting of sinks one compartment of the house
- Paint work to be completed
- Repairs to bath in one compartment of the house that had become loose

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place for the receipt of medication on a child's arrival to respite, with a reconciliation of medication completed upon departure. Staff spoken with were knowledgeable regarding the procedures for the administration of medication. Medicine audits were completed on a monthly basis, along with a review of any medication errors each month. Medication management was discussed at staff meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

It was evident from reviewing a sample of the children's files and speaking with the person in charge that an individualised approach was taken to assess each child's needs. There was an assessment of needs for each child, and individualised support plans in place for specific areas of support, which were reviewed and updated regularly. Support plans were written which demonstrated an awareness of individual needs.

There was a key worker system in place and key workers had the responsibility of auditing and updating plans on an annual basis. A pre-admission checklist was carried out with families prior to each admission to get an update on the child's health and well being. There was evidence of children engaging in activities which they enjoyed while they were in respite. There was evidence that a transition plan to service was completed for new admissions and for residents transitioning to adult

services.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support children who presented with challenging behaviour. Behaviour support plans were available for those children who required them and were up-to-date and written in a person centred manner. The inspectors observed that behavioural support plans within the designated centre were regularly reviewed and utilised as an ever evolving support plan in line with changing needs and supports of children in the centre.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect children from being harmed or suffering from abuse. Intimate and personal care plans in place provided a good level of detail to support staff in meeting the resident's intimate care needs. Staff had received training in safeguarding adults. Any potential safeguarding incidents had been appropriately investigated and managed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kare DC4 OSV-0008236

Inspection ID: MON-0036919

Date of inspection: 05/12/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: This location is in the transition process of moving from paper files to an electronic database system.</p> <p>Staff have been supported to develop skills on using the new system. This system will be up and running on the database only by the end of June 2024.</p> <p>There are actions underway each month for the staff team to complete to ensure they achieve this target.</p> <p>Extra admin hours have been allocated to this location one day per week to support the process of transitioning from January 2024.</p> <p>The developer for the CID database has been contacted to ensure that the inspector when on site for an inspection through their log in details can access all information in that designated centre for any required period. This has been completed on the 22nd of December 2023.</p> <p>All relevant staff in the organization have the correct access to ensure they can see, edit and review any relevant information for this location in line with access rights and permissions for restrictions for sensitive information. This has been confirmed as accurate as of the 20th December 2023.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The front apartment in this location is getting a significant refurbishment which is currently under design with the leader and maintenance department. The works in the design will be completed before the end of 2024. When refurbishment is being completed, all these actions will be considered and completed at that point.</p> <ul style="list-style-type: none"> • Fitting of new radiators to one compartment of the house • Fitting of sinks one compartment of the house • Paint work to be completed 	

• Repairs to bath in one compartment of the house that had become loose
This area is currently not in use.

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 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/12/2024
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for	Substantially Compliant	Yellow	30/06/2024

	inspection by the chief inspector.			
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