Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by KARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011607</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Kildare</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:peter.furlong@kare.ie">peter.furlong@kare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>KARE</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Christy Lynch</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Peter Furlong</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Gary Kiernan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Conor Brady</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>9</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 29 January 2014 11:00  To: 29 January 2014 19:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
<th>Outcome 07: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This monitoring inspection of a designated centre operated by KARE was announced and took place over one day. This was the first inspection of the service by the Health Information and Quality Authority (Regulation Directorate). As part of the inspection, inspectors spent time with residents in the centre and met with the staff members. Inspectors also visited the head office of the organization in order to review policies and procedures, staff records and collecting other information which was maintained centrally.

In total, nine residents live in the centre, which comprises of two houses, both of which are located in Kildare town. The houses are within a five minute drive of each other and share some resources such as transport and the same person in charge. Residents also attend some common activities and outings. The majority of the residents in both houses attend a day service or are out at work during the day.

Overall inspectors observed a good level of compliance with regard to a number of the requirements Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 as evidenced throughout the inspection by a number of positive outcomes for residents. While areas for improvement were identified, inspectors found that residents were supported to live independent lives which they found fulfilling.
Improvements were required in the carrying out of risk assessments and the development of the risk management policy. There were large gaps in mandatory training in protection of vulnerable adults, fire safety and in moving and handling training. The policy on the protection of vulnerable adults was not satisfactory.

Arrangements were in place to support and consult residents regarding their preferences and how they wished to lead their lives. However, the development of personal plans aimed at improving the quality of residents’ lives was identified as an area for improvement.

Inspectors found that appropriate staff recruitment and supervision was in place. However, staffing levels at the weekend required review. These matters are discussed further in the report and in the Action Plan at the end of the report.
Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors found that while staff knew residents well and there were arrangements in place to improve the quality of residents’ lives, personal planning was not guiding this process and a number of improvements were required.

Inspectors met with a number of residents and reviewed a number of their personal plans in consultation with them. Residents described to inspectors how they liked to spend their day and residents said that staff respected their preferences. Residents said that they had ample opportunity for meaningful activities which ranged from work based activities in pubs and restaurants to leisure activities such as swimming, gym and attending sporting events. All of the residents led busy routines informed by their personal choices and interests.

Most residents had a personal plan in place to support them to realise their goals. Where residents declined to engage in this process that decision was respected and documented. However, there was a lack of a comprehensive assessment prior to the development of personal plans and there was also considerable variation in the quality of the personal plans. For example, inspectors identified some personal plans which had not been developed and contained very little information about residents’ personal goals and how they should be realised to improve the quality of residents’ lives. The person in charge stated that this had been identified as an area for improvement.

While there were some good examples of practice, this was not consistently demonstrated for a significant number of the residents. Inspectors found that there was a lack of evidence of multi-disciplinary consultation in the assessment and development...
of personal plans for residents who had more complex needs, for example residents who had complex communication needs. There was also a lack of evidence to show that residents had been consistently consulted and engaged in the development of their plans.

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that while steps had been taken to promote the health and safety of the residents, staff and visitors, a number of improvements were required with regard to fire safety, the risk management policy, risk assessments and the emergency plan.

The were a number of different documents relating to health and safety and risk management and an extensive amount of training had been provided for staff in these areas. Staff stated that they felt comfortable carrying out risk assessments and inspectors saw good examples of these, for example, in relation to the gardening work which some residents enjoyed doing. There was a health and safety committee for the organisation and a member of staff from the centre attended these meetings.

There was a risk management policy in place, however, it was not sufficiently detailed to provide guidance to staff and did not address all the matters specified in the regulations. For example, a committee had been set up specifically to ensure appropriate action and learning following any incidents or adverse events, however this process was not described in the policy document. Inspectors also found that many of the requirements of the policy were contained in other policies and documents but they had not been consolidated in the one risk management policy in accordance with requirements.

There was a safety statement and risk register in place. The risk register addressed a number of risks specific to the centre, for example for the use of gym equipment. However, while inspectors observed that arrangements and precautions had been put in place for residents to take public transport independently, these activities had not been risk assessed in accordance with the centre's procedures. A health and safety audit, which was carried out by the facilities manager in 2013, was shown to the inspectors and indicated a high level of compliance.
There was a system in place to record accidents, incidents and near misses and the person in charge oversaw this system and reviewed and signed off all these records. There was an emergency plan in place which provided guidance in the event of fire and emergency evacuation of the centre, however, it did not address alternative accommodation and eventualities such as flooding, power outage or loss of heat.

The centre had fire safety management systems in place for both houses which made up the centre. However, improvements were required. Inspectors noted that while fire safety training in the use of extinguishers had been provided for a large number of staff in 2014, this training did not cover fire safety prevention and evacuation arrangements specific to the centre. There was no system in place to ensure that staff attended this training on an annual basis. The documentation showed that good systems were in place for carrying out regular fire drills. A number of fire drills had been carried out in 2013.

There were arrangements in place for the service of all fire safety equipment, including the fire detection and alarm system and fire fighting equipment. Emergency lighting was also routinely serviced, however it was not serviced on a quarterly basis in accordance with recognised guidelines. The person in charge undertook to address this.

Moving and handling assessments had been carried out for those residents who required this. Moving and training handling had also been provided for a number of staff members. However, a number of staff had not attended the mandatory training at the required two yearly intervals as per the centres policies and procedures.

### Outcome 08: Safeguarding and Safety

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

### Theme:

Safe Services

### Judgement:

Non Compliant - Moderate

### Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

### Findings:

The provider had put some systems in place to promote the safeguarding of residents and protect them from the risk of abuse, however, inspectors were concerned that a number of improvements were required in this area.
The policy on the protection of vulnerable adults was not satisfactory and did not sufficiently guide staff. While it contained a lot of useful information to guide staff, it had not been reviewed since 2005 and referenced guidelines which were not current.

Residents stated that they felt safe and secure in the centre and knew what to do if they ever felt they had been mistreated. Staff members were knowledgeable regarding their roles and responsibilities for safeguarding residents and the protection, detection and response to abuse. However, a significant number of staff had not received up-to-date training in this area as required in the Regulations. For example, inspectors identified two staff members who had not attended this training since 2004. The person in charge stated that this training was provided by the in-house social work team and undertook to address this as a matter of priority.

Inspectors observed staff in all areas of the centre interacting with residents in a respectful, warm and caring manner. The person in charge reported that there were no issues regarding behaviours that challenge and inspectors noted a calm and relaxed atmosphere with residents and staff interacting freely. A daily record was maintained for each resident and inspectors saw that good detail was maintained with regard to the residents’ daily routines, interactions and mood.

The person in charge told inspectors that no form of restrictive procedures were in use at the time of inspection. There were systems in place for the management of restrictive procedures in the event that any were necessary. There was a policy in place to guide staff and a restraint assessment was carried out where appropriate. The person in charge stated that it was the intention to eliminate restraint or use the least restrictive alternative.

### Outcome 11. Healthcare Needs

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

**Judgement:**  
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
Inspectors found that residents’ healthcare needs were met but some improvement was required with regard to accessing allied health professionals.

The records showed that residents were regularly reviewed by the general practitioner (GP) and there was access to a range of health professionals such as the psychiatrist, dietician, opticians and dental services. Inspectors saw that residents were provided
with education and training to take responsibility for their own healthcare needs where possible.

As highlighted under outcome five, there were deficiencies in the personal planning process and as a result instructions for meeting residents’ individual healthcare needs were not clearly set out. Inspectors observed that some residents had been identified as requiring speech and language services and psychiatry services as part of the personal planning process. However, the records did not demonstrate that referrals had taken place. There was an absence of clear instructions for the management of residents’ health conditions as a result. In some cases, instructions from allied health professionals such as the dietician, were hand written by a staff member who accompanied the resident. However, inspectors were concerned that in some cases complete records were not maintained and were not dated. Inspectors found that this could potentially result in negative outcomes for residents.

Inspectors were satisfied that residents’ food and nutritional needs were met. Residents told inspectors that they had a meal in the day centre and prepared an evening meal when they returned to the house. They said that they decided what they wanted for their evening meal and they were involved in drawing up the shopping list, doing the grocery shopping and preparing food. A range of alternatives was available if a particular resident did not like the meal which was prepared. Inspectors found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices were appropriate. Mealtimes were flexible and fitted around residents' social and work life.

**Outcome 14: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
There was a satisfactory management structure in place which supported the delivery of safe care and services.
Inspectors found that the person in charge of the centre was suitably qualified and experienced. He was knowledgeable regarding the requirements of the Regulations and Standards. He said that he met with the social care workers in charge of both of the houses on a monthly basis. He discussed with inspectors plans to formalise these meetings and introduce formal reporting documentation on areas of risk for each of the two houses in the centre. He maintained an overview of the health and support needs of the residents. The person in charge was clear about his role and responsibilities and about the management and the reporting structure in place in the organisation. He demonstrated good knowledge in relation to the protection of vulnerable adults.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for persons in charge to assist them to deliver a good quality service. These supports included access to the quality and safety manager and an operational team committee which met on monthly basis. Staff in the centre also had access to other allied health professionals who worked within the organisation, including nursing staff, social work, physiotherapy and occupational therapy for support and advice. The provider had established a series of monthly meetings where the managers of all centres met to discuss common areas of interest and share their learning.

**Outcome 16: Use of Resources**  
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

**Judgement:**  
Compliant

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
Inspectors found that sufficient resources were provided to meet the needs of residents for the most part. However, some issues were identified in relation to staffing levels as highlighted under outcome seventeen.

Both houses were maintained to a good standard and had a fully equipped kitchen. Maintenance requests were dealt with promptly. Modifications had been provided to some of the bathrooms to cater for the individual needs of residents. Appropriate assistive equipment was available and had recently been serviced by an external healthcare company.

Accessible transport was available to bring residents to their day services and to social occasions. Staff told inspectors that some outings had been restricted due to the lack of availability of a second bus for the two centres. However, inspectors discussed this
matter further with the person in charge who stated that a plan had been put in place to address this matter and make a second bus available by mid February 2014.

<table>
<thead>
<tr>
<th>Outcome 17: Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
</tr>
<tr>
<td><strong>Judgement:</strong> Non Compliant - Moderate</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection:</strong> No actions were required from the previous inspection.</td>
</tr>
<tr>
<td><strong>Findings:</strong> The numbers and skill mix of staff were appropriate to the assessed needs of the residents. However, inspectors found that staffing levels at the weekend required review in order to ensure that the independence of all residents was facilitated. Residents told inspectors that they could not always go to certain events at the weekend because sufficient staff numbers were not available. Staff members confirmed that it was not possible to facilitate outings on Friday evenings and Sundays as there was no second staff member in one of the houses at this time. Inspectors confirmed this from the roster and found that this was a gap which required review in order to meet the needs of the residents. There was safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Inspectors reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Inspectors found that in case of two long-serving staff members only one written reference was available however, staff from the personnel department were aware of this and had a plan in place to review all staff files and ensure that the current requirements for documentation were met. Records were maintained of staff training. These records showed that staff members attended a range of training in areas such as crisis prevention intervention, first aid, medication management and risk assessment. As discussed under outcome seven, the records did not demonstrate that all staff had attended mandatory training in moving and handling.</td>
</tr>
</tbody>
</table>
There was a formal supervision system for all staff members which was documented. This system was focussed on learning and development as well as formal supervision of the staff member's performance. There were also regular meetings with the staff with regard to the management of the centre.

Inspectors noted that copies of the regulations and the standards were available to residents and staff. There were no volunteers attending the centre at the time of inspection. However, the person in charge was aware of the documentation requirements for volunteers in the event that they did attend the centre.

**Outcome 18: Records and documentation**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**

Use of Information

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

As discussed under outcome eight the policy on safeguarding and protection was not satisfactory and did not guide practice.
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report\(^1\)

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by KARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011607</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>29 January 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>18 March 2014</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Each resident did not have an assessment to identify their individual needs and choices. Assessments did not involve the relevant multi-disciplinary input.

**Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure a comprehensive assessment of need is carried out with each resident in the designated centre using KARE’s Assessment of Need tool. This task will be completed by 30/6/2014.

---

\(^1\) The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The personal plans were not consistently developed to reflect residents' assessed needs.

**Action Required:**
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**
Each residents current Person Centred Plan will be updated to ensure they have a comprehensive Person Centred Support Plan which reflects their wishes and dreams and their health, personal and social needs. This task will be completed by 31/7/2014

**Proposed Timescale:** 31/07/2014

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not reflect the risk management practices and procedures which were in place for the monitoring, review and learning from accidents and incidents.

**Action Required:**
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
KARE will revise its current policies on Managing Organisational Risk and its Health and Safety Policy to form one comprehensive Risk Management Policy that will include our procedure called “Closing the Loop” which covers the monitoring, reviewing and learning from accidents and incidents. The Risk management Policy will be approved by KARE’s Board and communicated to KARE Staff by 11/7/2014

**Proposed Timescale:** 11/07/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Risk assessments had not been carried out in relation to residents who travelled independently. The emergency plan did not provide sufficient detail to guide staff in the event of an emergency.

Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
Risk Assessments have been completed in relation to those residents who travel independently. Relevant training and shadowing has been completed and has been recorded in the residents file in both the designated centre and the person’s Day Service.

The Emergency Plan for the designated Centre will be updated to give guidance to residents and staff in the event of a loss of Heat, Power, Flood or Fire Evacuation. This plan will also include procedures for accessing alternative accommodation if necessary. This work will be completed by 31st March 2014.

Proposed Timescale: 31/03/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of staff members had not attended appropriate training in fire safety.

Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
KARE will with the guidance of a registered fire safety training provider develop and deliver a training programme in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents. This training will be completed in the designated centre by 30/4/2014.

Proposed Timescale: 30/04/2014
### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A large number of staff had not been provided with training in safeguarding and protection.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
Each staff member in the designated centre including the person in charge will have received updated training in KARE’s Protecting Service User policy and Procedures. This will be completed by 31st March 2014

**Proposed Timescale:** 31/03/2014

---

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Access to allied health professionals was not satisfactory for some residents.

**Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
Reports have been furnished as requested to the inspector outlining the work completed in relation to specific referrals via Speech and language Therapy and Psychology that were discussed at the monitoring visit.

The person in charge will ensure that the residents Person Centred Support Plan includes a plan for access and support from specific to allied health professional where a need for such support is identified through their comprehensive assessment of need and the ongoing daily needs of the individual. This task will be completed by Thursday 31st July

**Proposed Timescale:** 31/07/2014
### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The levels of staffing at the weekend required review.

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will carry out a review of current weekend staffing levels in the designated centre in relation to the needs of the residents and agree a staffing plan with the Adult supports Management Team. The Person in Charge will with the residents and team look to identify if the opportunity to use volunteers is a possibility to support residents meet their goals as outlined in their person centred plan. This task will be completed by 30/3/2014

**Proposed Timescale:** 30/03/2014

### Theme: Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff training with regard to moving and handling was not satisfactory.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
KARE will provide appropriate training, including refresher training in relation to Safe Moving and Handling as part of its professional development programme. The four staff identified as requiring training will receive this training on the 29/4/14, 7/5/14, 20/5/14 and 13/6/14 respectively

**Proposed Timescale:** 13/06/2014

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy on safe guarding and protection was not satisfactory.
**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
An interim revision has been carried out on KARE’s protecting the Service Users Policy to update the references and internal reporting procedures. Managers have been informed of this update and the revised document has been published on KARE’s intranet.

KARE’s Protecting Service Users Policy will be comprehensively reviewed to ensure it provides clear guidance to staff on the prevention, detection and response to abuse, including reporting concerns and/or allegations of abuse to statutory agencies. The revised policy will be approved by KARE’s Board and communicated to KARE Staff by 19/9/2014

**Proposed Timescale:** 19/09/2014