

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
<b>Centre ID:</b>	OSV-0001989
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
<b>Provider Nominee:</b>	Anne Coffey
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **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, 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From: 02 June 2015 09:45 To: 02 June 2015 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the first inspection of the designated centre operated by KARE. The centre was a semi-detached two storey house in a quiet cul-de-sac with an external apartment, and catered for 5 residents. As part of the inspection, the inspector met with residents and staff, family members, the person in charge and the assistant manager. The inspector also reviewed family questionnaires that had been completed.

Overall the inspector found a high level of compliance across all 18 outcomes inspected, and determined that residents received a good quality service. Feedback from family questionnaires expressed satisfaction with the manner in which the

centre was run, and showed that they felt residents' needs were met in the designated centre. Residents expressed satisfaction with their home, and the supports offered to them to ensure their goals and aspirations were achieved.

The inspector found that the person in charge was suitably qualified, skilled and experienced to manage this designated centre. The inspector found there to be strong management systems in place which were working effectively as evidenced through the high level of compliance with the Regulations and Standards.

The positive findings of this inspection are laid out within the body of the report. No areas of improvement were identified at this inspection.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector determined that residents were consulted with and took part in the running of the centre as far as possible. There was evidence of regular house meetings to gather residents' opinions and decisions on the coming week or to discuss any changes in the centre. Residents confirmed with inspectors that these meetings were held monthly, and that they were also involved in planning for their care and support needs.

The inspector found that residents had access to external advocacy services if required, with information displayed in the designated centre. Residents told the inspector that they knew how to voice any complaints or concerns and felt they could bring up anything that they were not happy with. The inspector saw evidence of this in the local complaint log and found that any complaint had been appropriately responded to and addressed at local level. There was a process in place for when local complaints needed to be escalated and dealt with in a more formal manner. On speaking with family members and reviewing questionnaires the inspector found that families felt they could discuss any concerns they had with the person in charge or assistant manager.

Residents' privacy and dignity was respected in the designated centre. For example, residents rooms were locked if they wished and staff waited for residents to return to the centre to ensure they were happy to show the inspector their bedrooms. Personal information was securely kept and observations between staff and residents were dignified and respectful.

The inspector spoke with residents who felt that they had enough space for their

personal belongings and possessions which were secure. There were policies in place to guide staff which were evident in practice. For example, residents all had inventory lists in their files to show what property they owned should they ever move on from the designated centre. The systems and practices in place for supporting residents with their finances was transparent and monitored by the person in charge. The inspector determined that residents' finances, property and possessions were respected and protected in the designated centre.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that residents were supported to communicate freely in the designated centre. The inspector met all residents living in the centre, who did not have any specific needs and who were all able to communicate independently. There was a policy in place to guide staff in promoting a "total communication approach" in the designated centre. Although residents in this location were able to speak with ease, the inspector found the use of signage, pictures and photographs in use across different documentation to further enhance understanding. For example, the use of photographs to show residents which staff were on duty this shift and the next.

The inspector found evidence of referral to speech and language therapy services where a resident was assessed as needing this input, or had requested further support with their communication.

The inspector spoke with residents, who showed the inspector that there was access to telephone, internet and subscription television services, along with information on local events.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector determined that residents were supported to maintain personal relationships with their families in this centre. The inspector spoke with residents and family members and reviewed documentation and found that residents were supported to visit family as often as they desired. For example, some residents spent regular weekends with their families. Family questionnaires expressed that families were involved in care planning and decisions about their relatives.

The inspector found residents were supported in making friends and integrating into the community. Residents were assisted to spend time with friends and partners. The inspector found that residents spent a lot of time participating in their local community. For example, residents were in paid and voluntary employment in their local community, and also availed of amenities and facilities outside of the centre.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector reviewed residents' files and found that there were signed written agreement in place which outlined the terms and conditions of residence, what care and support would be delivered, and any costings associated with all aspects of care. For example, the monthly cost of rent and contributions. The inspector determined that these agreements detailed the services to be offered to residents. The inspector spoke with residents who outlined their understanding of the content of their agreements and amounts to be paid.

The inspector found that the admissions criteria for this centre was outlined in the Statement of Purpose, and supported by the organisational policy in relation to admissions, discharges and transfers.

**Judgment:**

Compliant

**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

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector reviewed residents' files, spoke with residents and reviewed family questionnaires and determined that residents' social care needs were being met in the designated centre.

The inspector found that residents' health, personal and social care needs were well assessed and planned for in the designated centre. For example, each resident had a personal profile, a needs assessment, and care planning for any identified need or risk. Each resident also had a person centred plan which outlined goals and aspirations and visions for the future. The inspector spoke with residents about their plans and found that they had their own accessible versions, and were fully involved and aware of the content. There was evidence of regular reviews of the care planning documentation which supported residents to achieve their goals.

The inspector determined that residents were encouraged to be social as much as possible, and take part in their local community in so far as they wished. This centre followed an ethos of "think local, act personal" with no formal day services, but residents availing of individual daily routines supported from the centre. Residents spoke of the positive effect this has had on their social lives with the inspector.

The inspector found that residents were encouraged to take ownership of the daily chores of the home. For example, residents took turns in being supported to prepare and cook the evening meals, and in general household chores. Residents expressed to the inspector that they were happy with their social lives and the opportunities to try new things.

**Judgment:**

Compliant

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**Outcome 06: Safe and suitable premises**  
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
The inspector found that the design and layout of the designated centre was suitable for its stated purpose, and met the individual and collective needs of residents.

This centre is a semi-detached two storey house with a detached apartment located in a quiet cul de sac near an urban town. The inspector noted that the main building had been separated into two parts to accommodate residents' needs. One area had been designed to facilitate a resident who required space and a quieter living environment, this resident’s home was accessed through a separate entrance door, and had its own kitchen, laundry and bathroom facilities. The other area of the main house was home for three residents. The inspector found all areas of the centre to be clean and decorated to the tastes and interests of the residents living there.

Inspectors determined that the designated centre met the requirements as set out in Schedule 6 of the Regulations.

**Judgment:**  
Compliant

**Outcome 07: Health and Safety and Risk Management**  
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
The inspector found that there were adequate fire safety systems in place in the centre. The inspector determined that the fire detection and alarm systems, fire fighting equipment along with the emergency lighting systems were routinely checked and serviced by a relevantly qualified professional. Records in relation to these routine

checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out which residents confirmed with the inspector. Residents were aware of the evacuation plan and the location of the assembly point. Personal evacuation plans were documented on each residents file. Staff had all received fire training which was refreshed routinely, and were aware of the evacuation plan for the centre. There was a comprehensive emergency plan along with an emergency pack for staff to take in the event of the emergency evacuation.

The inspector reviewed the accidents and incidents log for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident. There was also a checking system in place, with a "closing the loop" committee set up to ensure all adverse events were reviewed, and appropriate actions had been taken and recorded.

The inspector found there to be a risk management policy and accompanying procedures in place which met the requirements of the regulations. For example, these policies detailed the specific risks as required, the process for identifying, assessing and managing risk, emergency planning and dealing with adverse events. In the centre, a local risk register was maintained and practices in relation to managing individual risks for residents was robust and ensured residents safety in a proportionate way. For example, the risk of spending time alone in the centre or accessing the local community. The inspector found that risk assessments were reviewed periodically, or following a change in circumstance.

Overall the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The inspector reviewed policies and procedures and found that the documentation as required by the Regulations were in place. For example, health and safety policies, guidance on infection control, a site specific safety statement, a fire safety policy and emergency and evacuation plans.

**Judgment:**

Compliant

**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

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were adequate measures in place to safeguard and protect residents from harm or abuse in the designated centre. Staff were guided by policies on the prevention, detection and response to abuse, along with behavioural support and restraint management. Staff were familiar with how to access these policies and the inspector found evidence that they had been implemented in practice.

Staff had received training in the safeguarding of residents and the management of behaviours, which were refreshed periodically. Staff confirmed attendance at this training, and could discuss how to respond should there be an allegation or suspicion of abuse disclosed to them. Residents told the inspector that they would speak to a staff member if they had any concerns or worries, or if they felt they were being treated unfairly.

The inspector found that the designated centre was acting responsively to any behaviours that could be deemed as challenging. For example, the adaption of a resident's environment, daily routine and staffing to better support particular needs had resulted in more positive outcomes for a resident and the reduction of the use of PRN (as required) medication. Where necessary, behavioural support plans were implemented and reviewed routinely, with evidence of input from other members of the MDT team, such as psychology.

The inspector found that the person in charge was promoting a restraint free environment in line with best practice. There were no physical or chemical restraints in use in the designated centre.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that a clear record of all incidents were maintained and if necessary notified to the Chief Inspector within the outlined time frame. All quarterly notifications had been submitted as required.

**Judgment:**

Compliant

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**Outcome 10. General Welfare and Development**  
*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**  
The inspector determined that residents were supported to participate socially in activities suitable to their age, interests and wishes. If required, residents were supported with day activities and their routines from their home, with additional day staff to assist with this. This was part of the "Think local, act Personal" ethos that had been adopted in the centre, in place of more structured formal day services. Some residents were independent in some aspects of their day. The inspector spoke with residents and staff and reviewed documentation and found that residents was provided with supports to ensure suitable activation in line with their own goals and preferences as outlined in their person centred plans. The inspector found that some residents were in paid employment or voluntary roles. For example, working in a library or leisure centre. Residents were supported to access any community based activities suitable to their interests and preferences. Each resident had a record of any formal training or education completed on their files along with documents such as literacy assessments.

The inspector determined that residents had meaningful activation during the week supported by the staff in the centre if needed.

**Judgment:**  
Compliant

**Outcome 11. Healthcare Needs**  
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**

The inspector determined that the resident was supported to achieve and enjoy their best possible health, and that residents' health care needs were met in the designated centre. The inspector found that residents' health care needs were assessed, planned and promoted in the designated centre. For any identified health need or risk, the inspector found a care plan had been drawn up to direct the supports required for residents. These were reviewed regularly and included input from the wider MDT (Multidisciplinary Team) team, if necessary.

On review of residents' files and from speaking with residents the inspector found that there was timely access to allied health care professionals for residents. For example, access to GP, psychiatry, speech and language therapy (SALT), occupational therapy (OT), physiotherapy, chiropody and dietetic services. Referrals had been sought for residents who required specialist input, and any advice given was implemented into residents' care plans. The person in charge and staff team had access to additional nursing support and guidance available from an area nurse, and the inspector found evidence of frequent involvement of nursing guidance when necessary.

The inspector spoke with residents and staff, and reviewed documentation and found that residents were supported to buy, prepare and cook their own meals. Residents were encouraged to make healthy food choices that were nutritional. The inspector spoke with residents who explained they decided upon the weekly menu at the house meetings, and took turns to cook each evening. There was evidence of referral to dietician services for residents who required additional support in managing their nutrition.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

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

This was the centre's first inspection by the Authority.

### **Findings:**

The inspector determined that residents were protected by safe medication management practices in the designated centre. There were medication management policies in place, along with local procedures and protocols. Residents had additional support from an area nurse for certain aspects of the medication management cycle. For example, the witnessing of transcribing or advise on medication effects.

The inspector reviewed the systems in place for prescribing, ordering and storing medication in the centre, and found them to be adequate. Medication was stored

securely, and was administered by social care staff. Inspectors found evidence staff had received training in the safe administration of medication, and this was updated routinely. Any residents who managed their own medication had a clear assessment completed, and supports in place to promote their independence, if needed.

The use of PRN (as required) medications was clearly documented, including rational for use, and the maximum dosage to be given in a 24 hour period.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there was a written statement of purpose in place in the designated centre. The inspector determined that this document clearly demonstrated the services and facilities on offer to residents living in the centre. Over the course of the inspection, the inspector found that the care and support offered to residents was a true reflection of the Statement of Purpose.

**Judgment:**

Compliant

**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

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the centre was managed by a suitably qualified, skilled and experienced person in charge. The person in charge was responsible for one other designated centre, and demonstrated to the inspector her engagement in the governance, management and administration of both locations on a consistent basis. The person in charge split her time equally between both centres which were located close to each other. The person in charge demonstrated her understanding of the regulatory responsibilities associated with her role. There was an evidenced system of staff meetings and staff performance appraisals available in the centre and staff confirmed these took place periodically.

The inspector determined that there was a strong management structure in place in the designated centre and wider organisation. The person in charge was supported by an assistant manager and other members of the senior management team. Residents and staff were clear on the lines of reporting and authority in the centre. The provider nominee was known to residents and families. There were communication systems in place to ensure the board was kept informed of what was happening in designated centres.

The inspector found that there were effective management systems in place in the designated centre and the wider organisation to monitor and develop the experience of residents. For example, there was a system of audits in place in the centre which covered certain regulatory areas to ensure the care and support of residents was monitored and improved upon. Such as premises, care planning and medication management. The provider had also carried out an unannounced inspection as is required by the Regulations along with an annual review. The inspector found clear action plans to address any issues identified through the audit and review system.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were arrangements in place to ensure effective governance in the absence of the person in charge. There had been no absence of longer than 28 days at the time of the inspection, and the person in charge and assistant manager were fully aware of the requirements to notify the Authority of any

such absence.

**Judgment:**  
Compliant

### **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

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

This was the centre's first inspection by the Authority.

#### **Findings:**

The inspector found that the centre was adequately resourced with staffing and transport to sufficiently meet residents' assessed needs. The centre was suitable equipped with equipment and facilities to deliver care and support in line with the Statement of Purpose. Even though most residents chose to use public transport, or walk there was also a vehicle available each evening and weekend for use if needed. Residents told the inspector that they felt there was enough staff to support them.

**Judgment:**  
Compliant

### **Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Responsive Workforce

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

This was the centre's first inspection by the Authority.

#### **Findings:**

The inspector found that there was appropriate number of staff in the designated centre to meet the assessed needs of residents, and to deliver a safe service. Residents in this location enjoyed a day programme that was operated from their home, with staff coming in to the centre during the day to facilitate their daily routines and social activation. A sleep over staff was available each evening in the centre also. The staff team consisted of social care staff, with access to an area nurse if any advice or

guidance was required in relation to medication or health care needs. There was a maintained planned and actual roster in place to show the inspector the staffing levels over the course of the week. Residents felt there was enough staff to help them to achieve their daily routines.

The inspector determined that staff files reviewed contained the required information as outlined in Schedule 2 of the Regulations. The inspector found good practice regarding the maintenance of staff records, and determined that staff were recruited, selected and vetted in accordance with best recruitment practices.

The inspector found that there was access to training for all staff working within the designated centre to ensure they were skilled to meet the needs of residents. Training records determined that staff working in the centre had up to date training in all the mandatory fields. For example, fire safety, first aid, manual handling and medication administration.

**Judgment:**

Compliant

**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

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that documentation in the designated centre and in relation to the care and support offered to residents was well organised, and ensured that identified needs or risks were clearly addressed and met. Documentation was easy to retrieve, clear and up to date. Information was accessible and residents showed the inspector accessible version of their plans.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place and implemented as required by Schedule 5 of

the Regulations. Staff were aware of the content of the Schedule 5 policies, and how to access them if needed.

The inspector reviewed a sample of staffing records on a separate day across all 14 designated centres operated by KARE and found that they were maintained as required and outlined under outcome 17 Workforce.

The inspector found that appropriate insurance cover was in place for the designated centre, with evidence submitted as part of the application to Register.

**Judgment:**

Compliant

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

#### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

#### ***Report Compiled by:***

Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
<b>Centre ID:</b>	OSV-0001989
<b>Date of Inspection:</b>	02 June 2015
<b>Date of response:</b>	13 July 2015

### 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, 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Theme:

**The is failing to comply with a regulatory requirement in the following respect:**

#### Action Required:

Under Regulation you are required to:

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**

**Proposed Timescale:**