

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by KARE, Promoting Inclusion For People With Intellectual Disabilities
Centre ID:	OSV-0001995
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	KARE, Promoting Inclusion For People With Intellectual Disabilities
Provider Nominee:	Anne Coffey
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	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:	To:
13 May 2015 09:00	13 May 2015 17:00
14 May 2015 09:00	14 May 2015 16:00

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

The organisation inspected is called KARE (hereafter called the provider) which is an organisation providing services for people with intellectual disabilities. This was an announced inspection of a designated centre operated by KARE in the Kildare area. The purpose of this inspection was to inform a registration decision and monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards). This was the first inspection of this designated centre.

As part of this inspection, the inspector met with the person in charge, person participating in management, social care staff and the residents who resided in the centre. The inspector observed practice and reviewed documentation such as personal care plans, healthcare plans, accident and incident records, risk assessments, residents information, general records, medication records, meeting minutes, policies, procedures and protocols, governance and management documentation, staff training records and rosters.

Three residents resided in this designated centre which comprised of three separate houses located in different locations. This designated centre provided services for three residents who presented with very specific support needs regarding the management of behaviours. The inspector met two residents on this inspection who did not communicate verbally but shook hands with the inspector. The inspector was informed another resident was anxious about the inspection and this resident chose not to meet with the inspector but spoke briefly to the inspector through a door.

Overall, the inspector found a good service provided to the three residents and found the majority of areas inspected to be in compliance. Residents presented as content in their environments and staff were found to be kind and caring in their interactions with residents.

The inspector did however find certain areas that required further improvements to fully comply with the Regulations and Standards.

For example,

- Communication
- Premises
- Health, Safety and Risk Management
- Safeguarding and Safety
- Healthcare
- Governance and Management

The findings of this inspection are outlined in the body of the report and the attached action plan.

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 found that residents and families were consulted with and participated in decisions about their care. Each resident's privacy and dignity was found to be respected. Each resident was enabled and supported to exercise choice and control in so far that was possible to maximise their independence. The complaints of each resident and their family were listened to and acted upon and there was an effective complaints procedure in place.

Each resident in this designated centre (due to the nature of their disabilities and support needs) had individually tailored support services tailored to meet their needs. This included each resident having their own staff to work exclusively with them in meeting their needs.

Each resident had their own room and personal space within the designated centre to enjoy privacy. The inspector found that consultation and residents rights were promoted with residents through daily interactions appropriate to residents capacities and also through staff and family advocacy at regular meetings. Due to the nature of resident's disabilities they had very set preferences and therefore consistency was a feature in their daily, weekly and monthly activities and was provided.

Residents' finances and personal possessions were protected by organisational policy and practice. Inventories were maintained regarding residents' possessions and finances that were monitored and checked regularly. The inspector found residents' finances that were checked matched the correlating documentation.

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 being facilitated to communicate at all times in the designated centre.

Some residents had complex communication support needs and relied on the use of visual aids, pictorial exchange communication and body language gesturing. There were sophisticated communication models used with some residents and staff were observed using same. The inspector found some further improvement was required in the area of assessment led guidance on the use of these communication models to ensure the consistent implementation and review of effectiveness of same.

There was a policy on communication in place. There were residents with varying communication support needs. For example, one resident communicated verbally and therefore could clearly articulate their needs, wishes and preferences with staff. This resident chose not to speak with the inspector.

Other residents had communication checklists completed in their personal plans. Staff demonstrated good knowledge of residents communication support needs and showed the inspector some visual aids and pictorial exchange communication aids. These systems were complex, detailed and comprehensive. For example, residents would chose pictures of what they would like to eat, activities they would like, etc.

Staff spoke about how these were used and how residents would engage or not engage in with these tools. The inspector found that while these communication systems were in place there was not assessment led practice, review or specific communication care plans/guidance evident. For example, there was not a formal assessment or system whereby the effectiveness or residents use of this communication system was progressing/regressing.

Judgment:

Substantially 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 found that residents were supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes and capacities. Families were encouraged to get involved in the lives of residents.

The inspector saw that families were invited to attend team meetings and be actively involved in the care planning and provision of care to residents. The inspector reviewed family communication care plans in place and found clear records maintained around family involvement.

The inspector found there was a very inclusive emphasis by the person in charge, management and staff regarding families and there was clear evidence of this on inspection. Families were very involved with the service and care provided to their loved ones. Family questionnaires returned to the Authority were highly complementary about the service.

Residents were observed to be integrated into the wider community in accordance with their wishes, preferences and abilities. For example, one resident attended a day service, another resident had a job collecting mail and another resident attended a local gym and shopped in the local community.

The inspector found that due to resident's specific behaviours the area of social integration required a lot of work and planning but did find evidence of same happening for residents.

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 found that there were clear policies and protocols regarding the admission, transfer and discharge of resident's within this designated centre. Clear

contracts for service provision and tenancy agreements in place with all residents. One resident was found to have his own tenancy agreement (external) in place and was supported financially by the designated centre in this regard. There were clear and transparent protocols in place regarding charges/financial contributions made by residents within the designated centre.

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:

Overall residents did have opportunities to have their social care needs met however further improvement was required regarding residents' individualised assessment and personal planning.

The inspector found that the residents had weekly scheduled activities, that they enjoyed doing according to staff. The inspector saw that residents went swimming, went for walks, drives, attended day services, used computers, played golf and attended the gym. There were minutes of meetings with resident's families who were involved in the residents care and kept informed regarding same.

The inspector was informed by the person in charge and person participating in management that one resident did not want many aspects of a personal plan, e.g. a person centred plan. The inspector was informed that this resident often only engaged with staff in a limited manner and very much chose engagement on his own terms. In the absence of a comprehensive personal plan it was very difficult to assess all aspects of service provision and multidisciplinary involvement for this resident. For example the inspector found only one recent referral to psychology for this resident which he chose not to attend. While the inspector acknowledged that it was difficult to provide a service whereby a resident refused to partake in service provision, the levels of care planning reviewed, individualised assessment and documentation of resident refusal was insufficient in accordance with the requirements of the Regulations.

This was also the case for another resident who required an updated behavioural support plan and therapeutic/clinical input and review regarding same. This was based

on this residents on-going complex needs and behaviours of concern. The inspector was informed a referral to the clinical review team had recently been sent regarding this matter.

The inspector found evidence of some goal and objective setting as part of residents' person centred plans. While some residents had objectives and goals highlighted there was an absence of persons identified to support the resident to achieve same and there were no dates/timeframes identified whereby these goals were to be achieved. When discussed with the person in charge it was stated these plans were newly formulated. The inspector requested copies of 2014 plans evidencing goals and objectives that were met to date and these were not found to be of a satisfactory standard to meet the requirements of the Regulations.

Judgment:

Non Compliant - Moderate

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:

Overall the inspector found that the layout, design and location of the designated centre met residents assessed needs and was provided in accordance with the statement of purpose. The inspector found some minor improvement was required regarding one location in this designated centre.

This designated centre comprised of three separate locations. One was a house based in the community which was maintained to a good standard with a large rear garden. This centre was altered to suit the needs of the one resident residing there who had very specific behavioural support needs, a diagnosis of autism and displayed obsessive behaviours around how his home was laid out. The resident recently had moved his wardrobe to another room which indicated to staff that he wanted to get changed/dressed in this room following his morning shower. The inspector noted this as a positive response to this resident who was highlighted as sometimes engaging in property destruction. This resident's home was found to be meeting his needs with further plans to add a shed which was a place whereby the resident enjoyed doing activities /spending time.

Another location was a self contained two bedroomed home in a retirement/support based village whereby one resident lived. This property was found to be clean, modern and maintained to a good standard. This resident was found to have good space,

appropriate storage and a well maintained home.

There were appropriate kitchen and bathroom facilities found throughout the designated centre. The inspector found residents had access to space both private and communal within the designated centre.

The third property was an older house that was a rented property in a private and quiet housing estate. This property was open plan in design and the inspector noted the resident had access to a kitchen, bathroom, toilet and two rooms for activities, e.g. art and relaxation. The inspector found that this property required some improvement regarding maintenance/décor and upkeep. For example, the inspector found broken kitchen presses that were not repaired, a broken kitchen tile requiring repair and a bedroom that was very bare and not particularly homely. For example, the resident's bedroom was in no way personalised to reflect the resident or his possessions. Cleaning and dusting was also found to be required.

Judgment:

Substantially 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 policies and procedures for the assessment and management of risks within the designated centre. There were some good systems regarding the health, safety and risk management to ensure residents, visitors and staff were protected. Further improvement was required to ensure that all risks in the centre were identified, assessed and responded to. In addition, there was a need for further correlation between the review of health and safety incidents and the updating of residents individual risk assessments to ensure learning.

The inspector found the following in place within the designated centre

- Health and Safety Policy
- Safety Statement
- Emergency Response Plan
- Fire Safety Policy
- Risk Management Policy

The designated centre was appropriately equipped with fire safety protocols and equipment such as alarms, detectors, fire extinguishers and fire blankets. The inspector found clear fire evacuation plans in place and evidence whereby staff had completed fire safety training and fire drills within the centre.

A fuse was blown on the mains panel board and two pieces of fire equipment required servicing/replacing. These issues were rectified on inspection by the provider. The inspector found that there was emergency lighting in place and an assembly point outside the designated centre. The inspector found an emergency evacuation pack was available in the event of an emergency for staff and residents.

The inspector found evidence of appropriate servicing of fire fighting equipment, fire detection equipment and emergency lighting.

The inspector found a centre specific risk register that included general risks in the centre, such as fire safety. Individual risks pertaining to residents were kept in residents personal plans. For example, risk of choking, risk of getting off the bus, risk of challenging behaviour. The inspector reviewed the mechanism for reporting incidents and accidents (electronic system) and found that incidents were being recorded and reported in the designated centre.

The system for reporting incidents was not necessarily informing risk assessments. For example, there had been a number of incident forms completed that highlighted instances of 'violence/harassment/aggression' however this resident's risk assessment remained at 'low' risk regarding this area and had not been reassessed. The inspector found another risk assessment for leaving a resident at home unsupervised to accommodate staff attending emergencies in a nearby designated centre for periods up to 2 hours. In examining this protocol with the staff, the person in charge and the person participating in management, there was ambiguity as to whether this protocol was in place, whether instances whereby it was evoked actually happened, and whether this protocol was actually appropriate in the first instance. The inspector was not satisfied with this level of ambiguity and the person participating in management stated the protocol would be removed and reviewed immediately. The inspector found other risks that were not assessed in the designated centre. For example, risk of residents online safety and protection (This will be discussed further under Outcome 8: Safeguarding and Safety).

Judgment:

Non Compliant - Moderate

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 residents were protected within this designated centre from harm and abuse by organisational policy. However there was some improvement required regarding some of the protocols and procedures followed regarding the recording and reporting of injuries to residents and the protection of residents from the potential of online risk /abuse. In addition, the inspector found residents were provided with emotional, behavioural and therapeutic interventions regarding a positive approach to behaviours that challenge.

The inspector found that the designated centre had policy and procedures in place for the prevention, detection and response to abuse and the safeguarding and protection of vulnerable adults. Staff spoken to were aware of the different types of abuse and how to report abuse as per organisational policy. There was a reporting mechanism on the electronic intranet within the organisation whereby staff reported 'issues of concern'.

The inspector found in reviewing issues pertaining to breaches in resident online/internet safety that incidents of concern had occurred but were not reported via the 'issue of concern' mechanism. For example, the inspector found a number of occasions whereby online safety issues had the potential to compromise the safety of a resident. The inspector found that further support was required to develop knowledge, self awareness and understanding for self care and protection. The person in charge highlighted that he had referred the resident to psychology which the resident refused to attend. The inspector found the care planning, risk assessment and management of this issue from a safeguarding perspective needed further attention.

The inspector found that the designated centre had a system of recording of body marks on residents to highlight any marks/injuries to residents. In reviewing same the inspector found that there was not sufficient recording regarding the causation of marks recorded. For example, the person in charge highlighted the reason/causation for body marks would be kept in the residents' case-notes. In reviewing same the inspector found this was not the case. Therefore residents were recorded as having marks/injuries with no known/recorded explanation for same. In reviewing a number of these marks it was noted by the inspector that the majority of same were minor superficial scratches and grazes and the resident in question engaged in very active behaviours and movements.

Regarding the management of behavioural and therapeutic interventions regarding a positive approach to behaviours that challenge. The inspector found that the person in charge and staff had good systems in place regarding this area. The inspector found that one residents behavioural support plan was overdue a clinical review and saw evidence of a recent referral for same. The inspector found that restrictive practices that were operational in this designated centre were applied in accordance with policy and all staff were aware and trained in the management of aggressive and potentially aggressive behaviours.

Judgment:

Substantially 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 a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector reviewed all notifications submitted to the Authority and found the person in charge had an understanding of notifications and the incidents and instances requiring same.

Judgment:

Compliant

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 was satisfied that the residents were supported to participate in activities suitable to their abilities, preferences interests and needs. The inspector found that some residents attended an individually designed day service programme while others were supported from their homes and had an individually tailored service. The inspector found that residents enjoyed going for walks, swimming, knitting, attending the gym and playing golf. The inspector found that residents chose to have limited social interaction with others and articulated this choice through their behaviours or verbally (whereby residents communicated verbally). The inspector found that staff were aware of the importance of residents welfare and quality of life and were observed to be caring and professional with residents throughout the inspection.

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 found that while staff were committed to ensuring residents were supported to achieve and enjoy best possible health, there was a lack of documentation evident from the personal plans regarding healthcare needs and assessment. A number of residents refused to attend healthcare appointments and it was evident that staff respected this right, however, these refusals were not consistently recorded.

The person in charge informed the inspector that, in the case of one resident, the resident's family managed his healthcare needs. The person in charge stated that correspondence went to the resident's family home as opposed to the designated centre. The inspector found in the absence of documentation regarding attendance at appointments, referrals, checkups, etc., it was difficult to assess the level of access to allied health professionals and follow up available to this resident. However it was noted that this resident presented as very healthy and content and records showed that he ate well and exercised routinely. The resident's care planning documentation did not reflect what actions staff had been taken to assess and document the resident's healthcare needs in consultation with the family. This matter is addressed in the action plan for outcome 5.

The inspector found in examining another resident's healthcare plan that there was one recent referral for psychology (that the resident chose not to attend). In discussing the area of healthcare needs with staff and reviewing documentation it was evident that this resident's weight was monitored and a malnutrition universal screening tool assessment (MUST) had been completed in this regard. In discussing the lack of healthcare documentation with the person in charge the inspector was informed that this resident refused most appointments that were offered. The inspector was shown an appointment letter from 2014 (GP) which staff had arranged and was informed by the person in charge that the resident refused to attend.

While the inspector found that the behaviours and nature of the residents' disabilities posed difficulties from a service provision perspective, adequate action had not been taken to assess and document residents' healthcare needs.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Overall residents were found to be protected by organisational policy and procedures regarding medication management.</p> <p>The inspector found there was a very low usage of medication in the designated centre. The inspector found clear records in place regarding the prescription, administration, storage and management of medication within the designated centre. PRN (as required) medications having guidelines and an appropriate system of review. The inspector found the person in charge had systems in place to check medications coming in/out of the designated centre. The inspector found that all staff reviewed had safe administration of medication training provided and this training was assessed and refresher training was provided as required. All medications were found to be safe and secure and maintained in accordance with best practice guidelines.</p>
<p>Judgment: Compliant</p>

<p>Outcome 13: Statement of Purpose <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector was satisfied that there was a written statement of purpose in place in the designated centre. The inspector found that this document clearly outlined the services and facilities that were on offer to the residents living in the centre. The statement of purpose reflected the service provided in the designated centre.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
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Theme:

Leadership, Governance and Management

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

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

Findings:

Overall the inspector found that the designated centre was managed appropriately. The inspector found that there were management systems in place with appropriate support systems for residents. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and staff members were aware of same. There was some minor improvement required regarding the effective monitoring of safe, quality care services for all residents.

The inspector found the centre was managed by a suitably qualified person in charge who had qualifications in social studies and worked full-time in the designated centre. The person in charge highlighted a number of audits carried out in the designated centre in areas such as records and documentation, residents' finances, medications and monitoring of behaviours and incidents. The inspector found evidence of unannounced visits and audits by the provider's management team.

The person in charge had oversight over the level of care provided to residents. The person in charge demonstrated knowledge of residents and families and highlighted the importance of same. The person in charge highlighted regular contact with families and the inspector noted documentary evidence of same throughout the inspection of this designated centre. There was a pleasant atmosphere within the designated centre and this was supported by management. The person in charge was very aware of residents wishes and preferences and highlighted how the roster was managed in accordance with residents' needs as familiar and consistent staffing were pertinent in the on-going support of residents behaviours.

There were clear lines of authority whereby the person in charge was supported by an area manager whom was also present at inspection. Staff were satisfied with structures in place and found clear and accurate rosters, staff training schedules and performance management systems in place and well maintained.

Regarding areas requiring improvement the inspector found that the person in charge did not have full and effective monitoring of all aspects of residents care. As evidenced in Outcome 7 - Health, safety and Risk Management, Outcome 11 - Healthcare Needs and Outcome 8 - Safeguarding and Safety. For example, the inspector found that the person in charge did not have a fully robust system pertaining to a protocol of leaving a resident unsupervised in the designated centre, despite a lack of clarity around whether this was actually agreed and/or happening and a lack of risk assessment regarding same. In addition, the inspector found in reviewing the rosters that the person in charge spent most of his time in one location of the designated centre having only visited one location once and the other location twice on the previous roster.

Judgment:
Substantially 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 appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a shift leader identified on the roster in addition to deputising arrangements whereby the local area manager would oversee and manage the designated centre in the absence of the person in charge. The inspector found there were no instances whereby the person in charge was absent for 28 days or more but there would be very soon as the person in charge was planning an absence. The person in charge was aware of his regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

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 centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The staffing levels, budget, premises (apart from issue highlighted in Outcome 6) and transport needs were all provided in this designated centre. As highlighted each resident had their own premises, their own staff and transport available to them in accordance with their needs. The designated centre was well resourced to meet the individual needs of all residents.

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:

There were appropriate staff numbers and skill mix to meet the needs of residents and the safe delivery of services to residents. Staff were found to have up-to-date mandatory training and access to education and training to meet the needs of residents and any staff who did not have same completed were scheduled to do so. All staff were recruited, selected and vetted in accordance with best recruitment practice.

The inspector found that,

- Schedule 2 requirements were met regarding the person in charge and staff (There was a review of same conducted at the providers head office on a previous inspection)
- Staff were continually provided with training and refresher training in mandatory areas such as first aid, fire safety, safe manual handling practices, safeguarding vulnerable adults, managing behaviours that challenge and safe administration of medication.
- Staff meetings were held regularly to ensure consistent care, shared learning and family input.
- There was an actual and planned staffing roster that reflected the whole time equivalent in the statement of purpose. There was a high compliment of staff in this designated centre with high staff ratios observed.
- Staff spoken to were appropriately knowledgeable of their role.
- Performance management, staff learning outcomes and action plans were completed and the person in charge indicated some required further work and updating and these would be scheduled as required.

Overall the staffing, staff training and development and recruitment processes and policies met the requirements of the Regulations and Standards.

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 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 were maintained in the designated centre.

The inspector found that the designated centre was adequately insured against injury to residents. The inspector found that the provider had compiled and implemented 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.

The inspector found that the staff and person in charge were providing information to residents through accessible means. The inspector found that where improvements were required regarding residents information, personal plans and files these have been addressed under the outcomes discussed. For example, Outcome 5 - Social Care Needs and Outcome 11 - Healthcare Needs. The inspector found that residents' records and personal information was kept secure and safe within the designated centre.

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:

Conor Brady
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 report¹

Centre name:	A designated centre for people with disabilities operated by KARE, Promoting Inclusion For People With Intellectual Disabilities
Centre ID:	OSV-0001995
Date of Inspection:	13 May 2015
Date of response:	10 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.

Outcome 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

With regard to specialised communication supports, sufficient assessment led guidance around the use of these supports was not outlined in residents' personal plans.

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

Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

The Person in Charge will make a referral to KARE's Speech and Language Therapist requesting assessment and review of residents' communication systems.

The Person in Charge will ensure an updated Communication Plan based on the outcome of the review by the SLT, including detailed guidance for staff, is put in place.

Proposed Timescale: 30/09/2015

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:

There was not a comprehensive assessment for all residents within the designated centre.

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, including input from the Multidisciplinary Team, is carried out for each resident.

Proposed Timescale: 27/10/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was not appropriate evidence of full multidisciplinary input, assessment and review regarding all residents.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The Person in Charge will make a referral to the Clinical Team to review residents Behaviour Support Plans.

Proposed Timescale: 17/07/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While some residents had goals and objectives identified there was no record of persons responsible or timeframes expected.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Each residents' goals and objectives will be updated to include timescales and the name of those responsible for carrying out the actions

Proposed Timescale: 24/07/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

All parts of the designated centre were not decorated/maintained and clean.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The Person in Charge has implemented the updated organisational schedule of cleaning in the Designated Centre.

The Registered Provider will redecorate the location of concern.

Proposed Timescale: 30/09/2015

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:

All risks in the centre were not fully risk assessed with control measures implemented in line with organisational policy.

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:

The Person in Charge will review and update the Location Risk Assessments and ensure the associated Control Measures are implemented

Proposed Timescale: 14/07/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A vulnerable resident did not have the appropriate level of support to develop understanding and skills needed for self-care and protection.

Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

A Risk Assessment with regard to use of the Internet has been put in place for the resident concerned including controls to ensure his safety.

Proposed Timescale: 13/05/2015

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:

Staff did not consistently record residents' refusal of healthcare treatments.

Action Required:

Under Regulation 06 (2) (c) you are required to: Respect and document each resident's right to refuse treatment and bring the matter to the attention of the resident's medical practitioner.

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

The Person in Charge has reviewed and updated the system for recording healthcare appointments made for the resident, this system is now being implemented.

Proposed Timescale: 15/05/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The inspector found that all residents' needs were not consistently and effectively monitored in all areas by governance and management.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The Person in Charge is allocating specific days in each week to each location and documenting these on the Designated Centre Staff Roster.

Proposed Timescale: 06/07/2015