<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by KARE, Promoting Inclusion For People With Intellectual Disabilities</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001982</td>
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<td>Centre county:</td>
<td>Kildare</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>KARE, Promoting Inclusion For People With Intellectual Disabilities</td>
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<tr>
<td>Provider Nominee:</td>
<td>Anne Coffey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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.
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 1 day(s).

The inspection took place over the following dates and times
From: 21 July 2015 10:00  
To: 21 July 2015 19:00

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was the first inspection of a community based designated centre operated by KARE in response to an application from the provider to register the centre under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013. The inspector met with management, residents and staff members during the inspection, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures and staff training records.

The designated centre was a home for two residents in a spacious bungalow, the design, layout and location of which were appropriate to residents. Residents had
access to activities and employment in accordance with their needs, and appropriate measures were in place in relation to safeguarding.

Overall the inspector was satisfied that a good standard of care and support was offered to residents. The centre achieved compliance with the Regulations in 17 of the 18 outcomes, and significant compliance in the other.
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 was satisfied that there were structures in place relating to the management of complaints or allegations. There was a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents if required, and a location specific protocol was in place for the management of multiple complaints. The accessible version of the procedure was clearly displayed in the centre. Complaints were referred to a specific management group for recommendations, data collection and learning. Complaints reviewed by the inspector mainly related to difficulties caused by the location of the premises. An appropriate log of these complaints was kept, together with the actions taken.

The inspector found that there was an ethos of promoting rights for residents, for example, residents had been offered support with voting. The privacy of residents was respected, for example, one of the residents had keys to his own room and staff did not enter his room without his permission.

Consultation with residents was facilitated by weekly meetings, and a pictorial record was made of the discussion at these meetings. A list of personal possessions was maintained for each resident, and an independent advocate was available to them if required.

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:**

Each resident had a communication profile in their personal plan which outlined the methods of communication which each resident would understand, together with detailed information about their way of communicating, for example what behaviours were communicating, and any signs used by residents. Where the speech and language therapist had been involved with the resident the recommendations were incorporated into the communications plan. Staff were knowledgeable in relation to the ways in which individuals communicated, and all interactions observed by the inspector were appropriate, respectful and caring.

Residents had aids to communication, for example, one resident used social stories in relation to forthcoming events. One of the residents was supported to maintain and use a personal mobile phone.

**Judgment:**

Compliant

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#### 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:**

Links were maintained with the families of residents, for example, visits home were facilitated, and family contact and involvement were supported and recorded in the residents’ personal plans.

Residents had been supported to forge and maintain links with the local community in accordance with their wishes and assessed needs. For example, one resident was attending a local college, and other regularly used local facilities including shops,
restaurants and the local swimming pool.

**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:**
Both tenancy agreements and service agreements were in place which outlined the services provided to resident and the charges incurred. This information was available in an accessible version for residents, and signed either by themselves or by their families.

**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:**
Assessments of need and personal plans were in place for each resident. Assessments included various aspects including communication, behaviour sensory likes and dislikes, areas in which residents required support and healthcare. There were clear goals
identified in personal plans in relation to maximising the potential of residents, as required by the regulations. These goals were broken down into smaller steps, the implementation of which was clearly recorded.

Residents and their families were involved in the development of personal plans and accessible versions of particular issues were available to residents.

There was evidence that appropriate steps had been taken towards ensuring a meaningful day for each of the residents in accordance with their assessed needs. For example, one resident was employed on three days a week and attended college on the others.

Judgment: Compliant

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 designated centre was a bungalow which accommodated two residents. Each resident had their own room which was decorated according to their wishes. There was a living room and a kitchen/dining area and an exercise room with equipment. There was sufficient communal and private space for residents. There was a spacious enclosed back garden, and the front of the house was attractively maintained.

The location was appropriate to the needs of the residents, and to the facilitation of family contact.

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 systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and that fire drills were conducted. Fire drills resulted in documented learning and changes in practice to ensure the safety for residents. The inspector found that staff were aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal evacuation plan in place for each resident, and all fire safety equipment had been tested regularly. Daily checks of fire doors and fire panels were recorded.

Risk assessments were available, both environmental and individual. For example, risk assessments were in place in relation to behaviour, cooking, driving and use of facilities. A risk register was in place which included the identification and management of environmental risks. There were structures and processes in place in relation to the management of any accidents and incidents, including the identification and monitoring of any required actions.

The designated centre was visibly clean, a cleaning checklist was maintained and cleaning equipment was appropriately stored. Hand hygiene training had been provided to staff.

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 provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the
safeguarding of residents. There were clear money management plans, a robust system of safeguarding residents’ personal money and support for independent money management for residents in accordance with their assessed needs.

There was a clear and detailed intimate care plan for any resident who required it, and a behaviour support plan in place for one of the residents who required support in this area. However, whilst it was based on an assessment of needs, including a recent psychology report, it did not include guidance of the management of a particular behaviour in the community, where consistency of approach had a significant impact on the management of that behaviour.

Where restrictive practices were in place to support residents there was clear guidance as to the circumstances under which they should be used, evidence that alternatives had been considered, and a restraint register maintained.

**Judgment:**
Substantially Compliant

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### 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 person in charge was aware of any issues which require notification to the authority and all required notifications had been submitted appropriately.

**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:**
There was evidence that residents had a meaningful day, that their communication needs were met and that goals were set in relation to maximising potential. Staffing levels were appropriate to meet any specific needs, and residents were involved in the planning of their activities and routines.

**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:**
There was evidence of a balanced and nutritious diet. Snacks and drinks were readily available and choice was facilitated in accordance with each resident’s communication needs, including pictorial representations of meals and snacks. A record of each person’s nutritional intake was maintained.

Residents had access to allied healthcare professionals in accordance to their assessed needs, for example, the speech and language therapist, optician and sleep consultant. Records of engagement with allied healthcare professionals were maintained, and there was evidence of their recommendations being followed.

**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:
Structures were in place in relation to the safe management of medications. Prescriptions contained all the information required by the regulations, and prescriptions for ‘as required’ medications included clear instructions relating to the conditions under which they should be administered.

Self medication assessments had been completed for residents in relation to facilitating independence. Systems were in place to ensure the safe ordering and receipt of medications. A local protocol was in place to guide staff in the safe management of medications and regular medication management audits took place.

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 statement of purpose contained all the information required by the regulations and reflected that services offered to residents.

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 was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services. Within this structure various team meetings were held, including local team meetings, organisational meetings of persons in charge and management team meetings.

Various audits had been conducted and the provider had conducted an unannounced visit within the last six months. An effective annual review of the quality and safety of care and support was available.

The person in charge was on leave at the time of the inspection, however appropriate arrangements were in place to manage this leave. The person participating in management was suitably qualified and experienced, and was well known to residents and staff. He had clear knowledge of the health and support needs of the residents and was aware of his roles and responsibilities. In addition to this arrangement, a shift leader was clearly identified on the staff rosters.

**Judgment:**
Compliant

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**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:**
Appropriate arrangements were available in the event of the absence of the person in charge, as discussed under outcome 14.

**Judgment:**
Compliant

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**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 appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The number of staff on duty was appropriate to meet the needs of residents. There was a vehicle available for the sole use of the centre.

### 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 were appropriate staffing numbers and skill mix available to meet residents’ needs within the layout of the premises.

Staff were in receipt of up to date mandatory training and additional training in appropriate areas, including areas of specific needs of particular residents. All staff engaged by the inspector were familiar with the needs of residents.

A system of staff appraisal was in place and an appropriate staff induction for new staff was available.

There was an appropriate system in place for the recruitment and vetting of staff, guided by the required policies. Staff files were reviewed during the inspection of another Kare centre and were found to meet requirements.

### 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:
All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector

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:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider's response to inspection report**

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**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 08: Safeguarding and Safety**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The behaviour support plan did not include all guidance required to alleviate resident's challenging behaviour.

1. **Action Required:**
   Under Regulation 07 (5) you are required to: Ensure that every effort to identify and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
Guidelines have been put in place to provide clear directions for staff when supporting the individual concerned to attend medical and dental appointments.

**Proposed Timescale:** 11/09/2015