<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ailesbury Park</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001992</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Kildare</td>
</tr>
<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>Sarah Kelly</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jillian Connolly</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
<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.
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 09 October 2017 15:00  To: 09 October 2017 20:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tbody>
<tr>
<td>05: Social Care Needs</td>
<td></td>
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<tr>
<td>07: Health and Safety and Risk Management</td>
<td></td>
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<tr>
<td>08: Safeguarding and Safety</td>
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<tr>
<td>11. Healthcare Needs</td>
<td></td>
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<tr>
<td>12. Medication Management</td>
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<tr>
<td>14: Governance and Management</td>
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<td>17: Workforce</td>
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Summary of findings from this inspection
Background to the inspection:
This was the second inspection of the centre. The inspection, prior to this, was conducted in May 2015 following an application by the provider to register the centre under the Health Act 2007. At this time, compliance was identified with the regulations. This inspection was conducted to monitor compliance with specific Outcomes.

How we gathered our evidence:
As part of this inspection, the inspector met with the three residents. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:
The designated centre is a house located in Co. Kildare. The centre is operated by KARE, Promoting Inclusion for People with Intellectual Disabilities.

Overall findings:
The findings of this inspection demonstrated that the provider had maintained compliance with the regulations. Residents were observed to be comfortable within their home and staff were observed to engage with residents in a respectful and
dignified manner. Residents told the inspector that they were very happy with their home and how they were supported. They stated that they could speak to staff if they were unhappy with anything. Staff were observed to be knowledgeable of the needs of residents.

Overall, the inspector found that the service was led by the needs of the residents. Residents were active participants in deciding how they live their lives and were supported to engage with their local community.

Improvements were identified to ensure that staff knew the circumstances in which adverse events should be referred to the designated officer. The review process of restrictive practices also required attention.

The findings of this inspection are written under seven Outcomes in this report and the actions the provider is required to take is in the action plan at the end of this report.
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 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):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were supported to live their lives in a manner of their choosing. This was supported by an assessment of their health and social care needs. If a need was identified a plan was in place which outlined the supports residents required to meet their needs.

Residents were supported to meet their social care needs through a formal day service and/or residential staff. Residents engaged in a variety of recreational activities such as dining out, going for walks, attending spa days or going on holidays. Residents also had opportunities for supported employment and developing their skills in areas such as household chores. Residents told the inspector that they were happy with the supports they received and were involved in identifying the goals which they would like to achieve over the course of the year. Family members were also encouraged to be part of the planning process. There was clear documentation which outlined residents’ progress towards achieving their goals.

Residents’ assessments and personal plans were reviewed annually.

Residents were referred to allied health professionals if a need arose. Recommendations arising from these reviews were incorporated into the personal plans of residents.

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):**
No actions were required from the previous inspection.

**Findings:**
The provider had systems in place to promote the health and safety of residents, visitors and staff. This included a centre specific safety statement, a risk management policy and a centre specific risk register. There was also an electronic system for the recording and review of adverse events. There had been individual assessments completed for risks associated to individuals. The risk register was reviewed at appropriate intervals and took into account a change in circumstance, if applicable. The inspector found that staff were aware of the control measures in place to reduce risk within the centre. There was also appropriate response to adverse events if required.

The inspector observed the centre to be clean and there were appropriate procedures in place to ensure that this was standard practice.

There were systems in place for the prevention and management of fire. This included the provision of a fire alarm system, emergency lighting and fire extinguishers. Records confirmed that they were serviced at regular intervals. The provider had undertaken an assessment of the arrangements in place for the containment of fire. Staff had received training in the prevention and management of fire and were aware of the supports that residents required to evacuate in the event of a fire. Residents also told the inspector where to go if the fire alarm went off and confirmed that they took part in fire drills.

**Judgment:**
Compliant

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**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):
No actions were required from the previous inspection.

Findings:
There were policies and procedures in place for the protection of vulnerable adults. Staff had also received related training. The inspector observed residents to be comfortable within their home and in the presence of staff. They told the inspector that they liked their home. The inspector reviewed a sample of adverse events and found that staff were not clear on the circumstances in which adverse events would be reported to the designated officer. However, the inspector found that appropriate immediate action had occurred if a safeguarding concern arose. The provider stated that this was due to the implementation of a new system for reporting safeguarding concerns and they were in the process of educating staff on this.

The supports residents required to ensure that their intimate care needs were met were clearly documented in their personal plan. Staff demonstrated that they were aware of this.

Positive behaviour support was not a requirement in the centre. However, there were restrictive practices in place as a safeguard for residents. The inspector reviewed the assessment of these restrictive practices and found that they were reviewed annually. The reviews did not adequately consider if it was the least restrictive option available and that all alternative measures had been considered.

Family members were involved in the decisions regarding the application of restrictive practice.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector found that the health and well being of residents was promoted in the centre. This was supported by an assessment of their healthcare needs.

Residents had regular access to their General Practitioner (GP) and a variety of health care professionals if required. This included psychology, psychiatry, occupational therapy
and physiotherapy. Residents were also supported to attend the optician, dentist and chiropodist. The inspector found that staff were knowledgeable of the supports to be provided to residents.

Residents told the inspector that they liked the food in the centre. The menu was planned on a weekly basis and residents took turns preparing the meals. The inspector observed the centre to have plenty of fresh produce. Residents were assessed by the relevant allied health professionals for their nutritional needs. Staff were aware of the supports residents required. Residents were supported to have their weight monitored at appropriate intervals.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
There were policies and procedures in place which promoted safe medication management practices. Staff had received training in the safe administration of medication. Medication was stored in a secure location.

The inspector reviewed a sample of prescription records and found that they contained all of the necessary information. This included the name and date of birth of the resident, the name of medication, the dose to be administered and the times in which they were to be administered. A sample of administration records demonstrated that they were administered at the time prescribed. The maximum dosage for PRN medicines (medicines only taken as the need arises) was stated. Prescriptions were reviewed by the prescriber at a minimum of a six monthly basis.

There was a system in place for the receipt and return of medication from the pharmacy. Appropriate action was taken if a medication error arose in the centre.

**Judgment:**
Compliant

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**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.

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Leadership, Governance and Management</th>
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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There were robust structures in place which promoted safe and effective services. There were clear roles and responsibilities for the management team. The person in charge was the front line manager of the service. They reported to the operations manager. The operations manager reported to the adults support manager. There were also additional supports in place such as the quality team who were actively involved in the service provided. The quality manager was the contact person for HIQA. There were formal structures in place in which the various members of the team met at regular intervals to review the service provided.

There had been numerous audits within the centre including areas such as restrictive practices, health and safety and finances. There had also been unannounced visits by the provider. Findings from audits and the unannounced visit were compiled into an overall team plan which was monitored and demonstrated that the appropriate actions were taken. An annual review of the quality and safety of care had occurred for 2016. This review included the views of residents and their families.

**Judgment:**
Compliant

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**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.

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<tr>
<th>Theme:</th>
<th>Responsive Workforce</th>
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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspector found that there was adequate staff available on the day of inspection to meet the needs of residents. A sample of rosters confirmed that this was the standard staffing levels. Staff stated that they felt the staffing levels were appropriate to meet the needs of residents.

Staff had received all of the relevant mandatory training such as manual handling. Additional training had been provided in basic first aid based on identified risks in the centre. A training needs analysis had also been completed and dementia training was due to be provided in line with emerging needs in the centre.

Staff received formal supervision on a regular basis with the person in charge. This was a forum for development.

A volunteer commenced in the centre on the day of inspection and the inspector observed that they were given the appropriate induction.

The inspector did not review staff files on this inspection.

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:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<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-0001992</td>
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<tr>
<td>Date of Inspection:</td>
<td>09 October 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19 October 2017</td>
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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:**

Reviews of restrictive practices did not adequately consider if it was the least restrictive option available and that all alternative measures had been considered.

1. **Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and 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:
The Person in Centre will ensure all Restrictive Practices are reviewed with the team and relevant others and that the least restrictive option is in place.

Proposed Timescale: 10/11/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not clear on the circumstances in which adverse events should be reported to the designated officer.

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

Please state the actions you have taken or are planning to take:
KARE will clarify the process for reporting peer to peer safeguarding matters and communicate this to all staff

Proposed Timescale: 31/10/2017