Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Flinter's Place
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	16 November 2021
Centre ID:	OSV-0001980
Fieldwork ID:	MON-0026889

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This designated centre provides a full-time residential service to two residents over the age of eighteen years with an intellectual disability. The designated centre is a bungalow situated in a large town in Co. Kildare. The centre comprises of two sections. In one section there is one living room, one kitchen/dining room, three bedrooms, one bathroom and a general purpose room. In the second section there is a living room, a kitchen/dining room, two bedrooms, a toilet and a bathroom. There are gardens to the back of both sections and a garden to front also. The person in charge is also person charge for one other centre and divides their time accordingly. Social care workers and care assistants are employed in this centre to support residents. There is an accessible vehicle available to the residents in this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 November 2021	11:20hrs to 19:20hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During the day, the inspector had the opportunity to meet with the people living in this designated centre, as well as observe support and interactions between them and staff. The residents were advised that someone would be visiting and welcomed the inspector into their home.

The residents were supported by staff who engaged in friendly, patient and supportive interactions. Staff were familiar with how to communicate with residents and were knowledgeable of their interests, routines, hobbies and personalities. Residents were in good form during the day. One resident used a picture strip to plan out what would be happening that day, where they would be going and what they would be doing next. The inspector observed staff using this to identify when the resident would be going shopping, visiting family, and getting the dinner ready. The resident was relaxing in the living room watching videos on their tablet computer as staff prepared their preferred snacks.

Another resident left in the morning for a barber appointment and later was playing games in the garden with their support staff. The inspector observed the resident laughing and joking around with staff and spending time in a newly-built large wooden "men's shed" for their activities and play. The resident also spent time in their living room playing videogames.

The residents were supported to stay busy at home and in the community. One resident had become more confident in recent months with using public transport, and had got to know the local bus routes and drivers in their community. The residents regularly contacted and visited their families and friends, and were engaged in community activities including exercise equipment, park and forest walks, swimming, GAA and social clubs, and tidy town initiatives.

The provider was supporting residents with personal goals which were meaningful to their needs, and were realistically attainable in light of ongoing social restrictions. This included residents being supported to open savings accounts, use tools to aid communication, and get involved in their community. The inspector discussed examples with staff of where some of these goals had not proved successful with the resident, or they no longer wished to participate in projects, and as a result were discontinued.

The residents' home was furnished in line with their preferences, and residents were supported to decorate their living space with photos, artwork, wall stickers and birthday cards. For some events and trips, the staff had put together scrapbooks and photo albums which a resident showed the inspector to show off a recent excursion they enjoyed. The staff also used simple pictures and stories to explain processes, including how to stay safe during the COVID-19 pandemic and assurances around getting their vaccination.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that this designated centre was appropriately resourced, managed and governed, led by a service provider which maintained oversight of the service operation. While the provider conducted comprehensive audits and reviews of the service to identify good practices and areas in need of improvement, many of the objectives identified had not been completed in accordance with the provider's own timeframes. Some improvement was also required to ensure that the experiences of the residents contributed to the review of the service's quality.

The residents were supported full time by a team of staff who worked sleepover shifts. At the time of inspection there was a small number of vacant staffing posts. While these roles were vacant, and as staff took their annual leave, the provider had relief staffing arrangements which were sufficient to fill the gaps, and retain familiarity and continuity of resident support delivery. Staff indicated that they were supported by their line manager in their respective roles, and the person in charge had a schedule of formal engagements with their team to support them in their own development. Staff also attended regular team meetings in which they discussed news on the centre, arranged staff events, debriefed on incidents, and set out team objectives. The provider maintained a tracking tool to oversee mandatory staff training sessions, however there were some gaps in training related to safeguarding, safe movement of people and safe administration of medicine.

The provider had completed the annual review of the designated centre in December 2020 in which they reflected on the achievement of objectives as well as the challenges during the COVID-19 pandemic and the associated social restrictions. The provider had also completed a detailed review of the service from July to October 2021. Through these audits the service provider had developed a overall action plan for the service, which collated all current identified objectives, and the dates by which they were to be completed. Many of the areas of development identified by the inspector on this visit had been identified by the provider. 120 actions were identified to be completed through 2021 to bring the service into compliance with the regulations. As of November 2021, 60 of the objectives were complete with a further 21 due by the end of the year, with the remaining 39 actions not completed by their due dates. The reports also required development to capture the feedback, satisfaction and experiences of the people living in the designated centre in accordance with their capacity and communication styles; the section of the annual report set aside for consultation with residents and their representatives was blank. One of the residents had been supported to complete a satisfaction survey for this inspection in which they had entered smiley faces where

asked if they were happy with staff, their home and their routine.

The inspector found examples of where the staff had supported residents to make complaints to the service provider during a period of time in which their usual accessible vehicle had been reassigned and replaced with a vehicle which was not reliable, which impacted negatively on their preferred routine and activities. The complaint was addressed promptly and residents were satisfied that corrective action had been taken.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of the service within the required time frame and with all associated documentation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in the role, and was suitably qualified, experienced and aware of their responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

The service was resourced with a skilled and friendly complement of staff who evidence a good knowledge of the residents and their assessed needs. Vacancies and staff leave was covered by consistent relief arrangements to retain continuity and familiarity of support.

Judgment: Compliant

Regulation 16: Training and staff development

There were some gaps in staff attending refresher sessions in accordance with the provider's assessed timeframes in areas including fire safety, safeguarding of vulnerable adults, and safe administration of medication.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ready access to the resident details and contact information as per the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had the required insurance policies in effect for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

While many of the areas in need of improvement or development had been identified by the provider through audits and service reviews, many of the actions planned to address these had not progressed in accordance with the provider's own time frames.

Improvement was required to ensure that the provider's quality reports on the designed centre was done with appropriate consultation and contribution of the residents and their representatives.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had composed their statement of purpose which featured all required information under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found evidence of staff supporting residents to make complaints where required to the provider and how these had resulted in timely resolution.

Judgment: Compliant

Quality and safety

The inspector observed that residents were being supported in their daily lives in a positive manner in their home and in the local community. Resident were supported to pursue meaningful personal goals and to visit and contact family during the COVID-19 pandemic. Some development was required to the premises of the service to ensure it was homely, safe during risks associated with infection control and fire evacuation, and enhanced in moving towards a restraint-free environment. Areas in need of improvement were also identified in how residents consent and contribute to decisions made in their home and staff identifying and reporting safeguarding concerns.

The premises consisted of a suburban bungalow which was divided into two halves, with each resident being supported by separate staff teams during the day and night. Overall the premises was suitable in size and design for the needs and preferences of the residents. Each resident had their own bedroom, living space and dining area, and the provider had recently installed an activity shed to the rear of the property. Residents had appropriate use of decorations and photos in their living spaces. Overall the living spaces were in a good state of repair, and the provider had reported areas for cosmetic improvement to the facilities team such as painting and decorating walls.

In response to identified resident support needs, environmental restrictive practices were in effect in the house including doors and cupboards being locked, resident belongings and clothes being stored securely, and wardrobe and kitchen cabinet doors being removed. From discussing these measures with staff and management, reviewing risk assessments and incident records, it was evident for most of the restrictions why they had been introduced. However, it was not evident how all of the environmental restrictions were being regularly reviewed or where the provider had trialled less restrictive alternative measures to ensure that they remained the least restrictive option to control each associated risk. There was limited evidence on how the resident, their representatives or the multidisciplinary team were involved in trialling alternatives or phasing out some of the restrictions, taking into account changing needs, trends of incidents and full-time staff presence.

The inspector observed patient, friendly and supportive interactions between the residents and their support staff. Staff evidenced a good knowledge of residents'

personalities and history and how they would balance risk controls with residents' personal dignity. The provider had conducted an investigation into an alleged safeguarding incident. The inspector found that the provider had taken short term action to safeguard the resident and conducted a full investigation with referral to appropriate outside safeguarding bodies, to substantiate and take action on the allegation. While the provider had taken prompt and appropriate action to keep the resident safe as soon as the management had been notified, the incident had not been reported by the staff who witnessed it until more than a month after the incident. The responsibility of staff to follow their training in protecting residents from abuse is especially important in a service in which vulnerable adults are primarily supported by small teams and lone-working staff.

Staff had participated in practice evacuations, and were familiar with fire safety procedures and the support needs of each resident in the event of evacuation. In a review of the records of fire practice drills, staff recorded the times taken and noted instances in which people may delay in exiting the building. Drill records were not always clear on the procedure followed and the route taken by staff, or the explanation for time differences in some practice runs. While the house had multiple evacuation routes, many of the fire exit routes required passing one to two key-locked doors or padlocked gates to get to a place of safety. Some of the doorlocks had been amended so they could be unlocked without needing a key. Emergency keys for some of the remaining doors, for use by residents or staff who did not have their keys on them, had been moved and not put back for other exits. Since the last inspection, doors to the kitchen and main communal areas had been fitted with devices which allowed them to be held open by choice without compromising containment features in the event of an alarm. The provider was in the process of ensuring that other doors along evacuation corridors were equipped to contain fire and smoke.

A storage area to the rear of the premises had been fitted out for use as an area in which mobility equipment was stored and charged, personal protective equipment was stored, laundry and rinsing was carried out, and mops were stored. This area was cluttered with old or broken furniture and equipment that was due to be discarded. Mops were stored standing in buckets of used water, directly next to sluicing equipment for soiled items, creating a risk of contamination. The walls of the utility area were lined with particle board panels rather than a surface which could effectively be cleaned and sanitised. Finally, while the area contained a fridge, tumble dryer, petrol lawnmower, electrical charging stations and other flammable items, the area was not equipped to detect or give warning in the event that fire or smoke originated in this area.

The inspector reviewed prescription lists and administration records for resident medications in the service. For the sample reviewed, there was clear instruction to staff from the prescribing doctor, of times, routes, frequencies and safe dose sizes of each medicine. Medications were appropriately stored and consistently recorded. The inspector found evidence of where medication documentation errors had been trended and discussed with staff through audits and team meetings to prevent reoccurrence.

The provider and staff team had facilitated and supported the residents and staff to get their vaccination against COVID-19. Staff and residents were observed using hand hygiene facilities and personal protective equipment appropriately, and staff temperature and symptoms checks were being routinely recorded. The provider had composed a centre-specific contingency plan for the service in which they outlined how staff depletion would be mitigated, deputation arrangements in the absence of the person in charge, and how each of the residents would be supported in the event of a suspected or actual cases of the illness.

Regulation 11: Visits

Appropriate precautions were in effect regarding the accommodation of visitors to the designed centre, taking into account national guidance on being open for visits while also staying safe from COVID-19.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found good examples of how residents were supported to get involved in recreation, community and personal development opportunities in accordance with their assessed needs and personal preferences.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was suitable in size and design to allow for safe use by the residents, with spacious private, communal and external spaces which were personalised to their preference. Maintenance matters had been referred to the facilities personnel.

Judgment: Compliant

Regulation 20: Information for residents

The provider had composed a resident's guide in an accessible format which

outlined the facilities and contact details relevant to the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

Some improvement was required in the storage of equipment to ensure that clean and dirty items were separated and that storage areas were in a good state of cleanliness.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There had been improvement in the containment measures for fire in the house, and the provider was in the process of upgrading the safe containment measures along evacuation hallways. Some risk control measures were required where escape routes required keys to progress.

Some improvement was required to ensure that fire drills provided sufficient guidance to staff on anticipating potential delay and assurance on safe procedures followed.

One area of the premises, separate but adjacent to the main house, was not equipped to detect or alert staff to the presence of fire or smoke.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Staff followed the outlined guidance regarding the administration of medication, and followed good practices regarding counting and storing stock, and the provider retained oversight of trends related to errors.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Staff were provided clear and person-centred guidance on delivering residents' assessed support needs, and supporting the resident to pursue meaningful personal development goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was limited evidence on how restrictive practices were subject to formal multidisciplinary review to ensure that all practices utilised remained the least restrictive measure required to alleviate the associated risk, and where less restrictive alternatives had been trialled.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had not reported witnessing an alleged safeguarding incident in a timely fashion in accordance with their safeguarding requirements.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While residents were supported in making choices in their daily activities, there was limited evidence of how they had been involved or consulted in decisions made in their home.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Flinter's Place OSV-0001980

Inspection ID: MON-0026889

Date of inspection: 16/11/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All mandatory training is booked in for relevant staff, many staff have conducted training to date and any remaining will be completed by the end of March 2022. Of these the mandatory face to face training will be completed where possible in accordance with national guidelines at that time.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All audit actions have been reviewed with the audit team and rescheduled to be completed prior to the end of March 2022. Annual review completed for 2021 has included feedback from each person and their representatives and will be published before end of January 2022.	
Regulation 27: Protection against	Substantially Compliant

infection	

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The shed will be updated to solve any infection control issues prior to the end of February 2022.

New storage units for mops and buckets to be supplied, sluice to be removed from area, area to be de-cluttered and new flooring to be laid by end of February 2022

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Shed will have smoke alarm installed prior to the end of February 2022.

Thumb locks on necessary doors will be installed prior to the end of February 2022.

Fire drill recording will be conducted with additional information included prior to the end of quarter 1 2022.

Fire door installation will be complete prior to the end of July 2022.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
All restrictive plans will be reviewed by PIC, staff team, Operations, quality team and relevant clinicians if required by March 2022. Reviews will assess if these plans are the least restrictive and if any alternatives can be considered or trialed.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

PIC will discuss at staff team meeting the importance of following our guidelines and protocols and following safeguarding concerns prior to the end of January 2022.

The relevant staff member will conduct training SVP refreshers as required prior to the end of January 2022.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Keyworkers to hold monthly meetings with residents to discuss care and support and the organisation of the designated centre, this is to take place in a format that is suitable and specific to each resident by the end of March 2022.

Weekly social stories being completed and recorded relevant for each person for example, handwashing, sneezing etiquette, cough etiquette starting December 2021.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide	Substantially Compliant	Yellow	31/03/2022

	for consultation with residents and their representatives.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2022
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and	Substantially Compliant	Yellow	31/03/2022

	fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/03/2022
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/03/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/01/2022
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	31/03/2022

	his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	31/03/2022