



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

## Issued by the Chief Inspector

Name of designated centre:	Brownstown/Clonmullion/French Furze
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	21 April 2021
Centre ID:	OSV-0001995
Fieldwork ID:	MON-0032310

## About the designated centre

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

This designated centre provides residential services to three adults with an intellectual disability. The centre comprises of three houses in different locations in Co. Kildare; two bungalows and one two-storey house. One bungalow consists of a living room, kitchen, lobby, bedroom with en-suite, a store room, staff bathroom, staff office/bedroom and a bathroom. There is a garden space out the front of this house. The other bungalow consists of a living room, kitchen-dining room, a bedroom, staff office/bedroom and a bathroom. The two story house consists of a living room, kitchen-dining room, utility room, sensory room, staff bathroom, three bedrooms (two are staff bedrooms), a recreation room, a bathroom and a garden space out the back of the house. The person in charge in this centre divides their working hours between the three houses within this designated centre, and with another designated centre. Social care workers and care assistants are employed to work in this centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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## 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
Wednesday 21 April 2021	10:30hrs to 14:45hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

From meeting the residents and speaking with their families and direct support workers, and observing interactions and records during the day, the inspector found evidence indicating that the residents living in this designated centre were supported to be safe and happy in their home, and empowered to have the service directed by their assessed needs, choices and preferred routine.

This designated centre consists of three separate houses with one resident in each, and due to precautions related to the ongoing pandemic, the inspector visited one house in person and reviewed aspects of the others remotely. However, the person in charge made arrangements so that the inspector could meet with a second resident outside while they were travelling, and the remaining resident indicated that they were not interested to participate. The inspector met with direct support staff who described what the residents were doing for the day, and how they had been staying busy and occupied during the social restrictions. The inspector found that the staff team were friendly, knowledgeable of the residents' support needs and interests, and had a good rapport with the service users. The inspector found clear records of comments or incidents indicating the resident preferred some staff members over others, and this was taken into account when composing rosters and house allocation, empowering the resident to have a say on how they were supported.

Each resident preferred living in their own house and not sharing with other service users. The inspector observed that having the house to themselves allowed them to personalise rooms based on their preferred activities. For example, one room was used for a resident's art projects, and another was set up for sensory, play and relaxation activities. The garden was also set up for the resident to engage in enjoyable sensory activities with water and safe objects.

The residents' houses were suitably laid out and personalised to their preferences and interests, with photos, artwork and pictorial supports posted around the house. Information on making complaints or contacting advocacy services was posted in a prominent position, and it was a regular topic in keyworker meetings to ensure the resident was reminded of and supported to avail of these options if needed.

The residents were facilitated to follow their own routine during the day and week. This included going to the shops, spending time with families, going to work, and doing household chores. Residents enjoyed activities such as golf, dancing, arts and crafts, jigsaws and going to the gym. Residents had access to PC tablets and a collection of films and videogames. Two of the residents were in paid employment, and the inspector met one resident coming home after their job in a local garden centre, before they started preparing their favourite dinner with staff.

A simple pictorial chart was posted on the wall for the resident to follow the plan for the day, which staff would be on duty, and days they would be at home with family.

The service made good use of social stories using pictures and easy language to support residents to understand and consent to their support needs, safety features or restrictions, staying safe during the COVID-19 pandemic, and putting together their planned routine, meal choices and outings. While this was preferable to residents over structured meetings to discuss supports and goals progression, the inspector found evidence that keyworkers continued to ensure residents were invited to participate and be involved in a more formal capacity every week.

The inspector spoke by phone to residents' families who commented positively on the support delivered to the residents. They felt assured that choices were being respected, that the residents were safe and happy in their home, and that the staff team and person in charge kept families updated and informed on how their loved ones were doing, and would feel confident that any queries or complaints they may have would be taken seriously by staff and management.

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 the registered provider had measures in place to ensure that the service provided was resourced with a strong team of staff who were appropriately trained and familiar with the residents' needs, to provide a consistent and routine-focused level of care and support. Effort was made by the service provider and the person in charge to continuously monitor and evaluate the residents' lived experience and use incidents and feedback as opportunities to enhance the operation of the designated centre.

The residents were supported by a team of direct support workers, who were allocated to support residents on a one-to-one or two-to-one basis. The number and skill-mix of staff was in keeping with the complement set out in the statement of purpose. There was one vacancy in the service at the time of inspection and the affected shifts were fulfilled with regular staff being available for additional shifts, and two personnel who worked relief shifts. The provider acknowledged the importance of these residents being supported by personnel who were familiar with their routine and with non-verbal means by which residents communicated, and these arrangements ensured consistency and continuity of resources. The person in charge had identified which staff members each resident preferred and this was taken into account when allocating shifts.

Staff were up to date in all training deemed mandatory both through the regulations and as determined by the service provider to meet residents' support needs. The inspector reviewed the supervision records of a sample of staff members and found that each person received support from their line manager through performance

management meetings three times a year, which had continued to be held through 2020 and 2021. The records of these meetings included how staff were effectively supporting the resident, and for them to raise any concerns or training requests they may have. Some staff were chosen to train their colleagues to develop their skills as keyworkers for service users, to maximise the support for each resident, and develop leadership skills alongside their regular duties. Staff spoken with felt that they worked well as a team and received adequate support and communication from the person in charge. The person in charge had days specified on the roster in which they would visit the houses to catch up in person with the staff and residents.

The provider had continued their schedule of audits of the houses to ensure that infection control and medication management practices were in line with good practices. Audits in 2020 also focused on residents' rights being respected in areas such as risk-assessed restrictive practices, and residents having access and control over their finances in line with their needs and wishes. The provider had also completed their annual review and unannounced six-monthly audits of the service, and from these reports composed actions and development strategies to address deficits and enhance the lived experience for the residents. Residents and their families were invited to contribute to these reviews.

### Regulation 15: Staffing

There was a sufficient number and skill-mix of staff personnel to meet the number and needs of residents in this designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff personnel were up to date on their mandatory and supplementary training. Structures were in effect to facilitate staff supervision and professional development.

Judgment: Compliant

### Regulation 22: Insurance

The provider had evidence of the required insurance against property damage and personal injury.

Judgment: Compliant

### Regulation 23: Governance and management

Management and auditing systems were in effect to ensure that the designated centre provided effective delivery of support and where areas of improvement were identified, these were followed up through time-bound plans of action. The provider conducted audits and inspection of all the houses which made up this centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had a statement of purpose describing the service provided to residents which included the information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had submitted information on adverse incidents within three days of the event, and had declared restrictive practices in quarterly reports to the chief inspector.

Judgment: Compliant

## Quality and safety

The inspector found that the residents' wellbeing and welfare was supported in this house and that their choices and routine were the central contributor to their care and support in the house and in the community. Many of items identified for improvement on the previous inspection had been addressed, and improvements identified on this inspection relating to the safety and maintenance of the house were in progress. Among the developments to the centre included enhanced fire containment, but action was required to ensure the feature was not compromised.

The inspector reviewed one house in person and discussed the other two with the person in charge, who provided a list of structural, maintenance and decoration jobs required in each house. While the deficits did not present a danger of injury or compromised accessibility to the residents, they impacted the homeliness of the centre, including broken tiles, damage to paintwork and door frames, and floor covering requiring replacement.

Practice fire evacuations took place in the centre every few months, and through these the provider attained assurance that all residents and staff could exit the houses efficiently, including at night. The houses were equipped with suitable extinguishing equipment and clear evacuation maps. Since the previous inspection, the provider had installed fire containment doors to the kitchen and utility rooms as well as emergency lighting to direct safe exit. However improvement was required to ensure that where residents preferred to keep doors open, this could be done without compromising the ability of the door to shut automatically in the event of fire, rather than doors being held open with wedges.

Residents had detailed and person-centric support plans which guided staff on how to most effectively meet their needs. These plans were kept under review in response to incidents and review notes included involvement from family members. Plans were relevant to the needs of residents as informed from assessments of need and experiences in the centre, such as supporting residents to maintain relationships with staff members, stay safe online, manage their money, and be assisted with activities of daily living. Staff had guidance on how to identify triggering factors which may upset or frustrate residents, and how to most effectively support residents when exhibiting behaviours which may cause a risk to themselves or other people.

While the residents often chose not to participate in formal planning and feedback sessions, the inspector found records that they were always invited and encouraged to do so. The staff also fed back commentary gathered through working with the resident during the day to inform planning of routine and long-term goals and objectives. The residents were supported to understand and consent to support through pictorial stories and other visual prompts. Residents had regular meetings with their keyworkers where the latter made sure to consistently remind residents who to speak to if they ever felt unsafe or unhappy with any aspect of the service and support.

The provider maintained a centre-specific risk register and a log of adverse incidents and accidents in the house. The provider had risk control measures in the house to ensure that the service could prevent and control potential or actual transmission of COVID-19, and a plan was in place which would allow residents to effectively self-isolate in their home if needed, and to ensure that there was cover in the event that staff or management are required to go off-duty. There was sufficient stock of sanitising and personal protective equipment onsite, and all staff wore face coverings and followed hand hygiene guidelines.

### Regulation 10: Communication

The residents were supported to use pictures and plain language social stories to understand and plan their activities and routine in line with their assessed needs.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to personalise their home and had sufficient space for their belongings. Residents were facilitated to access and control their finances in line with their assessed support needs.

Judgment: Compliant

### Regulation 13: General welfare and development

Resident were supported to pursue meaningful social, recreational and employment opportunities which had continued as much as was practicable during the ongoing health emergency.

Judgment: Compliant

### Regulation 17: Premises

Work was required to ensure the houses were kept in a good state of cleanliness and repair, including cosmetic maintenance required to floors, walls and doors.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Measures were in effect to support residents and staff to stay safe during the COVID-19 pandemic, and to ensure continuity of support and oversight in the event staff or management are required to go off-duty.

Judgment: Compliant

### Regulation 28: Fire precautions

Improvement was required to ensure that where residents wished for doors to stay open, that this was done without compromising the containment ability of fire compartment doors in the event of an emergency.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents' care and support plans were informed by an assessment of need and made accessible to the resident through pictorial social stories.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff were provided guidance for keeping the residents and others safe during episodes of distress or frustration. Where restrictive practices were used, they were kept under review to ensure they were the least restrictive measure to control the identified risk.

Judgment: Compliant

### Regulation 8: Protection

Staff were trained to identify and respond to potential or actual incidents of abuse. Residents were routinely reminded and supported on how to access support if they felt unsafe or upset. Residents were supported to stay safe online and protect their money.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found examples of how residents' choices, privacy and dignity were respected in the delivery of their care and support.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Brownstown/Clonmullion/French Furze OSV- 0001995

Inspection ID: MON-0032310

Date of inspection: 21/04/2021

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance issues identified will be addressed prior to the end of August 2021.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Automatic fire closure mechanisms will be installed on all relevant doors prior to the end of June 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/08/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/08/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2021