



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

Name of designated centre:	Gallows Hill
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	05 September 2018
Centre ID:	OSV-0001982
Fieldwork ID:	MON-0021633

About the designated centre

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

This designated centre is a bungalow situated in a rural location on the outskirts of Athy, Co. Kildare. The house accommodates two residents. The house contains a living room, a kitchen cum dining area, utility room and four bedrooms. There is a shower/bathroom and a shower room with toilet. There is a room containing an exercise machine to the front of the house. There is a lawn with shrubs to the front of the house and a patio area with large garden space to the back of the house. The person in charge also works in another designated centre. There are five social care workers and two care worker employed in this centre. A vehicle is available to drive residents to and from different activities.

The following information outlines some additional data on this centre.

Current registration end date:	26/04/2019
Number of residents on the date of inspection:	2

How we inspect

To prepare for this inspection the inspector or 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
05 September 2018	11:00hrs to 16:00hrs	Jacqueline Joynt	Lead

Views of people who use the service

The residents in this centre used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf. Residents' views were also taken from HIQA questionnaires, the designated centre's annual review and various other records that endeavoured to voice the resident's opinion.

One of the residents advised through their feedback form that they were happy with the support staff give them and mentioned how the staff support them in maintaining a healthy diet.

There were very positive comments in general from residents regarding their bedrooms with one resident stating that their room was their private space.

One of the residents talked to the inspector excitedly about their upcoming goals relating to a football match abroad, about seeking a second job and looking forward to going out for lunch with the person in charge.

Residents noted that they were happy with their staff however, found it hard when there was changes to staff working with them.

There was an atmosphere of friendliness, and the resident's dignity, modesty and privacy was respected. The inspector observed that staff were kind and respectful towards residents through positive, mindful and caring interactions.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each residents' needs, wishes and intrinsic value were taken in to account. Improvements that were required from the previous inspection in April 2018 had been implemented.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. Governance and management systems in place ensured the residents received positive outcomes in their life and overall, the delivery of a safe and quality service.

The inspector found that staff had the necessary competencies and skills to support the specific residents that live in the centre and had developed therapeutic relationship with residents. The inspectors observed kind, caring and respectful

interactions between staff and residents throughout the day.

The service used the necessary tools to assess and ensure that appropriate staffing levels and skill mix were in place so that each of the resident's needs were met. The inspector found that overall, there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted.

The inspector found evidence that for the most part, staff had received mandatory training. Staff who spoke with the inspector demonstrated good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of the residents.

Performance management meetings were taking place to support staff perform their duties to the best of their ability. Staff advised the inspector that they found these meetings to be beneficial to their practice. Since the last inspection the frequency of these meetings had improved and all such meetings were on schedule. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have. At the time of inspection one complaint had been made and the inspector found that overall, it had been dealt with appropriately and in a timely manner.

Regulation 15: Staffing

There was enough staff with the right skills, qualification and experience to meet the assessed needs of resident. Information and documents specified in Schedule two of the regulations were made available to HIQA on a separate occasion.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available and was up to date with all the required information.

Judgment: Compliant

Regulation 23: Governance and management

The governance systems in place ensured that service delivery was effective through the on-going audit and monitoring of its performance resulting in a quality assurance system.

Judgment: Compliant

Regulation 3: Statement of purpose

The service being delivered was in line with the designated centre's current statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaint policies and procedures in place that ensured the service was committed to the making, handling and investigation of complaints and that all residents and family members were aware of this.

Judgment: Compliant

Quality and safety

The inspector found that the resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre provided a warm and pleasant environment for residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in care practices required to meet those needs.

Residents had up to date personal plans which were continuously developed and reviewed in consultation with the resident, relevant keyworkers, allied health care professionals and family members where appropriate. The residents' plans reflected the continued assessed needs of the resident and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. One of the residents attended a day activation service on a part-time basis and one resident engaged in a New Directions type programme that provided person-centred support which was tailored to meet individual need, promote community inclusion and independence. Both residents were supported to live a life of their choosing in accordance with their own wishes, needs and aspirations.

Residents were supported to engage in goals that promoted community inclusion such as working in local business, attending the local gym and swimming pool, attending local discos, shopping in the local town and dining in nearby restaurants and cafés.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. One of the residents spoke proudly about their current job and how they would like to look for further employment which included more responsibilities. One resident who had recently achieved their first journey on a train was taking the next step to increase their independence through a certified independent living skills training course.

Residents were encouraged and supported around active decision making and social inclusion. One of the residents organised a fund-raising event and raised a large amount of money for a children's charity.

Where appropriate, residents were involved in the running of their house through meaningful household roles and tasks which in turn promoted their independence. Residents were involved in the household shopping, their own laundry and from time to time involved in the preparation of meals.

Creative ways were used to ensure residents had accessible, tailored and inclusive methods of communication that empowered their decision making and prevented social isolation. Residents were given information in a style that they could understand and that enabled them to make informed choices. Staff communicated effectively with residents and were focused on the resident when having these communications. There was a plan in place to support one resident's communication further through a specific communication programme on the resident's electronic device.

The inspector found that where restrictive procedures were in place they were applied in accordance with national policy and evidence-based practice. The practices applied were clearly documented in the resident's personal plan and were reviewed by the appropriate professionals involved in the assessment and intervention with the individual. At the time of inspection one restrictive practice was

on a trial discontinuation of its use.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected. The resident was protected by practices that promoted their safety.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in the house. The physical environment of the house was clean and in good decorative and structural repair with the installation of newly laid flooring, extra attic insulation and new garden furniture.

Regulation 10: Communication

Residents were assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose and there was adequate private and communal accommodation. All actions from last inspection relating to premises had been completed.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, there was an effective system in place for the management of risk in the designated centre. An oversight on reporting two restrictive practices was noted however, the person in charge assured the inspector that these will be included on the upcoming quarterly notification.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant