



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:	Unannounced
Date of inspection:	24 April 2018
Centre ID:	OSV-0001982
Fieldwork ID:	MON-0021401

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. A vehicle was 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
24 April 2018	10:30hrs to 18:00hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met with two residents on the day of the inspection and observed elements of their daily lives. One of the residents spoke with the inspector several times throughout the day with another resident being supported by staff to communicate their views to the inspector. Furthermore, views of the residents were relayed through observations of the inspector, staff advocating on residents' behalf, residents' weekly meeting minutes, the designated centre's annual review and various other records that endeavoured to voice the resident's opinion.

One of the residents showed the inspector their room and pointed out where they had been involved in the décor of the room. The resident seemed happy and proud to show the inspector family photographs, posters and cut outs they had put up on their wall.

Residents were supported to engage in meaningful roles. Through the support of staff, one of the residents advised the inspector about a new job he had recently attained and his enjoyment of it. Another resident talked about their job and how happy they were doing it.

Residents were involved in the running of the house through meaningful household roles and tasks. One resident informed the inspector how they enjoyed looking after the upkeep of their own room and in particular keeping it tidy and changing the bed linen when required.

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 inspectors found that the registered provider and the person in charge were effective in assuring that a good quality of service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the residents' needs and wishes were taken into account. 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.

The inspector saw that staff mandatory training was up to date. Staff who spoke with the inspector demonstrated a good understanding of residents' needs and wishes and were knowledgeable of policies and procedures which related to the general welfare and protection of residents. The inspector also found in conversations with staff that they demonstrated excitement and enthusiasm regarding empowering residents to reach their potential and achieve their goals.

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. The inspector found that some improvements were required around the frequency of these meetings however, management had tracked this on their six monthly review and the inspector was advised of the planned action to improve this issue.

Staff informed the inspector that they felt supported by the person in charge and that they could contact him at any time in relation to concerns or matters that arose. The person in charge was committed to continuous professional development. The inspector was informed that the person in charge was due to commence a six session leadership course in April 2018.

The governance systems in place ensured that service delivery was effective through the on-going auditing and monitoring of its performance resulting in a quality assurance system. Following on from the six monthly unannounced reviews, a team action plan was implemented which was reviewed by management on a quarterly basis to ensure ongoing positive outcomes for residents.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. One of the residents informed the inspector that they knew who to talk to should they have a concern or complaint.

Systems were in place, including an advocacy service, to ensure residents had access to information which would support and encourage them express any concerns they may have.

Staff advised the inspector that they felt there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints.

Regulation 16: Training and staff development

The inspector found evidence that all staff had received mandatory training including safeguarding, medication management, manual handling, behaviour

support and fire safety.
Judgment: Compliant
Regulation 23: Governance and management
Unannounced six monthly reviews and annual reviews were being carried out in line with the appropriate regulation.
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 was an easy to read information booklet displayed in a communal area of the house and included a photograph and details of the complaints officer.
Judgment: Compliant
Quality and safety
<p>Overall, residents living in the centre received care and support which was person centred, of good quality, safe and which promoted their rights. The centre was well run and provided a warm and pleasant environment for residents.</p> <p>Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the continued assessed needs of residents and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.</p>

The review of the plans were multidisciplinary where appropriate and conducted in a manner that ensured the participation of each resident, allied health professionals and where appropriate, family representatives. At the time of inspection one of the residents' plans was under review with required amendments and updates being noted.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. The two residents were engaged in part-time paid employment in local businesses with one resident informing the inspector that they were exploring the option of a second job. A staff member showed the inspector a recent video recording of the achievements of a resident on their first day of their new job.

Community inclusion was promoted with residents helping out with the household grocery shop in the local supermarket, collecting medication from their local pharmacy, attending the local gym and going out for walks in the surrounding area. Staff informed the inspector that both residents were well known in the community and had build positive and friendly relationships with many of the local shop owners and people residing in the community.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. Where feasible, residents were supported to develop their knowledge, self-awareness, understanding and skills required for self care and protection through accessible information and weekly residents' meetings where safeguarding information was discussed and explained.

The design and layout of the of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the house. The physical environment of the house was clean and overall in reasonable structural repair however, the inspector found that there was a number of structural repairs required. At the time of inspection some of these repairs had been logged with the organisation's maintenance department.

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. Medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life. The inspector found evidence to show that where a medical error occurred it was recorded, reported and analysed, with an open culture of reporting, and learning was fed back to improve the residents safety and prevent re-occurrence.

The inspector found that the pharmacist in place was acceptable to the residents and that through residents regularly collecting their own medication, a positive and trusting relationship had been built between the residents and the pharmacist.

The inspector found that residents' food and nutritional needs were assessed and used to develop personal plans that were implemented into practice. There were processes in place to monitor and evaluate resident's nutritional care ensuring provision of good quality care. The inspector saw weekly menu plans where

residents had the choice of appetising, nutritious and wholesome meal options. One resident informed the inspector of their favourite meal and talked about the different options available to them. Both residents were encouraged and supported to make their own breakfast and lunch and had the choice of participating in the preparation and cooking of their evening meal.

Regulation 17: Premises

Overall, the designated centre was in reasonable structural repair however, improvements were warranted for the following:

A floor board in the hallway was warped and the flooring in a resident's bedroom was damaged with both causing a possible trip risk to residents. Insulation in the roof over one resident's bedroom had been reported as inadequate leaving the room feeling cold. Garden furniture was in disrepair and there was a hole in the seat of the garden bench with a risk of injury to resident.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was adequate amounts of food and drink which was wholesome, nutritious and offered choice at mealtimes.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Staff were knowledgeable and competent to administer medication with all staff medication management training up to date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that detailed their needs and outlined the

supports required to maximise their personal development and quality of life in accordance to their wishes.

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. There was a photograph and contact details of the designated officer displayed in a communal area of the house.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Gallows Hill OSV-0001982

Inspection ID: MON-0021401

Date of inspection: 24/04/2018

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
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider has addressed the outstanding maintenance issues relating to flooring, garden furniture and insulation, this work was completed by 31/5/2018</p>	

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 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	31/05/2018