



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

Name of designated centre:	Morell
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	01 May 2018
Centre ID:	OSV-0001989
Fieldwork ID:	MON-0021402

## About the designated centre

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

The designated centre is a two story house situated on the outskirts of a large town in Co. Kildare. The property consists of a detached house which is split into two sections and can accommodate four residents. There is an apartment which is adjacent to the main house that can accommodate one resident. One section of the main house contains a lounge area, a kitchen, a utility room, bathroom, an office and one bedroom. The other section of the house contains a living room, a kitchen and four bedrooms, two of which are en suite. Both sections are divided by a code locked fire door. The apartment contains a kitchen cum living area and a bedroom with an ensuite shower room. There is a small lawn with shrubs out the front of the house and to the back of the house there is a garden which contains a decking area. The house has the use of a bus when required.

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

Current registration end date:	15/09/2018
Number of residents on the date of inspection:	5

## 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
01 May 2018	09:30hrs to 17:30hrs	Jacqueline Joynt	Lead

## Views of people who use the service

The inspector met with four of the residents throughout different times of the day. During these engagements the residents relayed their views to the inspector. Residents' views were also taken from observations, minutes of residents' meetings, Health Information and Quality Authorities questionnaires for residents, and various other records that endeavoured to voice the resident's opinion.

A number of residents advised the inspector that they were happy living in the house. One resident invited the inspector in to their apartment for a cup of coffee and to show the inspector their home. The resident seemed proud to show off his living cum kitchen area and advised the inspector of their contentment living in it and the independence that comes with it.

Two of the residents talked to the inspector about the different social activities they enjoyed as a group and individually. They also informed the inspector how they work well together as a team to share out household tasks such as the weekly cleaning and cooking activities.

The inspector spoke with a resident who was recovering from a recent medical procedure. The resident showed the inspector pictures from a social story which had supported them prepare for the procedure and lessen any worries they had around it.

The inspector observed that there was an atmosphere of friendliness in the house and 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 of the residents' needs, wishes and intrinsic value were taken in to 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. Overall, the inspector found that the centre was well run and provided a warm and pleasant environment for resident however, in relation to

notification of incidents, an improvement was required.

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was a continuity of staffing so that attachments were not disrupted. The inspector reviewed the staff roster and saw that where relief staff were required, the same relief staff members were included on the roster. The inspectors observed considerate, thoughtful and courteous interactions between staff and residents throughout the day.

The inspector saw that staff mandatory training was up to date and complementary to this a number of staff had engaged in specialised training courses that specifically supported the needs of a number of the residents. Staff who spoke with the inspector demonstrated a good understanding of residents' needs and were knowledgeable of the procedures which related to the general welfare and protection of residents. High quality performance management meetings, to support staff perform their duties to the best of their ability, took place four times throughout the year.

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 person in charge was committed to continuous professional development. The inspector was informed by the person in charge that they had just commenced a six session leadership course.

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

It was evident that the centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings with other persons in charge from the same organisations on a bi-monthly basis. These meetings identified matters to improve and support service delivery ensuring better outcomes for residents.

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern. This procedure was monitored for effectiveness, including outcomes for residents and ensured residents continued to receive high quality, safe and effective services. At the time of inspection no complaints had been made in the past eighteen months however, previous to that where a complaint had been made, the complaint had been dealt with in a appropriate and timely manner.

### Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff are supported to develop professionally in an atmosphere of respect and encouragement.

Judgment: Compliant

### Regulation 23: Governance and management

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

Judgment: Compliant

### Regulation 3: Statement of purpose

The service being delivered was in line with the current statement of purpose.

Judgment: Compliant

### Regulation 31: Notification of incidents

Overall, there were effective governance arrangements in place to ensure that the centre complied with notification requirements however, while there was a log of accidents and incidents, two of them were not reported to HIQA within the three day time period as necessary.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was an easy to read information poster displayed in communal areas of the designated centre which included a photograph and details of the complaints officer.

Judgment: Compliant

### Quality and safety

The inspector found that the residents' well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre.

Residents had up to date personal plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, 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. The residents were engaged in a New Directions type programme that provided person-centred support which was tailored to meet individual need, promote community inclusion and independence. The 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 attending educational and advocacy courses in the local training centre and local library. Residents also attended the local gym for swimming and aqua aerobics classes, attended local choir practice and enjoyed social outings in the town's many cafes and restaurants.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. Some of the residents informed the inspector about their jobs in the local bowling alley, the local nursing home, the nearby library and the local charity shop. The residents seemed very happy and proud talking about their jobs.

Residents were encouraged and supported around active decision making and social



inclusion. Residents were involved in organising their evening meal and house cleaning rota and the inspector saw evidence that the residents participated fully in residents' meetings where household and other matters were discussed. Residents were also involved in the planning and decision making around their holidays in Ireland and abroad.

The registered provider had created a culture of appropriate care and support in a safe environment that residents could use. The inspector found that staff were innovative in finding ways to support the residents live life as they chose, and in a way that balanced risk and opportunities in a safe manner. Residents had the opportunity to live a full life without undue restriction because of the way risk was managed. Specialised training had been provided to staff to enable them find an appropriate balance between promoting resident's individual desires while maintaining their safety.

The inspector found that the residents were protected by practices that promoted their safety. 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. Residents were supported to develop their knowledge, self-awareness, understanding and skills required for self care and protection through accessible information and monthly residents' meetings promoting safeguarding information.

Residents were assisted to exercise their right to experience a full range of relationships, including friendships, community links as well as personal relationships. The inspector saw that a number of residents were attending a course which supported them in a sensitive and appropriate way to develop and maintain personal relationships in accordance with their wishes and preference and in adherence with current legislation.

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.

Overall, the physical environment of the house was clean and in good decorative and structural repair. Residents informed the inspector that they had made a request to up-date and redecorate a number of rooms in the house and had put forward ideas and suggestions at their house meetings. The inspector saw, from the minutes of meetings, that this request had progressed to the person in charge and that plans were in place to progress it to the next stage.

The inspector found that there were good systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow.

## Regulation 17: Premises

The premises met the needs of the residents and the design and layout promoted resident's safety, dignity, independence and well-being.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider ensured the delivery of safe care whilst balancing the right of residents to take appropriate risk and fulfilling the centre's requirement to be responsive to risk.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire. Audits ensured precautions implemented reflected current best practice.

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.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Morell OSV-0001989

Inspection ID: MON-0021402

Date of inspection: 01/05/2018

## 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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in charge has submitted the outstanding notifications to HIQA and has reviewed the process to ensure notifications are submitted in a timely manner in future. This was completed by 11/5/2018</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 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Yellow	11/5/2018