



Office of the Chief Inspector

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

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:	Short Notice Announced
Date of inspection:	13 February 2019
Centre ID:	OSV-0001980
Fieldwork ID:	MON-0026207

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 home to one male and two female residents 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 cum dining room, three bedrooms, one bathroom and a general purpose room. In the second section there is a living room, a kitchen cum dining room, two bedrooms, a toilet and a bathroom. There is a garden out the back of both sections and a small garden to front also. The person in charge is also person charge for another centre and divides their time accordingly. There are four social care workers and six care assistants employed in this centre. There is a bus available to the residents in this service.

The following information outlines some additional data on this centre.

Current registration end date:	07/04/2022
Number of residents on the date of inspection:	3

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
13 February 2019	10:15hrs to 16:00hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met with two of the three of the residents on the day of the inspection. The residents in this centre used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf.

Two residents relayed their happiness and excitement to the inspector about moving to a new house and in particular seemed happy that a date had been fixed for the move. They advised that they were looking forward to visiting the new house at the end of the week.

One resident showed the inspector the plans for the new house and how they had marked out their bedroom on the plans. They advised the inspector that they had been supported to go shopping for furnishings for their new home and how they had picked out a piece to store their music collection in.

Although the engagement with both residents was brief the inspector observed that there was a friendly atmosphere in the centre and that management and staff were kind and respectful towards the 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 of service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where overall, each of the residents' needs, wishes and intrinsic value were taken in to account. Many of the improvements that were required from the previous inspection had been implemented.

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 there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The person in charge informed the inspector that if relief staff was required, the same relief staff who were familiar to the residents were employed.

The inspector found evidence that all staff had received mandatory training and

complementary to this staff had engaged in specialised training courses that specifically supported the needs of the residents. Annual performance management meetings were taking place to support the person in charge and staff perform their duties to the best of their ability.

Overall, the governance systems in place ensured that service delivery was safe and effective through the on-going audit 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 on-going positive outcomes for residents.

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 service, to ensure residents had access to information which would support and encourage them express any concerns they may have.

Regulation 15: Staffing

There was sufficient staff on duty to meet the assessed needs of residents and the actual and planned roster matched the staff on duty.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training schedule in place, with all staff training up to date.

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 comprehensive quality assurance system.

Judgment: Compliant

Regulation 3: Statement of purpose

The current statement of purpose was submitted post the inspection and it was found that the service being delivered was in line with the statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints procedures and protocols were evident and appropriately displayed and available to residents and families. There had been no complaint made since the last inspection in August 2018.

Judgment: Compliant

Quality and safety

Overall, the inspector found the centre was well run and that each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge was aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs. An action from the previous inspection in relation to premises remained outstanding.

The residents' personal plans reflected the residents' continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector looked at a sample of personal plans and overall, found them to be up-to-date and reviewed on a regular basis. However, the inspector found improvements were required to ensure the progress of all goals were kept updated.

Each resident's personal plan promoted meaningfulness and independence in their life and recognised the intrinsic value of the person by respecting their uniqueness. Two of the residents were supported to engage in part-time local employment.

The residents were supported to be involved in their community through attendance of a local activation service. Residents were supported to engage in social goals and activities. The residents enjoyed activities such as baking, swimming, shopping, attending musicals, maintaining friendships, listening to music and overnight holidays in Ireland and abroad.

To meet the communication needs of one of the residents, they were supported to engage for a trial period with an assisted technology device. This resulted in positive outcomes for the resident. Funding has been requested to purchase an assisted technology device for the resident to support their assessed needs and in particular to support them understand and participate in their person centred plan.

The physical environment of the house was clean and in good structural repair and since the last inspection decorative and structural improvements including paintwork though out the house had been completed. However, the inspector found that as per previous inspections the layout of the centre did not meet the assessed needs of the residents which meant that residents could not fully enjoy living in an accessible and comfortable environment. The provider informed the inspector that a new premises had been secured for two of the residents and that the required refurbishments of the new house was due to be completed by the end May 2019.

The inspector found that the two residents were being supported by staff to move to the new premises and in advance of moving the residents were provided with a robust transition plan which had been developed in consultation with each resident. The residents' transition plans were kept up-to-date and on-going resident participation in the plans was evident. Residents were due to make a visit to the house on the week of inspection which was in line with the time-frame on their transition plan.

The inspector found that the fire fighting equipment and fire alarm system were appropriately serviced and checked and 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 and arrangements were in place for ensuring residents were aware of the procedure to follow.

Regulation 17: Premises

The action from the last inspection remains outstanding; The inspector found that the layout of one section of the centre did not meet the assessed needs of the residents. However, a plan was submitted at the end of January 2019 to support two of the residents move to a new designated centre by the end of May 2019.

Structural improvements were required including the removal of a staff office from the hallway to a more appropriate location in the house and reviewing the current access arrangements to and from the en-suite bathroom.

Judgment: Not compliant

Regulation 26: Risk management procedures

Overall, there was an effective system in place for the management of risk in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The action from the last inspection regarding the centre's emergency response plan and individuals' personal emergency evacuation plans had been completed as had the action surrounding simulated fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A pilot information technology system to record information regarding the resident's personal plan had commenced in October 2018 and the inspector was advised that management and staff were currently learning from the system and looking at ways to improve it.

The inspector found that overall the residents had up-to-date personal plans which reflected their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. However, the inspector found that there were occasions where the progress of residents' goals had not been updated as per their personal plan time-lines.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, appropriate health care was made available to the residents, having regard to that in their person plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that in the event of one resident not leaving the premises during a fire; a restrictive practice in the form of a 'transport hold' had been put in place. The inspector found that the documentation did not adequately demonstrate the nature of the consent and the extent at which it constituted informed consent. However care was delivered to a high standard and did not result in a medium to high risk to the resident.

This regulation was not fully assessed.

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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
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	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Flinter's Place OSV-0001980

Inspection ID: MON-0026207

Date of inspection: 13/02/2019

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider will transfer the staff office from the corridor to a Staff Room and will make alterations so that the bathroom can only be accessed from the corridor. This will be completed by 17/6/2019</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge has ensured that documentation on the progress of the resident's goals has been updated and that a system is in place for ensuring records are kept up to date in the future. This action was completed on 15/2/2019</p> <p>The Registered Provider will have accommodation which meets the needs of the residents available for occupancy by 30/5/2019</p> <p>The Registered Provider will apply for variation to reduce the number of people the Designated Centre can accommodate. This action will be completed by 30/6/2019</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge will seek written consent from resident's family for the Transport Hold Restraint Restrictive Practices Plan. This will be achieved by 30/4/2019	

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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant		17/06/2019
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Substantially Compliant	Yellow	17/06/2019
Regulation 17(6)	The registered provider shall ensure that the designated centre	Not Compliant		17/06/2019

	adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant		17/06/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant		30/05/2019
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant		17/06/2019
Regulation 05(6)(c)	The person in charge shall ensure that the	Substantially Compliant		15/02/2019

	<p>personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.</p>			
Regulation 07(3)	<p>The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.</p>	Substantially Compliant	Yellow	30/04/2019