



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

Issued by the Chief Inspector

Name of designated centre:	Cluain Alainn
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	03 December 2019
Centre ID:	OSV-0001987
Fieldwork ID:	MON-0024941

About the designated centre

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

The designated centre provides residential short breaks (respite) to a maximum of five children or a maximum of six adults, whose primary disability is an intellectual disability. Cluain Alainn is a dormer bungalow situated just outside Kildare Town. The bungalow includes a living room, kitchen-dining room, utility room, a sensory room, six bedrooms, a bathroom, sluice room and an office, toilet and bedroom for staff. There is a large garden out the back of the house with a play area which includes a trampoline, wheelchair swing and playhouse with slide. A minibus is provided to assist residents attend their day service, school and social activities throughout their stay. The person in charge is a clinical nurse manager and is employed full-time in this centre. There are four social care workers, one social care assistant and six nurses employed 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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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
03 December 2019	11:15hrs to 18:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

On the day of inspection there was three young persons staying in the centre for a short respite break. The inspector met with all three of the residents throughout different times during the afternoon and observed elements of their daily life during their stay in the centre. The residents in the centre used verbal and non-verbal communication and where appropriate their views were relayed through staff advocating on their behalf. The residents' views were also taken from the centre's 2018 annual review and various other records that endeavoured to voice the respite residents' opinions.

Residents talked to the inspector about what they liked and what activities they had recently taken part in. In particular two residents told the inspector that they were excited about their upcoming milestone birthdays. Two of the residents who spoke with the inspector advised that they enjoyed coming on respite breaks to this centre. Residents said they were happy their friends were staying the same time as they were. The inspector observed residents engaging in relaxing activities such as colouring, listening to music and watching television. The inspector observed residents being offered choice; for example the inspector observed residents being offered choices around their evening meal, what activity they would like to do that evening and which bedroom they wanted to stay in during their respite break. One resident advised the inspector they were happy with the bedroom they were staying in and that the bed was very comfortable.

Throughout the afternoon the inspector observed friendly, jovial and caring interactions between staff and the respite residents and it was evident that the residents' needs were very well known to staff and the person in charge. The inspector observed that the respite residents appeared very comfortable in the centre and relaxed in the company of staff.

Capacity and capability

The inspector found that the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to respite residents. The service was lead by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of the respite residents and this was demonstrated through good-quality safe care and support.

The registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support to meet the needs of the residents availing of the respite service. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the respite residents

through person-centred care and support. The inspector found that improvements from the last inspection had been completed and had resulted in positive outcomes for the residents.

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals.

Governance and management systems in place ensured residents received the delivery of a safe and quality service. 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 found that there was robust auditing systems in place in the designated centre to evaluate and improve the provision of service and to achieve better outcomes for the residents. Further to the annual and six monthly reviews, quality audits were also taking place and ensured that overall, service delivery was safe and that a good quality service was provided to the respite residents.

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

On review of the staff roster the inspector found that staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was evidence of continuity of care; the inspector was advised that the majority of the staff had been employed in the centre between two to five years. Furthermore, the relief staff employed in the centre included staff who had previously supported the respite residents in another capacity and were familiar with their needs. 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.

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 differing needs of the respite residents. The inspector was advised that there was plans in place to review the current mandatory training schedule for the centre so that training courses which related to the specific needs of residents would be included under the centre's schedule of mandatory training. One to one performance management meetings, to support staff perform their duties to the best of their ability, took place four times throughout the year.

All required written policies and procedures were adopted and implemented in the centre. They were reviewed at the required intervals or more often, where necessary, to reflect best practice. There was evidence to demonstrate that staff understood and used the centres' policies and procedures to deliver safe and quality care.

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The inspector found

that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. It was evident that the centre strived for excellence through shared learning and reflective practices. On review of the minutes of the staff team meetings the inspector found that these meetings provided an open and safe environment for staff to raise issues and discuss improvements required resulting in better outcomes for respite residents.

Regulation 15: Staffing

Each staff member played a key role in delivering good care and support to residents. Staff who spoke with the inspector demonstrated good understanding of the respite residents' needs and endeavoured to ensure that they were met in practice

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 23: Governance and management

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. Unannounced six monthly reviews and annual reviews were being carried out in line with regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1.

Overall, the statement of purpose described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that there was effective information governance arrangements in place to ensure that overall the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector viewed a sample of Schedule 5 written policies and procedures and found that they were adopted, implemented, made available to staff and reviewed when required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that respite residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of respite residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to the respite residents was of good quality. The inspector found that some small improvements were required to premises, personal plans and restrictive practices however, the provider and person in charge was aware of some of the improvements required and in some instances the improvements were already in process.

The inspector reviewed a sample of personal plans for both young persons and adults who avail of the respite service. The inspector found that respite residents had up-to-date personal plans which were developed and reviewed on an annual

basis (or more often if required) in consultation with the resident, relevant key worker, and family members where appropriate. The plan reflected the residents' assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

Respite residents' plans contained a record to demonstrate the choice of activities and meals offered to the residents during their stay. There had been improvements made to the record since the last inspection however, the inspector found that it required further improvement to clearly demonstrate that residents had been consulted and provided choices during their respite stay.

The respite residents in the centre had varying communication needs that were being supported. There was evidence that the provider and person in charge were seeking to assist respite residents to enhance their communication skills. A number of the staff team had received relevant training in communication techniques used by the residents. There were easy read documents available and some residents were also being supported with sign language.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that addressed possible risks associated with the designated centre and was regularly reviewed.

The inspector found that the residents were protected by practices that promoted their safety. The inspector found that staff treated residents with respect and that personal care practices regarded respite residents' privacy and dignity. Staff facilitated a supportive environment which enabled the respite residents to feel safe and protected from all forms of abuse.

The house was found to be suitable to meet the respite residents' individual and collective needs in a comfortable and homely way. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for residents while availing of the respite service. Respite residents were provided with an sensory room which promoted their wellbeing through creative, relaxing and fun activities such as colourful lights, soft seating and a large ball pit. One of the respite residents advised the inspector that they enjoyed spending time in the sensory room. Overall, the inspector found that the physical environment of the house was clean however, some areas required improvements to ensure all areas of the centre were clean. There had been decorative and structural repair work carried out since the last inspection however, on the day of inspection the inspector found that the centre required improvements to ensure the centre was in good decorative repair.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were good systems in place for the prevention and detection of fire. Where improvements were required from the last inspection these had been completed. All staff had received training in fire prevention and emergency procedures. There were personal evacuation plans in place for each resident, and residents took part in fire drills on a regular basis.

Safe medical management practices were in place and were appropriately reviewed. Medicines were used in the designated centre for their therapeutic benefits and to support and improve respite residents' health and wellbeing. The inspector found that the practices relating to the receipt, storing and disposal of medicines were appropriate and for the most part the practice relating to the administration of medicines was appropriate; the inspector found that in one case a small improvement was required to the documentation relating to the administration of PRN medicine (medicine only taken when required).

The inspector found that staff were innovative in finding ways to support and empower the respite residents to live life as they chose, and in the way that balanced risk and opportunities in a safe manner. The inspector saw, that where appropriate, respite residents were supported to self-administer their medication and that overall, the required documentation for this practice had been completed.

Regulation 17: Premises

Overall the centre was in good structure and repair and maintenance work had been completed since the last inspection however, on the day of inspection a number of improvements were required.

A number of communal and private areas in the house required a level of paintwork.

There was damage to the wall in an upstairs bedroom.

There was no lampshades on three of the ceiling lights upstairs.

The shower and sink in the upstairs bathroom was unclean.

The carpet on the staircase was worn and had a number of stains on it.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

The risk management policy in place included all the required information as per the regulations.

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. All fire fighting equipment was serviced appropriately.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, the inspector found that safe medical management practices were in place and were appropriately reviewed.

Where appropriate, creative and innovative practices were in place to support the respite residents self-administer medication and overall the required documentation was in place to support this practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

In general personal plans sampled reflected the respite residents' assessed needs and outlined the support required to meet residents' individual needs and choices through out their stay.

However, the inspector found that improvements were required to the recording of the respite residents' activities and meal record to clearly demonstrate that residents had been consulted and provided choices while availing of the respite service.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge.

The inspector found that the respite residents, and where appropriate their representatives, had been informed of the restrictive practices in place however, on the day of inspection the inspector was informed that not all documental consent regarding these practices had been obtained.

Furthermore, on the day of the inspection the inspector found a number of environmental restrictive practices in place which had not been identified or logged as such and had not being notified as required.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge had ensured that all staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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
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 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cluain Alainn OSV-0001987

Inspection ID: MON-0024941

Date of inspection: 03/12/2019

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider will carry out specific repairs and redecoration of the premises by 28/2/2020</p> <p>The Person in Charge has reviewed the weekly cleaning schedule for the premises. This was completed by 17/12 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 will work with the team to review record keeping to ensure it evidences consultation and choice offered to individuals on a short stay. This will be completed by 30/1/2020</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge will carry out a review of the approach to environmental restriction to ensure that the least restrictive practice is in place for each individual for the duration of their stay. This will be completed by 30/3/2020</p> <p>The Person in Charge will ensure written consent is in place for each restrictive practice currently in operation. This will be completed by 30/1/2020</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	28/02/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	17/12/2019
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	30/01/2020
Regulation 07(4)	The registered provider shall	Substantially Compliant	Yellow	30/03/2020

	ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/03/2020