



## Office of the Chief Inspector

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

Name of designated centre:	Brownstown/French Furze/Clonmullion
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	07 August 2019
Centre ID:	OSV-0001995
Fieldwork ID:	MON-0025364

## About the designated centre

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

This designated centre provides residential services to three males with an intellectual disability over the age of eighteen years. The centre comprises of three houses in different locations in Co. Kildare. There are two bungalows and a two story house. One bungalow consists of a living room, kitchen, lobby, bedroom with en-suite, a store room, staff bathroom, staff office/bedroom and a bathroom. There is a garden space out the front of this house. The other bungalow consists of a living room, kitchen- dining room, a bedroom, staff office/bedroom and a bathroom. The two story house consists of a living room, kitchen-dinning room, utility room, sensory room, staff bathroom, three bedrooms (two are staff bedrooms), a recreation room, a bathroom and a garden space out the back of the house. The person in charge in this centre divides their working hours between the three houses within this designated centre and with another designated centre. Social care workers and care assistants are employed to work 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
07 August 2019	10:00hrs to 20:00hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

The inspector met with two of the three residents on the day of inspection. One of the residents chose not to engage with the inspector and their choice was respected. The two residents who the inspector met with used non-verbal communication and as such the person in charge and staff advocated on their behalf.

The inspector observed the residents to appear relaxed in their homes and comfortable in the company of their staff.

The inspector saw that staff were cognisant of how the residents communicated and supported the resident in their engagement with the inspector.

The inspector observed the residents to be coming and going throughout the day to different activities. The inspector also saw residents engage in sensory activities in their home which they seemed to enjoy.

Overall, the inspector observed that the staff and person in charge were kind and respectful towards residents through positive, mindful and caring interactions.

## Capacity and capability

The inspector found that there were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibility and who they were accountable to.

For the most part, governance systems in place provided assurances that service delivery was safe and effective through ongoing auditing and monitoring of the centre's performance. The person in charge carried out monthly audits to support them ensure the operational management and administration of the centre resulted in safe and effective service delivery. However, the inspector found that in relation to the unannounced six monthly review which took place in April 2019, improvements were required to ensure this review included all three residential services within the designated centre.

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and fostered a culture that promoted the rights of the residents. The person in charge was familiar with the residents' needs and the

supports required to meet those needs.

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents and overall there was a continuity of staffing so that attachments were not disrupted. The inspector observed that staff had the necessary competencies and skills to support the specific residents that lived in the centre and had developed therapeutic relationships with the residents. The inspector observed kind, caring and respectful interactions between staff and residents throughout the day.

The inspector saw that all staff training was up-to date. The person in charge advised the inspector that one to one performance management meetings, which support staff perform their duties to the best of their ability, took place four times throughout the year. There was a schedule in place for these meetings and overall all meetings had been completed in line with the schedule.

The inspector found that, while no complaints had been made by residents or their families, an effective complaints procedure was provided in the centre. Information on the complaints procedure and on how to access advocacy services was displayed in the houses, in formats appropriate to residents' needs.

### 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

The training needs of staff were regularly monitored and addressed to ensure the delivery of good quality, safe and effective services for the residents.

Judgment: Compliant

### Regulation 23: Governance and management

The annual report had been completed for this centre however, the inspector found that the unannounced six monthly review of the designated centre regarding

the safety and quality of care and support provided in the centre was not adequate. The review did not incorporate a visit or report to address concerns regarding the standard of care and support in two of the residential services which are part of the designated centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose included all the required information on Schedule 1.

Judgment: Compliant

### Regulation 34: Complaints procedure

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

Judgment: Compliant

## Quality and safety

Overall, the inspector found 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 and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, the inspector found that improvements were required to the area of premises, infection control and fire precautions.

The designated centre consisted of three houses which provided residential services. One of the houses in particular was in very poor decorative and structural repair internally and externally. Another house also required repairs, with the third house requiring improvements relating to storage facilities. The person in charge advised the inspector that they had informed the appropriate person of the required

repairs and had made requests for work to be completed however, at the time of the inspection there was no plans or time frame in place to address any of the premises' required repairs.

There were procedures in place for the prevention and control of infection. These procedures included cleaning checks in order to maximise the safety and quality of care delivered to each resident. However, the inspector found that improvements were required in the centre to fully ensure the prevention and control of infection. The inspector found that the cleaning checklist was ineffective as the inspector observed many areas in two of the houses to be unclean. Furthermore, a number of decorative and structural work was required in the designated centre to prevent and minimise the occurrences of healthcare-associated infections.

Overall, there were appropriate systems in place to detect and extinguish fires, including evidence of regular servicing of equipment. 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. However, in one of the houses improvements were required to fully ensure that the house was adequately subdivided with fire resistant construction such as fire doors. In another house improvements were required to ensure the provision of an adequate emergency lighting system.

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 reviewed a sample of the residents' personal plans and found that residents had up-to-date plans which were continuously developed and reviewed in consultation with the residents, relevant staff member and where appropriate, family members.

The inspector was informed by the person in charge that one resident chose not to be consulted in the development or review of their personal plan. However, the inspector found that documentation did not adequately demonstrate the extent of which the resident did not want to be consulted about their personal plan.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. For example, in one of the houses the resident was supported to choose a recipe in a cookbook, list the ingredients required for the recipe, go to the local supermarket to buy the ingredients and then prepare, cook and eat the dish.

Overall, residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. For example, residents enjoyed going to the theatre, going for walks, going bowling, and taking part in various art and craft projects.

Residents were involved in the running of the house through meaningful household roles and tasks and in some cases, by expressing themselves through personalised living spaces.

Overall, appropriate healthcare was available to residents having regard to their



personal plan. The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily and where appropriate, take responsibility for their health.

Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve each resident's health and well-being. Overall, the practice relating to the administration of medicines was appropriate however, some improvements were required to the documentation relating to administration of PRN medicine (medicine only taken when required). Furthermore, improvements were required to ensure that all open medicines recorded the date they were opened.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. The residents' modesty and privacy was observed to be respected. The residents were protected by practices that promoted their safety. Safeguarding measures were in place to ensure that staff providing personal intimate care to residents who required such assistance did so in line with each resident's personal plan and in a manner that respected the residents' dignity and bodily integrity.

## Regulation 17: Premises

The designated centre comprised of three houses.

The inspector found that one of the houses was in very poor decorative and structural repair internally and externally. On the day of inspection there were no plans or time-lines in place to carry out any of the necessary work.

In another house a number of improvements had been carried out to alleviate a damp issue however, the inspector saw that there were still a number of decorative and structural repairs required in this house also.

Furthermore, in the same house part of the resident's sitting room was being used as a staff office which took away from the homeliness of the room.

In another house there was a lack of suitable storage for maintenance and cleaning equipment.

Judgment: Not compliant

## Regulation 26: Risk management procedures

The designated centre's Risk Management Policy included all the required information.

Judgment: Compliant

### Regulation 27: Protection against infection

On the day of inspection the inspector found that two of the houses in the designated centre were not fully clean.

Furthermore, the inspector found that the cleaning process could not ensure complete protection from infection due to the poor decorative and structural repair in two of the houses.

On the day of inspection the inspector found that in one of the houses a toilet had inadequate hand-washing facilities.

Judgment: Not compliant

### Regulation 28: Fire precautions

One of the houses within the designated centre was not adequately subdivided with fire resistant construction such as fire doors. In another house, an adequate emergency lighting system has not been provided.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

On the day of inspection the inspector found that a number of opened medicines had not included the date they were opened.

The inspector found that there was inadequate protocols in place for administering PRN medication (a medicine only taken as required).

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

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, improvements were required to ensure that a resident's wishes, with regard to consultation of their personal plan, was adequately documented.

Judgment: Substantially compliant

## Regulation 6: Health care

A general practitioner of the resident's choice, or acceptable to the resident was made available to each residents.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector found that overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge.

The positive behaviour support plan in place for one resident had not been reviewed on an annual basis with the current plan in place dated May 2018. However, the inspector saw evidence which demonstrated that the person in charge had been attempting to arrange the review before it was due.

Judgment: Substantially compliant

## Regulation 8: Protection

Staff had up-to-date safeguarding training. There was a photograph and contact details of the designated officer displayed in a communal area in each of the houses.

Judgment: Compliant

## Regulation 9: Residents' rights

Overall, the inspector saw that residents' rights including their privacy and dignity was respected.

However, on the day of inspection the inspector found documents on the wall of the resident's sitting room above the staff office equipment, which contained personal identifiable information belonging to the resident including information on the resident's behaviours and information on the resident's medication.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Brownstown/French Furze/Clonmullion OSV-0001995

Inspection ID: MON-0025364

Date of inspection: 07/08/2019

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider has updated the Unannounced Visit schedule to include 6 monthly unannounced visits to each location within the Designated Centre. This was completed by 30/8/2019</p> <p>The Registered Provider will ensure there has been an unannounced visit to each location within the Designated Centre within the last 6 months and a report is completed for each visit by 30/10/2019</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider will ensure suitable storage has been provided for maintenance and cleaning equipment in the house by 30/9/2019</p> <p>The Person in Charge has reorganized the office so that it does not compromise the homeliness of the house. This was completed by 5/9/2019</p> <p>The Registered Provider will carry out redecoration and structural works to the houses to ensure they meet the requirements of Schedule 6 by 20/12/2019</p>	

Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Person in Charge has reviewed the cleaning schedules to ensure all areas are included and is implementing checks to ensure the schedule is adhered to. This was completed by 30/8/2019</p> <p>The Person in Charge has ensured adequate materials are available for hand washing. This was completed 12/8/2019</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Registered Provided ensure a fire door is installed on the Utility Room by 30/10/2019</p> <p>The Registered Provider will ensure that Emergency Lightening as advised by the Fire Officer will be installed in the house by 30/10/2019</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The Person in Charge has ensured all liquid medicines are clearly labelled with the open date and expiry date. This was completed by 16/8/2019</p> <p>The Person in Charge will ensure clear PRN protocols are in place by 30/8/2019</p> <p>The Registered Provider will review the approach to documenting PRN medications to ensure complete clarity on the administration of PRN by 30/10/2019</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, together with the resident, documented their wishes in regard to their personal plan. This was completed by 21/8/2019</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 has ensured the Behaviour Support Plan has been fully reviewed, documented and communicated to staff. This was completed by 30/8/2019</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The Person in Charge has ensured that all personal information has been moved to an area where it is can be kept private. This was completed on 16/8/2019</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.	Not Compliant	Orange	20/12/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	20/12/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	20/12/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least	Substantially Compliant	Yellow	30/10/2019

	once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Substantially Compliant	Yellow	30/10/2019
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Not Compliant	Orange	30/08/2019

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/10/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/10/2019
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	30/09/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate	Substantially Compliant	Yellow	30/10/2019

	and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(6)(b)	The person in charge shall ensure that the 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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	21/08/2018
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate	Substantially Compliant	Yellow	30/08/2019

	to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	16/08/2019