Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Abbey Park / The Grove
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	29 August 2019
Centre ID:	OSV-0003422
Fieldwork ID:	MON-0024747

About the designated centre

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

Abbey Park/The Grove comprises two homes located in the same housing estate within walking distance to a town in Co. Kildare. Abbey Park is six bedroom bungalow that can accommodate five residents. The Grove is also a bungalow that can accommodate two residents. All residents have their own bedroom, access to bathrooms, living areas, kitchens and gardens. The homes provide full time residential support to a maximum of seven residents over the age of 18 with a diagnosis of an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in the house. Residents are supported by a social care leader, social care workers and care assistants. Staff provides support as required during day, evening and at weekends, including a sleep over each night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
29 August 2019	09:00hrs to 19:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with all seven residents across the day of inspection. In the morning the inspector spent time with a resident observing their routine and speaking with them. The resident showed the inspector some of their favourite items. The resident was observed to frequently smile during this time. Respectful and caring interactions between the resident and the staff member were observed during this time. The resident received support and help in a timely manner and in line with their assessed needs.

Later in the day, when the residents returned from their day service or employment, they spent some time speaking with the inspector. Some residents specifically requested to speak with the inspector. A resident who spoke with the inspector stated they were very happy in their home. They spoke about the people that were important to them and the places that they liked to go. The resident had recently transitioned into this centre and told the inspector they had settled well into their new home.

Another resident who spoke with the inspector was overall very satisfied with the care and support they received. The resident spoke about the importance of family members visiting them in their home and stated family could visit at any time. However, they did state that some incompatibility issues between residents was impacting on how comfortable they felt in their home.

In the second home the inspector met with the two residents. Again both residents appeared relaxed and very comfortable in staff presence. Both residents showed the inspector around their home. Staff spoke with residents in a respectful and caring manner and were very knowledgeable about residents' specific needs.

Capacity and capability

The governance and management systems in place ensured that high-quality, person-centred care was being provided in the centre. The management structure was clearly defined and there was clear lines of accountability at the individual, team and organisational level. Due to the effective governance in the centre there were positive outcomes for residents, person centred care ensured that an inclusive environment was promoted where each residents' needs were considered and respected. Overall good levels of compliance were observed across the regulations inspected against.

On the day of inspection the person in charge was on annual leave and the identified person participating in management was absent. The provider arranged for the operations manager to facilitate the inspection. Although the operations manager was not responsible for this designated centre, they had a good knowledge of all the residents and a through understanding of an ongoing issues pertaining to the centre. This demonstrated the strong communication systems in place within the organisation whereby each centre was discussed at a management level on a regular basis.

The governance systems ensured that the service delivery was safe and effective through ongoing audit and monitoring of its performance. The provider had completed unannounced visits in line with regulation. Area's of improvement identified during these visits were rectified in a timely manner. There was also an annual review of the quality and safety of care. Residents and their family were afforded the opportunity to contribute to this report. These reviews were identifying areas for improvement, and actions from these reviews were impacting positively on residents' care and support and their home.

The inspector observed that residents enjoyed a high level of independence in their routine and daily lives. Staffing levels were sufficient to support staff in line with their assessed needs. Regular relief staff were used from within the organisation. This provided for consistency, familiarity and trust that was evident between staff and residents. There was an actual and planned staff rota in place. An accessible version of the roster was also displayed in the residents' home. All residents appeared familiar with staff. Residents received assistance, interventions and care in a respectful, timely and safe manner.

The inspector reviewed the staff training completed by staff. Staff had received training in fire safety, safeguarding vulnerable adults, and the safe administration of medication, to name but a few. Staff were scheduled and received refresher training in relevant areas as required. However, there was no evidence to demonstrate that staff had completed training in relation to a specific health need. This also had an impact on mitigating an assessed high risk. This is discussed in further detail later in the report.

There was a clear planned approach to admissions and all residents had opportunities to visit the centre prior to admission. Each resident had signed an agreement, in an accessible format, with the registered provider. The agreement was consistent with the residents' assessed needs, their associated personal plan and the statement of purpose.

Regulation 15: Staffing

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times. There was an actual and planned rota in place. Residents received assistance and care in a respectful, timely and safe

manner.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, staff had received training and education to enable them to deliver care that was safe and in line with the residents' assessed needs. However, there was no evidence to indicate that staff had completed training to meet a specific health care need.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored. Effective communication at an organisational level was evidenced on the day of inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A written contract for the provision or services was agreed on admission.

Judgment: Compliant

Regulation 31: Notification of incidents

Required notifications were submitted to the Chief Inspector in line with regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was person centred and suitable for the assessed needs of the residents. The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. Residents expressed that they were happy with the care and support that was available to them. Staff were knowledgeable about residents needs and preferences. Residents engaged in meaningful activities that were in line with their relevant goals such as employment, community involvement and travel.

The inspector completed a walk around in both premises. The houses were warm and homely and decorated in line with residents' wishes. There was more than adequate private and communal space in both homes. The inspector was invited to view some residents' bedrooms. Each bedroom was individual and clearly laid out and decorated as per residents' wishes. Overall, although the homes were kept in good structural and decorative repair, the sitting room in one of the homes required some maintenance. The ceiling and walls were stained and marked and required painting. A light had been removed from a sitting room wall and this area required repairing.

The provider and person in charge were actively trying to protect residents from all forms of abuse. Safeguarding plans, where required, had been put in place and were monitored to ensure they were effective. The residents were assisted to develop the knowledge, self-awareness, and understanding for self-care and protection. A sample of resident meetings were reviewed and a recent topic discussed encompassed 'Treating everyone with respect'. However, in one of the houses there were compatibility issues between some of the residents. A number of residents had recently moved into the centre, and there was an adjustment period in relation to the five residents living together. A number of alleged safeguarding incidents had occurred in 2019 and were reported to the safeguarding team and regulator as required. In the main these issues related to peer to peer verbal interactions. Appropriate actions had been taken to try to ensure the safety of the residents. These alleged safeguarding incidents had also impacted on the other people in the home. One resident had stated they felt uncomfortable when some residents did not get on and would often choose to leave the home during these times. The provider had identified the issue with compatibility and outlined their plan to address this. However, this plan was dependent on a number of factors so there was no clear time line in place to resolve this issue for the residents concerned.

Documentation was reviewed in relation to the recent transitions that had occurred in the centre. These plans were comprehensive and had evidence to show how and when the resident was consulted in the process. The residents and their family were both involved during this process. Visits pre admission were documented on the transition plan, this also included when family members were given the opportunity to visit the centre.

All staff had received suitable training in fire prevention and emergency procedures. The registered provider had ensured that all fire equipment was maintained and serviced at regular intervals. The mobility and cognitive understanding of residents had been considered and appropriate emergency plans had been developed. Fire

drills were occurring at regular intervals. Learning was identified during the course of the fire drills, for example some residents had failed to evacuate during a recent fire drill. Appropriate steps were taken by the provider, which included education of residents in relation to fire safety. A repeat fire drill occurred following a short period of time and all residents evacuated without any difficulty. However, the two main doors in the home which were used as emergency exits, were locked at all times. Most residents, and all staff had a key to this door. There was no key available at these doors for use in an emergency. Another emergency exit, which was also locked at the back of one home, did have a key available to anyone during an emergency. This was attached to the wall with velcro and there was a risk that it could go missing. One emergency light in a staff room was also covered with paper on the day of inspection.

There was a strong and visible person-centre culture within the organisation with residents receiving the care they needed. Assessments and plans described the abilities and needs of each resident in an individual way. Observations during the day of inspection were in line with recommendations in individuals' personal plans. Visual supports were used in the home for residents that required them to ensure aspects of the residents' plan was meaningful for them. Residents had access to a key worker to support them to develop and reach their goals. Residents' goals were detailed and broken down step-by-step to show how they would be achieved. They were reviewed regularly and it was documented when goals were completed.

Residents' healthcare needs were appropriately assessed. They had the appropriate healthcare assessments and support plans in place. Each resident had access to appropriate allied health professionals in line with their assessed needs. Residents' who are eligible, by means of gender, age or condition, are made aware of and supported, if they so wish, the National Screening process.

Fundamental to safely supporting the level of choice and independence for residents, was achieving a reasonable balance between residents autonomy and the providers responsibility of identifying positive risk taking and developing appropriate risk assessments as required. The inspector reviewed a sample of individual and local risk assessments and there was good evidence of this balance being achieved. Risk assessments were in place, where required. However, on review of an individual risk assessment that documented a high risk in relation to a resident's safety, there was insufficient evidence in relation to risk control measures being implemented as stated. A risk control measure included staff training in a specific need to mitigate the occurrence of a similar incident. On the day of inspection, there was no evidence available to indicate that the staff had completed this training.

A sample of daily notes were reviewed in which family visits were documented. Family and friends were regularly involved in the residents' life in accordance with residents' wishes. Residents spoke about the importance of family visiting their home. A sample of resident house meeting were reviewed. Recently the visiting policy was reviewed by all residents in the home. A resident who could not attend this meeting, spoke about how they were afforded the opportunity to contribute to this meeting even though they could not attend.

The residents' had appropriate supports in place in relation to positive behaviour support plans and access to relevant allied professionals. Where appropriate residents and or their representative were consulted in the process of any therapeutic interventions in relation to positive behaviour support and restrictions as appropriate. Where restrictive procedures were being used, they were used only after alternative strategies had failed. There was a clear rationale in place for restrictions, and staff spoken too were knowledgeable in relation to this. When restrictive practices were applied they were clearly documented and was subject to review by the appropriate professionals involved in the assessment and interventions with the individual. Some restrictions that had been in place had recently been reduced or removed.

Regulation 11: Visits

Residents could meet their visitors in private without any restrictions.

Judgment: Compliant

Regulation 17: Premises

The premises met the needs of all residents and the design and layout promoted residents' dignity, independence and wellbeing. The physical environment was clean and overall, kept in good structural and decorative repair. However, the sitting room in one of the homes required painting as walls and ceilings were marked. A light had been removed from a wall and this area required repairing.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

Planned supports were in place when the residents transferred into the service. Residents were consulted with this process.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk

identified. However, there was no evidence to indicate that a risk control measure for high risk area was implemented.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Residents had been involved in fire drills. There was a procedure for the safe evacuation of residents and staff in the event of a fire prominently displayed. However, although emergency lighting had been installed, one emergency light was covered on the day of inspection. Two emergency exits were locked and there was no key kept in the immediate location of the door in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment that met the needs of the resident and was updated at least annually and when required. The comprehensive assessment used was clearly recognisable and identified the individual health, personal and social care needs of each resident. The outcome of the assessments was used to inform an associated plan of care for the resident.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care was made available to each resident. There was evidence to demonstrate that residents were supported to make decisions regarding the National Screening Services and were facilitated to attend if they wished.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who were at risk from their own behaviour. Where required, therapeutic interventions were implemented with the informed consent of each

resident or his or her representative and were reviewed as part of a personal planning process.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge were actively protecting residents from abuse however due to the compatibility of some residents in one of the houses there had been numerous alleged incidents between some residents.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Abbey Park / The Grove OSV-0003422

Inspection ID: MON-0024747

Date of inspection: 29/08/2019

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff in the location have completed Dysphagia Training. This was completed by 6/9/2019	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider will carry out maintenance and decoration works in the location to ensure the premises is in good repair by 30/10/2019	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge has reviewed and facilitated full implementation of the risk control measure regarding staff training. This was completed by 6/9/2019	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider has ensured that the emergency lighting is in full working order. This was completed by 30/8/2019 The Registered Provider has placed key break glass units at the exit doors of the Designated Centre. This was completed on 14/10/2019	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The Person in Charge has put mechanisms in place to support residents to manage their interactions with one another. This was completed by 30/9/2019	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	06/09/2019
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	30/10/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	06/09/2019

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	14/10/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/08/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/2019