



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

## Issued by the Chief Inspector

Name of designated centre:	Deanery/Dunmurray
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	11 March 2020
Centre ID:	OSV-0003715
Fieldwork ID:	MON-0026550

## About the designated centre

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

The Deanery/Dunmurray are two separate houses that provide a home to a maximum of eight male and female adults with an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in the house. The Deanery is a bungalow situated in a town in Kildare and can accommodate four individuals in separate bedrooms. Dunmurray is a bungalow situated on the outskirts of a town in Kildare which can accommodate four individuals in separate bedrooms. Both homes are located close to local amenities and public transport links. The staffing compliment includes a social care leader, social care workers and care assistants who provide full time residential care to the eight individuals living in the centre.

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

Number of residents on the date of inspection:	8
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## 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
Wednesday 11 March 2020	09:00hrs to 18:00hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with seven of the eight residents currently living in the designated centre. Not all residents wished to engage with the inspector and residents' individual wishes in regards to this was respected. In the first home, three residents spent some time with the inspector in the morning. One resident had a busy day planned, to include visiting friends, shopping and going out for breakfast. While waiting to leave they spoke to their inspector about their plans. One resident kindly made the inspector a cup of tea. They were planning on enjoying a day off from work and spending some time at home. Residents appeared happy and comfortable and were familiar with all staff present. Residents could readily express their needs and preferences and this was respected at all times by staff. Staff were observed to provide patient and kind care at this time.

In the second home two residents arrived home early to come and speak with the inspector. Both residents entered the home independently and then sat with the inspector in the kitchen. The residents told the inspector they felt safe and happy in their home. They spoke about family and friends that were important to them and they spoke about activities they would be completing in the afternoon. Residents were very comfortable in their home and were observed to independently carry out routines, for example a resident contacted a staff member on their own mobile phone to let them know they had arrived safely home. Residents spoke about the care they received and stated that staff were kind to them. Residents were observed to approach the person in charge to discuss specific concerns and they were carefully listened to and responded to at this time.

Documentation review and discussion with relevant staff members was also utilised to ascertain residents' views of the service they were receiving. Discussions and observations indicated that residents had independent, busy, active, meaningful lives where on the most part, positive risk taking was encouraged. Residents enjoyed a range of activities and also engaged in employment and educational courses in line with their individual preferences. The annual review utilised a resident survey to indicate the residents' satisfaction with the service. The annual review indicated that residents were very satisfied, and a small sample of family satisfaction surveys indicated the same.

## Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring a good quality service was provided to the residents. Due to the effective governance in the centre there were positive outcomes for residents, person-centred care ensured that each residents' specific needs were carefully

considered as much as possible.

The person in charge facilitated the inspection, and the inspector found that they had the relevant qualifications, skills and experience to manage the centre. The person in charge spent time working directly with residents by completing direct shifts and also had specific time to complete the necessary paperwork associated with the role. The person in charge divided their time between both homes in the designated centre and their hours on the roster reflected the hours spent in each home. Each resident was observed to be familiar with the person in charge and called them by their name when required and the inspector observed kind, caring and respectful interactions between the person in charge and residents throughout the inspection.

There were clear lines of accountability at individual, team and organisational level and staff spoken with were aware of their responsibilities and who they were accountable to. The staff team directly reported into the person in charge, and the person in charge reported into the operations manager. Regular staff meetings occurred for all staff. The person in charge had a meeting with the operations manager on a monthly basis where specific updates in relation to the designated centre were discussed. This included discussions around complaints, any adverse incidents, clinical referrals and the facilities available to residents. The person in charge held a staff meeting with all staff in the home on a monthly basis. Staff house meeting notes were reviewed and were found to be resident focused and evidenced good communication of any important information or issues identified.

The provider has several systems for reviewing the quality and safety of the service provided to residents. The annual review was completed for 2019 and resident's views were sought in the development of this report. In addition to this the provider had completed two unannounced visits in the last 12 months. Actions from these visits were identified, and any areas of minor improvements were being completed in a timely manner.

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. When required regular relief staff were used from within the organisation. There was an actual and planned staff rota in place. It was evident on the day that all residents were very familiar with staff, calling staff members by name when they required assistance or conversing with them. Residents appeared very comfortable in staff presence.

The inspector reviewed staff training records and found that staff had completed the necessary training and refresher training to enable them to provide up-to-date, evidence based care to the residents. All staff had completed mandatory training such as safeguarding and safe administration of medication. Staff had also completed additional training that was directly relevant to their role and assessed needs of residents. Staff were receiving supervision in the form of performance reviews at regular intervals throughout the year, in line with the organisations policy. This included both formal and review meetings. The inspector reviewed a

sample of notes from these meetings and the notes indicated that the person in charge was actively supporting staff to complete their role to the best of their ability.

#### Regulation 14: Persons in charge

This was a full-time post. The centre was managed by a suitably skilled, qualified and experienced person in charge.

Judgment: Compliant

#### 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. Staff were knowledgeable about residents' individual needs and preferences.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were supervised appropriate to their role. Staff had received both mandatory and additional training and education to enable them to deliver care that was safe and in line with the residents' assessed needs.

Judgment: 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.

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 their assessed needs. The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. Residents described a wide variety of meaningful activities which they took part in. Observations on the day, indicated residents were given choice, their specific needs and wishes were respected and were active in the decision making process in relation to their care and support needs. It was evident that the residents had busy, active lives, where positive risk taking was encouraged as much as possible and supported by the staff involved in their care. Many residents expressed that they were happy with the care and support they were receiving.

Both homes were warm, homely and decorated in line with residents' wishes. Some residents eagerly showed the inspector their bedrooms and each bedroom viewed was decorated to the residents' individual taste. The residents had pictures of family members and friends displayed in their room and around the home. There was adequate communal spaces in both homes. Residents had access to well-kept garden areas with outdoor seating available to residents when the weather allowed. The person in charge discussed the upcoming plans to paint one of the homes to ensure it was maintained in good decorative repair.

The inspector reviewed a sample of the residents' assessments which gave an overview of their personal, health and social needs. These assessments were completed on an annual basis. An associated personal plan was in place. The residents had access to a key worker. However, no notes were available in relation to meetings between residents and their keyworkers. On review of the plans there was a number of gaps in the documentation process, specifically in relation to the documentation and review of effectiveness of social care goals. Although, some social care goals or plans had been documented in the residents personal plans, not all residents had goals identified in relation to this. Goals that had been identified for some residents were not always monitored for their effectiveness. Currently these gaps in the documentation, did not pose a significant risk to the residents, as residents had busy active lives. However, improvements were required to ensure a quality driven service was continued in relation to meeting residents social care needs.

Healthcare needs were being appropriately met in the residents' home. Healthcare plans were in place to guide staff to support residents appropriately. An appointment log for each resident was kept and updated as required. Residents had accessed the national screening program and were supported to attend appointments as required. Healthcare plans were sufficiently detailed to



guide staff to support all the residents appropriately.

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 overall good evidence of this balance being achieved. Risk assessments were in place, where required. Risk control measures where relevant to the risk identified. There were systems in place for responding to emergencies.

Residents were protected by safeguarding arrangements. The staff spoken with demonstrated sufficient knowledge around safeguarding measures. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. There was accessible information on safeguarding on display in the centre. Some residents spoke about what they would do to keep themselves safe in certain situations. Residents stated that they felt safe in their home. There had been a small number of safeguarding incidents in the centre over the last year. These incidents had been managed appropriately, reported to the relevant agencies and any risk identified had been mitigated as much as possible.

In terms of fire precautions the provider had put in a number of measures to ensure the safety of the residents and staff. There was adequate means of escape with emergency lighting provided. There was a procedure for the safe evacuation of residents and staff in the event of a fire which was prominently displayed. Fire drills were being completed at regular intervals and any issues identified during the fire drills were rectified in a timely manner. There was an emergency pack available at the front door. Staff and the residents were provided with education and training around fire safety.

## Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose and there was adequate private and communal accommodation. The centre was warm, homely and decorated to residents' individual preferences.

Judgment: Compliant

## Regulation 26: Risk management procedures

Residents were protected by appropriate risk management procedures and practices. There was a risk register in place and general and individual risk assessments were reviewed regularly in line with learning following incidents.

Judgment: Compliant

## Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as appropriate. There was adequate means of escape, emergency lighting was in place, and there were suitable containment measures.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Residents were protected by appropriate policies and procedures relating to the ordering, receipt, prescribing, storage and disposal of medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

An assessment of need informed an associated personal plan for each resident. However, there were gaps in the documentation in relation to social care goal/plans and this was impeding the review of the effectiveness of these goals. Currently this gap in the documentation did not pose a medium to high risk to any of the individuals in the designated centre.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had the relevant

assessments in place and access to allied health professionals in line with their assessed needs.

Judgment: Compliant

### Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any minor incidents of a safeguarding nature and had taken appropriate action when required.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	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 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Deanery/Dunmurray OSV-0003715

Inspection ID: MON-0026550

Date of inspection: 11/03/2020

## 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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Registered Provider is reviewing its system for documenting the goals and activities of people who use the service to ensure their day to day activities and their goals and actions to achieve them are appropriately recorded. This will be completed by 27/11/20	

## 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 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	27/11/2020