

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by KARE
Centre ID:	OSV-0001993
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	KARE
Provider Nominee:	Christy Lynch
Lead inspector:	Gary Kiernan
Support inspector(s):	Conor Dennehy;
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 November 2014 10:30	26 November 2014 18:30
27 November 2014 10:00	27 November 2014 11:45

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This monitoring inspection of a designated centre operated by KARE was the first inspection of the centre by the Health Information and Quality Authority (the Authority). Inspectors met with the residents and staff, observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Five residents live in this designated centre which is operated from a large, detached domestic, single-story house on its own grounds near to an urban centre in County Kildare.

While inspectors found that residents received care and support to lead independent lives a number of improvements were required in order to secure substantial compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The service was managed and run by a suitably qualified person in charge who had

the relevant experience and qualifications. However, there were concerns that the person in charge did not have the required time resources to fully engage in the governance and management of the centre.

Residents were consulted regarding their preferred daily routines and had a say in the operation of the centre. However the system of individualised assessment and care planning was not effective and did not sufficiently support the well-being and welfare of residents. The system of assessment was not multi-disciplinary to reflect the needs of the residents. While the health care needs of residents appeared to be met there was a potential for this to be compromised as the outcome of appointments with the general practitioner (GP) and allied health professionals were not recorded and addressed in the care planning process.

Appropriate protection and safeguarding systems were in place to protect residents from the risk of abuse. However, improvements were required in instances where "as required" PRN chemical restraint medications were administered in response to residents' behavioural needs.

Systems and procedures were in place to promote the health and safety of residents, staff and visitors. While a risk management policy was in place, it was not fully implemented with regard to the assessment of risk in the centre. Satisfactory fire safety procedures were in place. Residents were supported to participate in meaningful activities on a daily basis. The number and skill mix of staff was appropriate to the needs of the residents.

These matters are discussed further in the report and in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Systems were in place for consulting with residents regarding the operation of the centre. However, the management of complaints required improvement.

Residents had weekly meetings and a record of these was maintained. Inspectors read a sample of these meetings and found that they were used to consult residents about their plans, support needs, meal planning and activities for the week. Residents' views were listened to and issues raised at these meetings were promptly acted upon by the staff. Residents told the inspector that staff respected their wishes and supported them in their preferred weekly routines. For example, inspectors noted that two of the residents were going on an overnight shopping trip on the day of inspection while the remaining residents chose not to participate. Appropriate staffing arrangements were put in place to support this. Inspectors observed the staff and residents communicating freely and openly during the inspection.

Residents' political and religious needs were respected. The person in charge had ensured that each resident was registered to vote. Some residents had voted in recent elections. Residents' religious beliefs were respected and promoted and staff were available to support residents to attend religious services of their choosing.

One of the residents told inspectors about her involvement in the "Voice for Kare" committee. The resident explained to inspectors that this was an advocacy group which allowed residents to provide feedback on the operation of the service directly to senior management. The resident explained that in addition to providing feedback on the operation of individual services, the group was also consulted about privacy and dignity

issues and policy development within the service. For example, the group had raised an issue in relation to how and where medications would be administered. Inspectors noted that these concerns had been acted upon and addressed in the organisational policy.

The inspector found that the staff in the centre had a positive attitude towards the management of complaints, however improvement in the complaints management process was required. Inspectors reviewed the actions taken in response to an active complaint which was under investigation. The person in charge showed the inspector emails which showed that the complaint matters were in the process of being addressed and there was frequent written contact with the complainant. However, a satisfactory record was not maintained in the centre, dealing with all complaints received, details of investigations made, action taken on foot of complaints and the outcome of the complaint. The inspector also found that while a complaints policy was in place to guide staff, the complaints policy was not displayed in the centre in accordance with the requirements of the Regulations.

Judgment:

Non Compliant - Minor

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

While residents' well being and welfare was promoted and supported by staff in a number of areas, improvements were required to ensure that appropriate arrangements were in place to enable residents to reach their maximum potential and live independent lives of their choosing. The requirements for individualised assessment involving multi-disciplinary input and the requirements for personal planning were not met.

In some cases residents' individual goals and aspirations were identified in personal plans. Actions plans were drawn up and steps were taken to ensure that these issues were addressed. Inspectors noted that modifications had not been made in order to ensure that residents' individual communication needs were taken into account in the development of these goals. For example, in the case of a resident who had partial

visual impairment, some personal planning documents were hand written. Staff members told inspectors they read them out to the resident. However, inspectors found that this did not promote independence and did not sufficiently support the resident to participate in the personal planning process.

The process for assessing residents' needs and identifying their support needs was not satisfactory. There was a lack of a coordinated approach to the assessment process and inspectors found this could potentially compromise the quality and safety of care provided to some residents. The majority of residents did not have a comprehensive assessment of their needs carried out in accordance with the requirements of the Regulations. A "Supports Intensity Scale" assessment had been carried out for one resident earlier in the 2014 and while this assessment was carried out by a competent person, there was an absence of multi disciplinary involvement in this assessment process. A number of the residents required support in areas such as behavioural support, occupational therapy and falls management. It was clear that these residents had access to relevant medical and allied health professionals with expertise in these areas. However the reports and recommendations from these professionals did not feed into the assessment and personal planning process.

Inspectors were very concerned that personal plans had not been developed for significant care and support needs which residents presented with. Inspectors observed that no care plan had been put in place for a resident who had significant visual impairment and who required assistance with activities of daily living. Inspectors were concerned that this resident's independence and personal development could be compromised in the absence of a clear personalised plan based on assessment. Inspectors noted that the new person in charge had sought advice from the National Council for the Blind (NCBI) and an appointment had been scheduled in order to review the suitability of the premises.

Other important health and psychological support needs were not addressed through the personal planning process. For example, in the case of resident who had a history of falls and who was at a high risk of falling, no care plan had been developed to keep this resident safe. Staff members were aware of the resident's falls risk and of safety interventions, such as the need for supervision of the resident while mobilising. A medication review had also been carried out with a view to further reducing the falls risk. However, personal planning documentation did not guide staff in these processes and interventions. Other important issues, for example, with regard to identified psychological support needs had not been set out in care plans. Important instructions from the psychologist had not been incorporated into the care planning process. In the absence of clear personal planning documentation, identifying goals, persons responsible and timeframes, it was not possible to determine if these instructions were being implemented.

The lack of a coordinated and clear system for recording the outcome of medical and allied health reviews meant that there was a significant risk that recommendations for the care of the residents was not clearly communicated back to staff in the centre. For example, one of the residents had been seen by the occupational therapist a number of times in 2014. The resident had been accompanied by a staff member on these visits. A written record was available showing staff in the centre had requested the outcome of

these visits, however, no information was available on the resident's files and staff members spoken to by inspectors did not have this information. Inspectors found that this was also the case with regard to residents who had been seen by the general practitioner (GP). In some cases no record was maintained after the resident had been accompanied to the GP. Inspectors found that this could lead to inconsistent delivery of care for these residents.

At the close of the inspection, inspectors held a meeting with a number of members of the senior management team, the deputy CEO and the person in charge in order to communicate these concerns. The person in charge subsequently provided a written update to the Authority indicating that appropriate action and the required multi disciplinary reviews were scheduled to take place.

Residents described busy and varied daily routines which involved attending day care services, social events and meeting friends and family on a regular basis. Residents said that staff members supported them with their daily routines and to travel using public transport as needed. One on one support was provided for residents who required this. Residents said that this facilitated them to pursue their own individual interests and hobbies.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The premises, while spacious and maintained to a satisfactory standard, had not been adapted to meet the needs of the residents.

The centre was located a short walk from a town centre. A range of local amenities were available close by. The premises consisted of a large, detached single storey house set on a self contained site with well maintained gardens and an accessible patio area. The centre was nicely decorated in accordance with the residents' preferences and there was a warm and homely atmosphere.

However, inspectors were concerned that the physical environment had not been

assessed with regard to its suitability for all the residents who lived there. Inspectors noted that some residents' particular needs associated with impaired mobility, falls risk and visual impairment had not been appropriately considered. The person in charge had made arrangements for the premises to be assessed by a representative from the National Council of the Blind (NCBI), however, this had not yet taken place at the time of inspection. Relevant precautions such as hand rails had not been considered in an overall assessment of the suitability of the premises for these residents. Inspectors also noted that the physical environment did not facilitate independence for residents who used a wheelchair. For example, while the premises was wheel chair accessible and while accessible toilet and bathing facilities had been provided, the resident who used a wheel chair could not access the fridge or most kitchen appliances.

There were five bedrooms for residents and an additional bedroom was set aside for staff. Two of the residents' bedrooms had fire exits in the form of double doors which led directly to the outside. An open plan kitchen and dining area, large open plan seating and sun room, quiet sitting room, office and utility area was provided.

A number of residents showed inspectors their bedrooms. Inspectors found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences. Residents had personalised their rooms with their own furniture, pictures and personal belongings. Toilet and bathing facilities were located close to residents' bedrooms.

A good standard of hygiene was noted and there was appropriate heating, lighting and ventilation.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to promote and protect the health and safety of residents, visitors and staff. However improvements were required in relation to fire safety.

A risk management policy, dated September 2014, was in place which outlined the specified risks required by the Regulations. However a better connection was required between this policy and the centre's safety statement in order to detail the measures and actions in place to control these risks. The person in charge along with the quality

manager undertook to address this matter. However, the risk management policy had not been implemented in practice. For example, a number of site specific risk assessments had not been carried out by the person in charge in accordance with the requirements of the policy.

Satisfactory maintenance records of fire extinguishers and the fire alarm system were kept in the designated centre. Although the emergency fire lighting was observed by inspectors to be in operation, quarterly checks on these lights had not been carried out as required. Only one maintenance check in 2014 had been carried out on 3 February.

Fire exits were unobstructed and the fire evacuation procedure was on the display in the kitchen of the designated centre. Two fire drills had been conducted this year on 18 March and 20 June which were both documented and provided for learning opportunities. Residents were aware of what exits to take and where to go in the event of the fire alarm sounding. Although two residents required assistance with mobility, inspectors were informed that no personal evacuation plans were in place. Instead a generic evacuation plan was being used for all residents within the centre.

Inspectors reviewed an emergency response plan which set out the steps to be taken in the event of number of emergencies occurring such as loss of power or water. The emergency response plan also provided additional information for staff on transport and alternative accommodation.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse. However, some improvements were required in the in the management of chemical restraint.

There was a policy on the protection of vulnerable adults in place. The policy provided

detail to guide staff in the event of any suspicion of abuse or allegation made. Staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents and all staff in the centre had attended mandatory training in this area. Residents told the inspectors that they felt safe in the centre and they could confide in the staff members in the event that they had any concerns.

Inspectors observed staff interacting with residents in a respectful, warm and caring manner. Staff had been provided with training in the management of behaviours that challenge. Staff members told the inspector that no residents displayed behaviours that challenge. However, the inspector found that two residents were under the care of the psychologist and therapeutic recommendations had been made. These recommendations had not been reviewed as part of the personal planning process as highlighted under outcome 5.

It was not demonstrated that the PRN chemical restraint was consistently managed in line with National Guidelines on restraint and the management of restrictive procedures. Inspectors observed medication records which showed that a resident had recently been given PRN psychotropic medication on two consecutive days in response to agitation. Inspectors were concerned that no restraint assessment had been carried out and a care plan had not been put in place to guide staff on the interventions and steps to take before deciding to use this medication. Inspectors read the daily progress notes which described the circumstances under which these medications were administered. It was not demonstrated that this medication had been administered as a last resort after all appropriate alternatives had been attempted on the first day this medication was used. Inspectors noted that a good record of the alternatives used was maintained for the second day the medication was used. The person in charge undertook to address this matter.

Systems and procedures were in place to ensure that residents were protected from the risk of financial abuse. Residents were encouraged and supported through training to maintain control over their own finances. Where this was not possible a documented system was in place to record and monitor transactions carried out on residents' behalf. A system of double signatures was in place.

Inspectors were shown a copy of an investigation which was on going further to an allegation of abuse. The matter had been notified to the Authority in March 2014. The information which had been supplied to the Authority did not initially indicate that proportionate safeguards had been put in place and the Authority requested additional information and assurances on a number of occasions. In response to these requests the provider submitted a comprehensive action plan to the Authority. Inspectors assessed compliance with this action plan at the time of inspection and found that the steps outlined in this document were being adhered to at the time of inspection. Inspectors noted that a number of professionals, including the social worker, had been consulted in relation to the matter. It was also noted that additional staffing had been introduced in order to ensure increased supervision and protection for the residents.

Judgment:

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Residents received support to achieve and maintain health.

There was good access to the general practitioner (GP) and a pharmacist of the residents' choice. Residents told inspectors that they were happy with their GPs and could see them whenever they wished. Some residents visited the GP accompanied by a family member. As highlighted under outcome 5 there was no clear system in place for recording the outcome of GP other allied health visits.

It was evident that residents had access to a range of allied health professionals such as the psychologist, speech and language therapist and the dentist. As described under outcome 5 (Social Care) care plans were not consistently put in place in response to identified healthcare needs and instructions from allied health professionals. Inspectors found that this could result in inconsistent care and poor outcomes for residents.

Measures were in place to meet residents' food and nutritional needs. Residents told inspectors that they were involved in planning the shopping list, buying groceries and preparing meals. Inspectors saw residents preparing and enjoying wholesome and freshly prepared meals during the inspection. Inspectors found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices where appropriate. Mealtimes were flexible and fitted around resident's social and work life. Residents stated that they were happy with the food which was prepared in the centre and it included treats such as occasional takeaways.

Staff told the inspector that there were no concerns with regard to the nutritional status of residents at the time of inspection. Residents' weights were routinely monitored in order to monitor for fluctuations.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication, inspectors were satisfied that appropriate medication management practices were in place guided by a comprehensive policy. Staff had received training and regular audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that regular reviews of residents prescriptions was carried out. Inspectors reviewed the records of a medication error and found evidence of good practice which included a review by a member of the nursing staff. However, the action plan which was put in place did not record what action had been taken to prevent any re-occurrence. The person in charge gave assurances that this matter was in the process of being addressed.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was a statement of propose in place which met with the requirements of the Regulations.

Inspectors read the statement of purpose and found that it was kept up-to-date and described recent changes to the management structure. It described the service and facilities provided to a satisfactory level. The statement of purpose also accurately reflected the aims, objectives and ethos of the service. It was observed by inspectors that the statement of purpose was available in a prominent position in the kitchen of the centre.

Judgment:
Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were management systems in place which supported the delivery of safe care and services. However, there were concerns about the time resources available to the person in charge to allow her to fully engage in the governance and management of the centre.

The person in charge had the required experience and had a number of qualifications which were relevant to the role. She assumed the role of person in charge in November in 2014. During the inspection the person in charge demonstrated good knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She understood the care needs of the residents and demonstrated a clear commitment to improving the service provided to these residents. Staff members stated that the person in charge was available to them if needed. The person in charge was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

However, inspectors were concerned that the person in charge was also the person in charge for four other designated centres. She was also the manager responsible for five day care services. As a result there was limited capacity to visit the centre and oversee and supervise the care in the centre. Inspectors found that governance and management systems were not in place to support the person in charge to fully participate in the management of this centre, having regard to her other commitments.

Inspectors found that the areas for improvement identified under outcome 5 and 8 required detailed input and oversight of the person in charge on an ongoing basis.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service. A documented system of continued performance development was in place and the inspector was shown a sample of these. The person in charge stated that she had completed some of them.

There were systems in place for monitoring the quality and safety of care, however, improvements were required to ensure that these systems were effective. For example an audit had been carried out on residents' files and care plans, however it did not identify the shortcomings outline under outcome 5 and it did not lead to the required improvements in personal planning. The person in charge and the quality manager had carried out some other audits in relation to consultation with residents and areas such as safety and safeguarding. In the case of these audits some good practice was demonstrated and any areas for improvement were followed up and acted upon.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The numbers and skill mix of staff were appropriate for the needs of the residents in the designated centre.

The inspectors reviewed the staff rosters and found that staffing arrangements were satisfactory to meet residents' needs. It was observed by inspectors that an extra staff member had been added in the mornings and evenings to provide extra supervision for residents in response to a previous incident. Two residents who were on an overnight trip away during the inspection were accompanied by two additional staff members to ensure that staffing levels were maintained.

Records were maintained of staff training. These records showed that, in addition to

mandatory training, staff members received training in areas such as first aid and crisis intervention. The person in charge stated that she was planning to introduce further training for the staff based on the communication needs of the residents and the supports needed by the residents to live in harmony. One staff member, who had just returned from maternity leave, did not have up-to-date manual handling and fire safety training but the person in charge informed inspectors that refresher training had been scheduled for 15 January 2015.

No volunteers were involved with the designated centre at the time of inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

As outlined under outcome 5 (Social Care) a satisfactory record was not maintained further to residents being seen by the GP and allied health professionals.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by KARE
Centre ID:	OSV-0001993
Date of Inspection:	26 November 2014
Date of response:	05 January 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A satisfactory system for recording all required details in relation to complaints was not maintained.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:

The Registered Provider has put a Location Complaints Log in place to record all issues/concerns/complaints received in the Designated Centre.

Proposed Timescale: 18/12/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The complaints procedure was not displayed in a prominent position in the centre.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:

The Person in Charge has displayed an easy read 'poster' of the complaints procedure in the Designated Centre to compliment the easy read Complaints Procedure available in the House Information Book.

Proposed Timescale: 18/12/2014

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans were not put in place to address important needs such as visual impairment.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:

The Personal Plan for Person A (individual with visual impairment) has been reviewed and updated to fully reflect their health, personal and social care needs as identified through the Supports Intensity Scale and the recommendations from the nurse, occupational therapist, psychologist and the National Council for the Blind.

The Personal Plan for Person B has been reviewed and updated to fully reflect their health, personal and social care needs as identified through the Supports Intensity

Scale and the recommendations from the nurse, psychologist and speech and language therapist.

The Personal Plan for Person C will be reviewed and updated to fully reflect their health, personal and social care needs as identified through the Supports Intensity Scale and the recommendations from the nurse and physiotherapist by February 6th.

The Personal Plan for Person D will be reviewed and updated to fully reflect their health, personal and social care needs as identified through the Supports Intensity Scale and the recommendations from the nurse by February 6th.

The Personal Plan for Person E will be reviewed and updated to fully reflect their health, personal and social care needs as identified through the Supports Intensity Scale and the recommendations from the nurse and physiotherapist by February 6th.

Proposed Timescale: 06/02/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans did not demonstrate the required multi-disciplinary input.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure the relevant multidisciplinary personnel are involved in the review of each individual's Personal Plan as outlined in the Action related to Regulation 05 (4) (a) above.

Proposed Timescale: 06/02/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The premises was not suitably adapted for residents with impaired mobility and impaired vision.

Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

Please state the actions you have taken or are planning to take:

An Assessment of the house with regard to access for one resident with mobility impairment was carried out by an Occupational Therapist on December 17th 2014

A request has been submitted to the National Council of the Blind to conduct an assessment of the house with regard to a resident's visual impairment. It is expected this will be carried out in January 2015

The Physiotherapist is scheduled to carry out a review of the support needs of a second resident who has mobility difficulties, this review will include reassessing the residents need for mobility aids on January 29th

The Registered Provider will carry out adaptations to the house as recommended in the assessment reports.

Proposed Timescale: 30/06/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Site specific risk assessments were not carried out in accordance with the centre's risk management policy.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

The Location Risk Register has been updated to include all risks identified as required in the organisation's Risk Management Policy.

Proposed Timescale: 17/12/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Ensure that maintenance checks on emergency fire lighting are carried out at the required minimum intervals.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:

An emergency fire lightening maintenance check was carried out in the Designated Centre on December 1st 2014

A schedule has been put in place to ensure emergency fire lightening maintenance checks are carried out on a quarterly basis in the future.

Proposed Timescale: 16/12/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Put in place personal evacuation plans for all residents.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:

A risk assessment including Personal Evacuation procedures has been put in place for each resident in the Designated Centre

Proposed Timescale: 16/12/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

It was not demonstrated that PRN chemical restraint was used in accordance with national policy and evidence based practice.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

A Restraint Management Plan will be developed for the use of PRN in consultation with the resident concerned, her family, the nurse and psychiatrist. The Restraint Management Plan will outline:

- the purpose of the PRN,
- when it may be used,
- when it may not be used
- the procedure for administering the PRN (this procedure will state alternative interventions to be used in the first instance and that PRN should only be used as a last resort.)

Proposed Timescale: 31/01/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The time resources available to the person in charge did not provide for sufficient oversight and monitoring of the designated centre.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

A plan has been developed to reduce the number of Designated Centres the Person in Charge is responsible for; this phased plan will reduce her number of Designated Centres to 2 by March 1st 2015

Proposed Timescale: 01/03/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

As outlined under outcome 5 (Social Care) a satisfactory record was not maintained further to residents being seen by the GP and allied health professionals.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:

A system for documenting the date and outcome of residents' consultations with their GP and other Allied Health Professionals has been put in place.

Proposed Timescale: 30/01/2015