

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
<b>Centre ID:</b>	OSV-0003715
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
<b>Provider Nominee:</b>	Anne Coffey
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
21 April 2015 10:00	21 April 2015 16:00
22 April 2015 10:00	22 April 2015 17:30
23 April 2015 10:00	23 April 2015 13:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the second inspection of this designated centre operated by KARE in the Kildare area. The centre comprised of two bungalows situated a short distance away from each other, with five residents living in one unit, and four in the other. As part of this inspection, the inspector met with residents, the person in charge, social care team leader and staff. The inspector also spent a day with the provider nominee and persons participating in the management of the centre in the provider head office in Newbridge. The inspector reviewed a sample of staff files across all 14 designated centres in the organisation, reviewed policies and procedures and other centrally

held documentation.

Overall, the inspector found a high level of compliance in this designated centre, with compliance found across all 18 outcomes in line with the Regulations and Standards. The two units were nicely decorated, maintained to a high standard, and residents expressed that they were content and felt safe living in their homes. Interactions between staff and residents were observed as being positive and meaningful. Staff spoken to had a good understanding of the needs of residents, the contents of care planning documentation and the policies and procedures that guided their practice. Staff felt supported in their roles, with evidence of access to training and education to ensure they were adequately skilled to meet residents' needs. Residents expressed that they were satisfied with their lives, and the achievement of their goals and aspirations. Family questionnaires also expressed satisfaction with the services and facilities offered to residents in this designated centre.

The inspector found that any actions identified in the previous inspection report and action plan had been adequately addressed.

The findings of this inspection are outlined in the body of the report. There are no actions in need of address following this inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents living in this centre were consulted with and participated in the decisions about their care and the running of the centre. Residents explained to the inspector that there was a house meeting each week to discuss any issues with the centre for the week ahead. For example, to choose the weekly menu or decide upon the sharing of household chores. The inspector saw evidence of these meetings also. Residents were aware of the content of their care and support plans, and again it was documented on the residents' files if they had been involved in meetings or decisions regarding their care or goals.

The inspector determined that there was an effective complaints procedure in place, and residents were aware of how to raise any complaints or issues with the person in charge. There was a photographic guide on display in the centre. The inspector reviewed the complaints log and found any complaint raised had been investigated and closed off by the relevant person. There was a process in place for any complaint that could not be resolved at local level to be escalated to the provider nominee. There were also quarterly audits of all complaints carried out.

The inspector found that residents' finances, property and possessions were respected and protected in the designated centre. There were policies in place to guide staff in relation to this which was evident in practice. For example, the inspector reviewed the systems in place for supporting residents' to manage their finances and found them to be transparent and closely monitored. Residents had inventory lists in their files to show what property they owned should they ever move on from the designated centre. Residents spoke with the inspector and expressed that they had enough space and

storage for their personal belongings.

The inspector spoke with residents, observed interactions between staff and residents and reviewed all questionnaires submitted and determined that residents were treated with dignity and respect, and had choice and control over their daily lives. Interactions observed were positive, and promoting of residents to be as independent as possible. Residents were observed to be content and secure in their home, and spoke with the inspector about their happiness with their living situation, and the manner in which staff offered supports. Residents had their own bedrooms, with some residents displaying their photo on their doors, or "do not enter" signs. The inspector observed staff respecting residents' privacy during the inspection. Residents explained to the inspector that they had choice and control around how to spend their day. For example, wanting to have a day off at home, deciding what to do in the evening time, or planning their week.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents living in the centre were supported to communicate at all times, with supportive interventions applied if necessary to ensure all communications needs were met.

The inspector reviewed residents' care and support plans, and found clear plans in relation to supporting residents' individual needs with regards to communication. For example, each resident had a personal profile which gave an overview of their communication style, along with comprehensive communication checklists and care plans. The inspector also found that each plan to address health, social or personal needs began with information on how the resident communicates.

The inspector found evidence of referrals made to Speech and Language Therapists (SALT) for residents who would benefit from additional support, such as guidance on the use of adaptive technology, or applications for tablet devices.

The inspector found that residents had access to media, television, radio, internet and information on local events.

<b>Judgment:</b> Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found that residents were encouraged and supported to develop and maintain relationships, and links with the wider community.

The inspector spoke with residents, and reviewed documentation and found that residents were supported to keep connected with their families and friends. For example, some residents stayed all weekend at home with parents or siblings, while others had family members visit them in the centre on a regular basis. Residents were encouraged to meet with friends and maintain relationships. On review of documentation the inspector found some residents had relationships plans outlining the supports required to achieve and maintain relationships. Other documentation such as family communication plans outlined the communications in place between the staff and family members. On review of the questionnaires completed as part of this inspection, the inspector found positive comments regarding families being included and involved in residents' lives. For example, one questionnaire commented on the open door policy in the centre, and always feeling welcome to call in for a visit at any time.

**Judgment:**  
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**  
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the resident's files and found that there was a signed written agreement in place which outlined the terms and conditions of residence, what care and support would be delivered, and any costings associated with all aspects of care. For example the monthly cost of rent and contributions. The inspector was satisfied that these agreements detailed the services to be offered to the resident.

The inspector found that the admissions criteria for this centre was outlined in the Statement of Purpose, and supported by the organisational policy in relation to admissions, discharges and transfers.

**Judgment:**

Compliant

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that the care and support offered to residents in the centre was reflective of their assessed needs and plans. Each resident had a comprehensive assessment completed using a validated assessment tool, and any identified need, risk or wish of the resident had been set out in a clearly documented plan. There were systems in place to ensure both the health and social care needs of the resident were being adequately assessed, planned, met and reviewed as necessary.

Residents' social needs were addressed through a person centred planning process, with clear goals identified and worked on. On review of these plans, and through conversation with staff and residents the inspector determined that residents were encouraged to be social as much as possible, and take part in their local community. For example, completing travel training in order to use public transport independently. The inspector found that residents were encouraged to take part in some of the daily chores of the home. For example, residents took turns in cooking the evening meals, and in

general household chores. Residents expressed to the inspector that they got on with their peers living in the centre, and were happy with their social lives and the opportunities to try new things.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the design and layout of the centre met the needs of the residents living in the centre.

This designated centre was made up of two bungalows located a short distance away from each other. The two bungalows were well maintained, decorated to the taste of residents and provided a very comfortable homely environment for residents to live in. Each location had well kept and accessible gardens, and were located close to the local amenities and public transport. Adaptations had been made where necessary to assist residents to live comfortably and safely as possible. For example, double doors off a resident's bedroom/bathroom to assist in the event of a fire, ramps to the outside areas, and specialist equipment such as changing tables installed. Residents told the inspector that they were very happy with their homes, and helped to keep the place tidy and clean, with the sharing of chores discussed at house meetings.

The inspector was satisfied that the premises met the requirements as set out in Schedule 6 of the Regulations.

**Judgment:**

Compliant

## **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):**

The action(s) required from the previous inspection were satisfactorily implemented.

### **Findings:**

The inspector was satisfied that the fire detection and alarm systems, fire fighting equipment along with the emergency lighting systems were routinely checked and serviced by a relevantly qualified professional. Records in relation to these routine checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out at different times of the day, to ensure that the staff and residents knew the procedure in the event of an evacuation. Residents confirmed that drills were carried out routinely, and could demonstrate to the inspector the plan for evacuation along with the assembly point. Personal evacuation plans were documented on each residents' files. Staff could discuss the content of these plans with ease. There was an emergency pack in an easy location for staff to take in the event of the emergency plan needing to be implemented. A comprehensive emergency plan was drawn up, which highlighted alternative accommodation arrangements in the event of an evacuation, along with other useful information and contact details. This had improved since the previous inspection.

The inspector found that risks were well identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was in place. The inspector found both clinical and environmental risks were well managed and documented in the centre. For example, risk assessments were carried out and reviewed regularly in relation to the risk of malnutrition and the risk of skin breakdown. The inspector observed controls in place to alleviate all identified risks, with individual risk assessments and plans evident in residents' files. There was a health and safety statement in place dated November 2014. The inspector noted this outlined the need for a risk assessment on lone working, however an assessment had not been drawn up in relation to this centre and staff working at times alone. On day two of inspection, the person in charge presented the inspector with a completed risk assessment for lone working of staff, and the inspector noted this had been added to the local risk register.

The inspector reviewed the accidents and incidents log for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident. There was also a checking system in place, with a "closing the loop" committee set up to ensure all adverse events were reviewed, and appropriate actions had been taken, if necessary. The inspector found low incidents had occurred in the centre, with only minor slips, trips and falls recorded.

Documentation and procedures in relation to health and safety were in place as required

by Schedule 5. The inspector was satisfied that there was clear guidance for staff across different areas of health and safety to ensure the health and safety of residents, staff and visitors was being promoted at all times.

**Judgment:**  
Compliant

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that residents living in the centre was safeguarded and protected from harm in the designated centre.

There were policies in place on the prevention, detection and response to abuse, which offered guidelines for staff on how to identify and report suspicions or allegations of harm or abuse. The inspector noted that these policies had been reviewed and updated to reflect changes to national policy. The inspector spoke with staff members and found them to be knowledgeable in identifying how non-verbal residents would present should they be upset, distressed or if something was wrong. The inspector spoke with some residents, who said they would speak up to staff if they felt they were being treated badly, or had suffered harm. From reviewing the training records, the inspector found that all staff had received training in safeguarding and protection of residents. Staff confirmed that they had attended this training, and could outline to the inspector what they would do in the event of a suspicion of abuse or harm and how to report it.

From discussion with staff and the review of the residents' care plan, the inspector found that residents did not need any particular supports in relation to behaviour that may be deemed as challenging. However, there was a policy in place which offered clear guidance to staff on the provision of behavioural support should it be needed. The inspector also determined that the centre was promoting a restraint free environment as much as possible, with only one bed rail in use for a resident's safety, which had a corresponding restraint management plan in place carried out in consultation with the physiotherapist. There was also a policy in place on restrictive practices to guide staff in this regard.

<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that a clear record of all incidents were maintained and, where required, notified to the Chief Inspector within the outlined time frame. All quarterly notifications had been submitted as required. The inspector noted a low incident rate in the designated centre.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 10. General Welfare and Development</b> <i>Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that residents were supported to participate socially in activities suitable to their age, interests and wishes. The inspector spoke with residents and staff and reviewed documentation and found that residents was provided with suitable activation in line with their own goals and preferences as outlined in their person centred plans. Some residents attended local day services for some of the week, with a number of residents also in paid employment. For example, working in the local library or restaurant. Residents were supported to access any community based activities suitable to their interests and preferences. Each resident had a record of any</p>

formal training or education completed on their files, such as FETAC awards, or other accredited learning. The inspector also found through discussion with residents, that other training and skills teaching was in place to improve development. For example, learning to cook, and taking part in "Stay Safe" programmes.

The inspector determined that residents had meaningful activation during the week supported by the staff in the centre if needed.

**Judgment:**

Compliant

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector was satisfied that the resident was supported to achieve and enjoy their best possible health, and that residents' health care needs were met in the designated centre.

The inspector found that access to allied health care professionals was timely, and appropriate referrals and treatment sought to meet residents' particular health care needs. For example, the inspector saw evidence of access to General Practitioner, Occupational therapy, chiropody and speech and language therapy. A validated assessment tool had been completed for all residents, to capture needs in all aspects of daily living, along with clinical assessments. For example, to assess risk of malnutrition or skin breakdown. The inspector found that any identified need or risk in relation to health care, had a clearly documented plan in place to show supports required to meet those needs. For example, eating and drinking plans, fitness plans and epilepsy plans. Residents had detailed intimate care plans in place also.

The inspector spoke with residents and staff, and reviewed documentation and found that residents were supported to buy, prepare and cook their own meals. Residents were encouraged to make healthy food choices that were nutritional. The inspector spoke with residents who explained they decided upon the weekly menu at the house meetings, and took turns to cook each evening. There was evidence of referral to dietician services for residents who required additional support in managing their weight.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents were protected by safe medication management practices in the designated centre. There was a medication management policy in place, which was in need of further addition to ensure all parts of the medication management cycle had been included. By the second day of inspection, there were written local procedures to be read in conjunction with the organisational policy, which ensured compliance with the Regulations. For example, local guidelines on the ordering and disposal of residents' medication.

The inspector reviewed the systems in place for prescribing, ordering and storing medication in the centre, and found them to be adequate. Medication was stored securely, and was administered by social care staff. There was an area nurse who supported the staff in the centre, and who was responsible for the transcribing and updating of the prescription records. The inspector found evidence staff had received training in the safe administration of medication, and this was routinely refreshed.

The prescription records included guidance on the use of PRN (as required) medication, for example the maximum dosage to be administered in a 24 hours period and the rationale for their use. There was no chemical restraint in use in this centre, with no psychotropic medication being administered to support residents with behavioural issues.

Overall the inspector determined that residents were protected by safe medication management practices in the designated centre

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there was a written statement of purpose in place in the designated centre. The inspector was satisfied that this document clearly outlined what services and facilities were on offer to the resident living in the centre. Through observation, the inspector determined that the statement of purpose was a true reflection of the care and support offered to the resident.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector determined that there was a clear and effective management structure in the designated centre, as well as in the organisation as a whole. The person in charge was supported in the role by the social care leader, and staff and residents were clear on who to go to, and the lines of reporting in place. There was a wider management team to support the person in charge, along with the provider nominee. There was evidenced communication in place across all levels within the organisation, which resulted in clear action plans and positive changes. For example, regular local staff meetings, Person in charge meetings and operational management team meetings

which included input from the multidisciplinary team.

The inspector found that there were effective management systems in place in the designated centre and organisation, which resulted in the centre being effectively monitored, reviewed and improved upon on a consistent basis. For example, there was a clear system of audits in place over the year to ensure areas such as medication management, complaints, the premises and health and safety received ongoing review. The inspector noted improvements and learning gained from these audits, which was evident on inspection and the high level of compliance found.

The person in charge was suitable qualified, skilled and experienced in line with the requirements of the Regulations.

The provider had carried out both the unannounced visit, along with an annual review of the centre to ensure effective monitoring and review in line with the requirements of the Regulations. These reviews included feedback from family members, which the inspector found to be very positive and complimentary of the services offered. Findings from the annual review were in an accessible form, with the addition of photographs and pictures and were included in the residents' information packs located in the centre.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were arrangements in place to ensure effective governance in the absence of the person in charge. There had been no absence of longer than 28 days at the time of the inspection, and the person in charge and provider nominee were fully aware of the requirements to notify the Authority of any such absence.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre was adequately resourced with staffing and transport to sufficiently meet residents' assessed needs. The centre was suitable equipped with equipment and facilities to deliver care and support in line with the Statement of Purpose. A wheelchair accessible vehicle was available in the centre.

**Judgment:**

Compliant

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector determined that there was an appropriate number and skill mix of staff in the designated centre. The centre was staffed with social care workers with access to an area staff nurse for guidance or health care advice. The inspector reviewed the staffing roster for the two bungalows and found that staffing levels were suitable for the needs of the current residents.

The inspector found that there was access to training for all staff working within the designated centre to ensure they were skilled to meet the needs of residents. Training records determined that staff working in the centre had up to date training in all the mandatory fields. For example, fire safety, first aid, manual handling and medication administration. The inspector spoke with the person in charge and staff and reviewed

documentation, and found there to be an evidenced system of supervision and performance reviews in place in the designated centre. Any extra training needs or requests could be discussed through these performance appraisals. Staff explained to the inspector that they had been supported to obtain qualifications in the area of social care by the provider.

The inspector was satisfied that the staff files reviewed contained the required information as outlined in Schedule 2 of the Regulations. The inspector found good practice regarding the maintenance of staff records, and determined that staff were recruited, selected and vetted in accordance with best recruitment practices.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records. Documentation in relation to the care and support offered to the resident was well organised, and ensured that identified needs or risks were clearly addressed and met. Documentation was easy to retrieve, clear and up to date. Information was accessible and available for residents.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff, as required by Schedule 5 of the Regulations. On day one of the inspection, the inspector noted some improvements were required in the Medication Management policy to ensure the full cycle of safe medication practices were included as required by the Regulations. By the second day of inspection, the person in charge presented local

guidelines for the centre that had been drawn up to be read in conjunction with the overall policy to ensure regulatory compliance.

The inspector reviewed a sample of staffing records across all 14 designated centres operated by KARE and found that they were maintained as required and outlined under outcome 17 Workforce. The inspector found that appropriate insurance cover was in place for the designated centre, with evidence submitted as part of the application to Register.

**Judgment:**

Compliant

**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:***

Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority