

**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, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
Centre ID:	OSV-0001987
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
Provider Nominee:	Anne Coffey
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	3

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: 20 May 2015 08:45 To: 20 May 2015 17:30

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

The organisation inspected is called KARE (hereafter called the provider) which is an organisation providing services for people with intellectual disabilities. This was an announced inspection of a designated centre offering respite care in the Kildare area.

The purpose of this inspection was to inform a registration decision and monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

This was the second inspection of this designated centre which was a large country dwelling that provided short respite breaks for both children and adults. The inspector found that 59 residents used this respite facility for short term respite breaks. The inspector was informed that the centre could facilitate 6 adults or 5 children at any one time. Children and adults did not stay in this designated centre at the same time. The inspector met a number of children as part of this inspection. The inspector found a number of children were concluding their respite break on the morning of the inspection and found new children were coming into the centre on the afternoon of inspection to commence their respite stay.

As part of this inspection, the inspector met with the person in charge, persons participating in management, social care staff and some of the children who used this centre. The inspector also reviewed information provided by resident's families as part of the inspection process. The inspector observed practice and reviewed documentation such as personal care plans (children and adults), healthcare plans, medical/clinical information, accident and incident records, risk assessments, medication records, meeting minutes, policies, procedures and protocols, governance and management documentation, staff training records and rosters.

Overall, the inspector found a high level of compliance in this designated centre, with good outcomes for residents and evidence of good service provision in accordance with the Regulations and Standards. The inspector found that this centre was managed by a professional person in charge and a supportive operational governance and management structure.

The physical premises were designed to meet the needs of those using this service in line with the Statement of Purpose and Function. The inspector found that this centre was offering a very good service to the children, adults and the families who used this service. The inspector found that there was only one area for improvement based on this inspection which pertained to notifications to the Authority.

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:

Overall there were practices in place to ensure that resident's rights, dignity and consultation needs were met.

Residents presented as very comfortable with the staff supporting them. For example, staff presented as very aware of residents specific needs and were observed treating residents with dignity and respect throughout inspection.

The inspector found that resident's finances were respected and residents were very much utilising this centre as short term respite so finance management was reflective of this. The inspector found that resident's rooms and personal possessions were of a suitable standard in accordance with residents' assessed needs. There was adequate communal and private space for residents to relax and have privacy when required.

The inspector found a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents and families. A complaints log was kept which included evidence of actions taken by the service in response to complaints. The person in charge was very aware of the families using the service and the inspector saw evidence of good management of complaints.

There was evidence of the inclusion of residents in the organisation of the centre, they were consulted both individually and as a group when attending the respite centre. For example, in the areas of food and activities.

The inspector observed the children using the service engaged with staff who at all times presented as caring and professional. Staff informed the inspector of the

importance of building rapport and getting to know the children and adults who use the service. Staff highlighted that their priority was to ensure residents were safe and well cared for, for the duration of their short break. Staff stated that it was very important that resident's enjoyed their time in the centre.

The inspector found that resident's rights, choices, dignity and consultation were maintained in the designated centre for residents and families utilising this respite service.

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:

Overall the inspector found communication systems in place to facilitate resident's communication needs.

There was a communication policy in place and personal plans reflected residents' communication needs. The inspector found residents utilised this service for respite and therefore assessments and access to services was predominantly managed by families. However the inspector found residents were appropriately supported in the area of communication within the designated centre.

The person in charge stated there was a mix of residents using the service who communicated verbally and non verbally. Staff highlighted supports available for residents who communicated non-verbally. For example, there were pictorial representations of pertinent information for some residents, for example, pictures of staff on duty, the food menu and areas of interest.

The inspector found that residents had access to appropriate communication media such as television, radio and newspapers/magazines. The inspector found on-going dialogue with families regarding residents' assessed and communication needs.

Judgment:

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 the residents were supported to develop and maintain links to their family and wider community.

The inspector found that the staff in the designated centre were aware of community integration and residents participated in activities such as going for drives, walks or outings. The inspector noted efforts on the part of staff to ensure residents enjoyed their respite stay and participated in activities pursuant with their needs, wishes and preferences.

The inspector reviewed personal plans for a number of the 59 individuals who use the services and saw efforts on behalf of the provider to match certain residents for respite who had similar interests in certain activities. For example, residents who had shared interests or friendships.

Regarding family and personal relationships, as this was a respite designated centre, liaising with residents families was an on-going process. The inspector noted efforts on the part of the person in charge and staff to create and maintain relationships with resident's families regarding the respite service provided. This was done through the centres on-going contact with families.

The inspector reviewed feedback questionnaires from a number of families that were complimentary of the services provided in this designated centre.

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 found that there was a clear criteria and protocol regarding the admission and discharge to the respite service in line with the statement of purpose and function.

The inspector found that each resident/family had an agreed written contract which deals with the support, care and welfare of the resident/child and included details of the services to be provided for the resident/child and the fees to be charged/contributions requested. This reflected the short term nature of respite breaks and the terms and conditions of the service provided.

The inspector found that a small number of residents/families had not returned their signed contracts however the inspector reviewed correspondence sent by the provider seeking this information.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' wellbeing and welfare was promoted through a good

standard of evidence based care and support. The service provided respite stays of short duration for both adults and children and it was clear that the staff knew the residents very well.

There was an assessment system in place which was aimed at gathering detailed information about the residents before they came to the centre for short breaks. An assessment tool, entitled "This is me", had been developed in order to gather the information which staff needed to provide safe care for residents.

The inspector reviewed these documents for a number of residents and found that they contained detailed information about a range of topics such as residents' communication, dietary, medical, intimate care and behavioural needs. In addition the inspector found that these plans guided staff in terms of giving an appropriate sense of the child/resident in terms of their likes/dislikes and preferred activities and/or routines. For example, residents who preferred to sleep downstairs rather than upstairs or specific night time rituals that children/residents required.

The inspector found that personal plans and individual assessments were of an appropriate standard in the designated centre to provide a good standard of respite care to the children and adults using the services. The inspector found good examples of physiotherapy plans, epilepsy care management plans, safe person moving/handling plans and intimate care plans to guide staff practice.

The inspector noted that staff presented as aware of residents' plans and regularly reviewed and updated personal plans. The inspector observed children playing in the respite centres playground and also used the centre's specially designed relaxation facilities. Staff highlighted that all efforts were made to ensure social care needs were met and residents/children enjoyed their stay in the centre.

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 was satisfied that the location, design and layout of the centre was

suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The inspector found the premises to be bright, clean and well maintained. The inspector found that residents were comfortable in their environment within the designated centre.

The designated centre was a large 8 (6 resident rooms and 2 staff rooms) bedroomed country dormer bungalow that had been adapted to provide services to people with disabilities. The premises were accessible with wheelchair ramps and the centre design and layout was conducive to meeting the needs of the adults and children who used the service.

The inspector found that there was:

- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout suitable for the needs of residents
- Adequate space and suitable storage facilities for the personal use of residents
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents
- Suitable storage
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents
- A separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents with a built in ceiling hoist available to support residents
- Suitable arrangements for the safe disposal of general and clinical waste where required
- Adequate facilities for residents to launder their own clothes if they so wish

The inspector found that children had large safe areas to play and appropriate supervised spaces to spend time. The inspector observed a large purpose built playground that was safe and secure. The inspector found that a large relaxation room was available and children/adults who enjoyed sensory stimulation utilised this area.

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 found that measures had been taken to promote the health and safety of the residents, staff and visitors. Policy, procedures and practices pertaining to risk management, infection control and fire precautions were found to be protecting the children and adults using this designated centre.

The inspector found that the risk management policy in place had been updated since the previous inspection and met the requirements of the Regulations. The inspector found that the person in charge was knowledgeable regarding his risk management responsibilities. There was a clear log maintained of all incidents, accidents and near misses and reporting mechanism to ensure appropriate action, follow up and learning takes place.

A health and safety committee met quarterly and the representative highlighted a series of checks that occurred in the centre on a daily, weekly and monthly basis. This included,

- Cleanliness and Hygiene
- Storage
- Risk Assessment
- Maintenance
- Fire Protection
- Training
- Transport
- Safe Wheelchair Clamping

The inspector found that health and safety was a continuing feature on team meetings (minutes). The inspector found a large white board in the staff room outlining the staff on duty and emergency evacuation responsibilities and procedures.

There was a centre specific safety statement and risk register in place for the centre. The person in charge discussed the risk register and the inspector found that risks associated with the centre such as medication management, behaviours that challenge and fire safety were managed appropriately. The inspector noted individual risk assessments pertaining to residents on their care plans. For example, residents at risk of absconding or aggressive behaviours. There were clear control measures and management plans in place regarding all individual and centre specific risks.

Procedures and checks were in place to manage the risk associated with fire. Records were in place to show that fire extinguishers, the fire detection system and emergency lighting system were checked by a suitably qualified engineer at regular intervals.

Regular fire drills and evacuations (3 monthly) were carried out and the inspector saw that good details were maintained in relation to these that included the total time taken to evacuate.

Residents had personal evacuation plans in place and residents who were immobile were accommodated in bedrooms which had exit doors to the outside. Fire exits and

evacuation routes were unobstructed at the time of inspection. There was an emergency evacuation plan in place which provided detail on the steps to take in the event of evacuation or fire.

The inspector found a training schedule in place that was up to date and reviewed by the person in charge. All staff reviewed were found to be appropriately trained in fire safety and use of fire equipment.

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 the children and adults who were provided care in the centre were appropriately safeguarded and protected from harm.

Children were observed to be kept safe in this centre and the inspector noted that the children were very comfortable with the staff supporting them. Staff were observed supervising children and reassuring them when they required support and assurance. Staff presented as professionally warm and caring towards the children they were supporting.

The inspector found up to date policies in place on safeguarding and protection of vulnerable adults and children, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. These policies reflected most recent national guidelines and staff were familiar with reporting procedures. The inspector noted up to date copies of Children's First and clear guidance for the procedures to follow in order to report allegations of abuse to TUSLA (formerly HSE) and An Garda Síochána if required.

Staff highlighted these procedures to the inspector and showed the electronic reporting system for an issue of concern on the organisational intranet. The inspector was informed of the designated liaison person and reviewed all matters were investigated through the appropriate process in accordance with organisational policy and regulatory

requirements.

The inspector was satisfied that staff were familiar with the different types of abuse residents were vulnerable to and the mechanisms in place to report and support residents where/when required.

There were clear policies in place on the use of restrictive procedures which were detailed and based on keeping residents safe. On review of documentation and through discussion with staff, the inspector determined that the centre was promoting a restraint free environment in as far as was possible. Certain restrictions were in place to support certain resident's safety. For example, the use of locks on doors, side gates and selected windows.

All restrictions were risk assessed, monitored and reviewed on an ongoing basis. There usage was well documented and monitored in consultation with specific resident's families, and there was clear rationale of safety for the use of any restriction within the designated centre. The inspector did not find this centre to be an overly restrictive environment.

The inspector found that mandatory training had been provided to all staff following the previous inspection and found improvement in this area. Appropriate training had been completed by staff in the areas of protecting vulnerable adults and children. There was additional training provided regarding the managing aggressive behaviours which ensured staff were equipped from a training perspective in line with regulatory requirements. The person in charge maintained a training schedule to ensure all staff remained up to date in both mandatory and centre specific training.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that while there was a record of all incidents maintained in the designated centre, improvement was required regarding the notification of all incidents to the Authority. For example, the notification of a 3 day notification to the Authority regarding an allegation, suspected or confirmed of abuse had not been notified to the Chief Inspector in accordance with the requirements of the Regulations. This matter had

taken the form of a complaint but was found by the inspector to have not been notified. The inspector discussed this matter with the person in charge who undertook to address this matter. The inspector was satisfied with notification processes aside from this matter.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

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.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that as this was a short term respite centre, adults and children's respective experiences of education, training and employment were not directly facilitated through the designated centre. However the inspector found that residents opportunities for social participation was facilitated through a variety of activities. For example, residents whom had common interests would attend respite and participate in activities such as outings, drives and walks.

The inspector found that as the centre was rurally located and was a quiet and relaxed house on a large country site, residents had ample space to spend time in the centre. Staff stated that many residents (who were attending busy day programmes/education) often liked to spend time in the centre listening to music or watching television. As outlined earlier in this report the children on respite at the time of inspection were observed relaxing in the garden and playground areas. They were also heading out for a drive to buy ice cream following their dinner. The inspector found that residents and children's welfare was maintained to a good standard in this centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that staff were knowledgeable about resident's medical conditions and were able to reference the information in personal planning documentation. The respite service consisted of a skill mix of nursing and social care staff. There were specific nursing staff always on the roster due to the assessed nursing needs of many residents who used the service.

The inspector noted contact details for residents' general practitioner (GP) were readily available to the staff and staff members were knowledgeable about how to contact the out-of-hours GP service.

There was detailed information found across a number of healthcare plans reviewed that showed specific guidance for staff in a number of areas. For example, residents requiring support with percutaneous endoscopic gastrostomy (PEG) feeding and the specialist nursing care required regarding same. The inspector found good consultation with families when issues were highlighted regarding specific care needs.

The inspector found residents with specific care needs requiring GP, physiotherapist, speech and language therapy and dietetic services all received same and this was documented in their personal plans. As this was a respite service these plans were updated to reflect resident's most recent and relevant healthcare information before children/adults came to the centre.

Regarding food and nutrition, the inspector found that residents had good access to healthy food and drinks in sufficient quantities. The inspector found that residents were offered choice and staff accommodated resident's likes/dislikes when on respite. There were rotated menus seen and picture choice food options available for residents (who were non verbal) to express a preference and exercise choice.

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):

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

Findings:

The inspector found appropriate arrangements in place regarding medication management. All staff employed in the centre were trained in the safe administration of medication in addition to nursing staff always being on the roster. A medication management policy (2015) was viewed by the inspector in the designated centre.

The inspector found that as this was a respite centre residents brought medication in/out of the designated centre on a regular basis. The inspector found thorough protocols in place regarding the admission of resident's medication and clear protocols regarding the prescription and safe administration of resident's medications.

Residents' medication was checked and recorded on admission to ensure residents assessed needs could be met for the duration of their respite stay. The inspector reviewed a number of resident's medication procedures and found that practices in place were safe and in line with organisational policy and best practice guidelines.

The person in charge had clear systems in place regarding the management of medication and contingency plans whereby emergency prescriptions were required. The person in charge was a qualified nurse and discussed the importance of having comprehensive clinical care in the management of medications coming in/out of the respite centre.

The inspector saw evidence of medication audits taking place and clear systems in place to manage medication errors that ensured follow up and learning from such incidents.

The inspector found that the provider had improved medication storage and refrigeration facilities for the safe storage of medication, as was recommended on the previous inspection.

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 found there was a written statement of purpose that accurately describes the service that is provided in the centre. The Statement of Purpose appropriately reflected the levels of care provided to children and adults in this designated centre. The inspector found that the Statement of Purpose reviewed met the requirements of the Regulations.

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 was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services to residents.

The inspector found that the person in charge of the centre was suitably qualified and experienced. He was knowledgeable regarding the requirements of the Regulations. The person in charge was a qualified nurse who had over 20 years experience in the field. The person in charge demonstrated competence, professionalism and knowledge pertaining to his role and responsibilities.

The inspector found the person in charge completed various audits in areas such as staffing, documentation, medication, environment, complaints and cash control. The person in charge had clear lines of authority and accountability implemented and in reviewing staff team meeting minutes the inspector found that tasks were appropriately delegated amongst the staff team.

The inspector found that auditing, unannounced visits and annual reviews of services were completed in the centre. The inspector reviewed family surveys that were sent out by the provider to assist in utilising feedback to improve the centre. The inspector found a good approach to quality management and auditing whereby the wider management team supported the person the charge in this area.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The person in charge was supported by a clear system whereby all organisational managers worked collaboratively in terms of auditing and support. An Area Manager supported and supervised the person in charge directly, who was also present on the inspection date.

Residents' families knew who was in charge (from questionnaires received by the Authority) of the service and the staff reported that they felt supported in their roles. Overall the inspector found governance and management to be of a good standard in this 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 found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a shift leader identified on the roster in addition to deputising arrangements whereby the local area manager would oversee and manage the designated centre in the absence of the person in charge.

The inspector was informed of an on-call system that was available to staff in emergency circumstances whereby a person in charge would be available to offer additional support if required.

The inspector found there were no instances whereby the current person in charge was absent for 28 days or more. The person in charge was aware of his regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration. This notification process had been adhered to with a previous person in charge.

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):

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

Findings:

The inspector found that sufficient resources were provided to meet the needs of residents based on their assessed needs and in accordance with the centres statement of purpose.

The inspector found that the provider had made improved arrangements for transport to be availed of by residents since the previous inspection. There was a bus available at inspection and the inspector was informed by staff that instances whereby there is not a bus available they can request another vehicle from the maintenance and transport manager. In addition, a local accessible taxi can be used (organisational account) to allow residents travel or pursue activities outside the designated centre where/when required.

The inspector found the centre was very well maintained, funded and staffed to meet the resident's individual and collective needs as required. The inspector found that the designated centre was well resourced to meet the needs of all residents and that resources were only changed to suit/reflect resident's needs. For example, specific staffing to support complex needs or offering emergency respite.

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):

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. Residents received continuity of care by a competent staff team. Staff were found to have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff were found to be appropriately supervised, and were recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed the staff rosters and spoke to staff and found that staffing arrangements were based on the assessed needs of the residents. There was a minimum of two staff members on duty at night time which included one "waking night" shift and one "sleep over" shift. The inspector found this system ensured residents were appropriately supervised and supported throughout the night.

The inspector found that,

- Schedule 2 requirements were met regarding the person in charge and staff (There was a review of same conducted at the provider's head office) in relation to staff files.
- Staff were continually provided with training and refresher training in mandatory areas such as first aid, fire safety, safe manual handling practices, safeguarding vulnerable adults, child protection and welfare training, managing behaviours that challenge and safe administration of medication.
- Additional centre specific training was provided such as epilepsy training and administration of emergency buccal midazolam, diabetes training and stoma care training.
- Specialist clinical care was provided by qualified nurses.
- Staff meetings were held regularly to ensure consistent care and shared learning.
- There was an actual and planned roster that reflected the whole time equivalent in the statement of purpose.
- Staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.
- Performance management, staff learning outcomes and action plans were completed and updated with staff by the person in charge.
- There was a clear induction process seen regarding new staff working in the centre.
- There was an appropriate system in place regarding the use of volunteers in the

organisation.

Overall the inspector found that the staffing, staff training and development and recruitment processes and policies met the requirements of the Regulations and Standards.

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 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 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The inspector found that the designated centre was adequately insured against injury to residents. The inspector found that the provider had compiled and implemented 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.

The inspector found that improvement was made to all policies and procedures following the last inspection, whereby all policies were reviewed by the provider to ensure compliance with the Regulations. For example, all policies relating to safeguarding and safety and protection of vulnerable children and adults.

The inspector found that the staff and person in charge were providing information to residents through accessible means. For example, in pictorial formats where required. However the inspector found that some residents wrote their own plans and found that residents could access information based on their individual abilities.

The inspector found that resident's information, personal plans and files were maintained to a good standard and kept secure and safe. The inspector found good arrangements in place regarding the governance, management and auditing of records and documentation in the designated centre.

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:

Conor Brady
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, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
Centre ID:	OSV-0001987
Date of Inspection:	20 May 2015
Date of response:	24 June 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 09: Notification of Incidents

Theme: Safe Services

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

All allegations while investigated were not notified to the Chief Inspector.

Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation,

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

suspected or confirmed, abuse of any resident.

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

KARE has submitted an NF06 for the relevant allegation and reviewed its internal processes to ensure all relevant events are reported to HIQA in a timely fashion.

Proposed Timescale: 12/06/2015