

**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-0001991
<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>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	2
<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 11:00	21 April 2015 18:30
22 April 2015 11:00	22 April 2015 15:00

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 first inspection of a community based designated centre operated by KARE in response to an application from the provider to register the centre under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013. The inspector met with management, residents and staff members during the inspection, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures, staff training records and staff files.

The designated centre was a comfortable home for two residents, with spacious

communal accommodation and individual rooms decorated and furnished in accordance with their wishes.

The inspector was satisfied with the safety and quality of care and support offered to residents in the designated centre. The centre achieved compliance with the regulations in 17 of the 18 outcomes and significant compliance in the other.

**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:**

The inspector was satisfied that there were structures in place relating to the management of complaints or allegations. There was a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents if required. The accessible version of the procedure was clearly displayed in the centre. Complaints were referred to a specific management group for recommendations, data collection and learning. Management of allegations and complaints was reviewed in the organisation's head office and was found to be appropriate.

The inspector found that there were structures in place to promote the rights of residents, for example, residents had been supported to register for voting. Residents were involved in the organisation of the centre on an individual basis as they had chosen not to have house meetings. A list of each residents' belongings was held in their personal plans and was reviewed regularly

The organisation had an ethics committee to which any concerns about restrictive practices were referred, as were any rights restrictions which could not be managed locally. There was an emphasis in the centre on reducing the impact on any rights restrictions which had been assessed as necessary. For example, whilst the residents did not have a key to the front door in their possession, they were supported to answer the door to any visitors.

**Judgment:**

Compliant

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<b>Outcome 02: Communication</b> <i>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.</i>
<b>Theme:</b> Individualised Supports and Care
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.
<b>Findings:</b> Each resident had a personal plan regarding their communication. Staff were knowledgeable in relation to the ways in which individuals communicated, and all interactions observed by the inspector were appropriate, respectful and caring.  Residents had aids to communication, for example, social stories were in use, and it was clear that these aids were in daily use. Information for residents was available in accessible formats, including pictorial schedules, menus and staff duty rosters.
<b>Judgment:</b> Compliant

<b>Outcome 03: Family and personal relationships and links with the community</b> <i>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.</i>
<b>Theme:</b> Individualised Supports and Care
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.
<b>Findings:</b> Links were maintained with the families of residents, for example, visits were welcomed and facilitated and families were involved in the personal planning of their relatives. Personal plans included a family communication plan, and all interactions with families were recorded.  Residents had been supported to forge and maintain links with the local community in accordance with their wishes and assessed needs. For example, shopping trips took place and local coffee shops and cafes were visited by residents.

**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):**

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

**Findings:**

Both tenancy agreements and service agreements were in place which outlined the services provided to resident and the charges incurred. Both residents and their families had signed these agreements.

**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):**

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

**Findings:**

Assessments of need and personal plans were in place for each resident. The plans were well organised and indexed, and began with a personal profile giving the most important information about the person. The plans included a section on each of the assessed needs of the individual and were reviewed regularly.

Residents were involved in the planning process, consent was gained from each

individual as to who should have access to their plan and this was recorded and signed by the resident. Where residents required assistance to understand the content of their plan the information was available in an accessible version, for example, in picture format for one of the residents.

Implementation of any actions towards achieving goals in personal planning were recorded, and the plans were reviewed on a regular basis.

There was evidence that appropriate steps had been taken towards ensuring a meaningful day for residents. Activities were planned in accordance with the residents' preferences and assessed needs and schedules were planned accordingly. Where planned activities required individual staffing this was organised.

**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):**

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

**Findings:**

The designated centre was a bungalow in its own grounds. The location, design and layout of the centre were suitable for its stated purpose, and was appropriate to meet the needs of the residents. For example each resident had their own bedroom which was decorated and furnished according to their wishes, and accommodated their personal possessions.

There were spacious communal living areas including a lounge cum dining area and a computer room. In addition there was an office externally to the house for staff to withdraw to if it was clear that this was in the interest of the residents.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector found that systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and that fire drills were conducted. The inspector found that staff were aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal evacuation plan in place for each resident, and all fire safety equipment had been tested regularly.</p> <p>Risk assessments were available, both environmental and individual. In addition there were structures and processes in place in relation to the management of any accidents and incidents. Required actions were identified and monitored, and trended by the person in charge. All identified required actions reviewed by the inspector had been implemented</p> <p>.</p> <p>Systems were in place in relation to infection control, the designated centre was visibly clean, a cleaning checklist was maintained and cleaning equipment was appropriately stored.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 08: Safeguarding and Safety</b> <i>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.</i></p>
<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff training in relation to safeguarding was up to date and that staff were knowledgeable in relation to types of</p>

abuse, recognising signs of abuse and their role in the safeguarding of residents and that there was an appropriate policy on the protection of vulnerable adults.

There were robust systems in place in relation to financial management. Residents were involved in every aspect of their financial management and any purchases were recorded with a receipt and a signature. All balances checked by the inspector, including personal money and household finances, were correct.

Behaviour support plans were in place for residents who required them. They were based on clear assessments of needs, included a communication profile together with precise instruction to guide the practice of staff. Implementation of the plans was recorded daily, and was observed by the inspector during the inspection. Residents were clearly familiar with the processes involved in their behaviour support and with any aids which were in place to support them. Behaviour support plans were regularly reviewed based on the data collected in relation to their implementation.

Where restrictive practice were in place to support residents there was evidence that they were the least restrictive available to manage the situation, and that residents were supported in maintaining independence.

**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):**

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

**Findings:**

The person in charge was aware of any issues which require notification to the authority and all required notifications had been submitted appropriately.

**Judgment:**

Compliant

**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):**

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

**Findings:**

There was evidence that residents had a meaningful day, that their communication needs were met and that appropriate behaviour support was provided. Staffing levels were appropriate to meet any specific needs, and residents were involved in the planning of their activities and routines.

**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):**

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

**Findings:**

There was evidence of a balanced and nutritious diet. A record of nutritional intake is maintained for each resident. Snacks and drinks were readily available and choice was facilitated in accordance with each resident's communication needs. For example, there was an individual pictorial menu displayed in the kitchen for each resident. Residents were supported in preparing their own meals if they wished to do so, and took turns at individual cooking.

Residents had access to allied healthcare professionals in accordance with their assessed need, for example, psychology, speech and language therapy and social work.

Appropriate referrals were sent to healthcare professionals following team discussions, and each resident had access to a general practitioner of their choice, and to a mental health service specific to people with intellectual disabilities.

Appropriate healthcare plans were in place for each resident, and included all aspects of the healthcare issue, for example, in relation to the management of epilepsy. This plan included a management plan and a detailed protocol of the management of emergencies, including a protocol for the use of any medications..

**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:**

Structures were in place to safely manage the ordering, receipt and storage of medications, and the administration of medications. The local pharmacist maintained a three monthly prescription from which to plan monthly deliveries, there was an automated stock control sheet, and stocking levels were accurately maintained. Prescriptions provided sufficient guidance for staff, including 'as required' medications.

Practice in relation to the administration of medications was appropriate, there was effective stock control and adequate access to pharmacy services.

**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:**

The Statement of Purpose included all the requirements of the regulations and adequately described the service provided in 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:**

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services. Within this structure various team meetings were held, including local team meetings, organisational meetings of persons in charge and management team meetings. Minutes of various meetings were reviewed by the inspector. Required actions were identified and there was evidence that the implementation of these actions was monitored.

Various audits had been conducted and the provider had conducted an unannounced visit within the last six months. An annual review of the quality and safety of care and support was available.

The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She was present in the centre on a regular basis and it was clear that she was well known to the residents. She had clear knowledge of the health and support needs of the residents. She was aware of her roles and responsibilities and about the management and the reporting structure in place in the organisation.

A staff appraisal system was in place in accordance with the centre's policy. Appraisals took place annually and were reviewed on a quarterly basis.

**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):**

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

**Findings:**

Appropriate arrangements were available in the event of the absence of the person in charge, and the person in charge was aware of when absences must be notified to the Authority.

**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):**

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

**Findings:**

The centre appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. It was well furnished and maintained and adequately equipped to meet the needs of the residents.

**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):**

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

**Findings:**

The inspector found that there were appropriate levels of staff on the day of inspection to meet residents' needs within the layout of the premises. Where residents required individual staffing this was provided.

Staff were in receipt of up to date training in mandatory areas, and in other areas appropriate to the needs of the residents, for example, the management of challenging behaviour. However, whilst the person in charge reported that staff had received training in rescue medication for the management of epilepsy, there were no records of this available. Staff files contained the required information and met the requirements of the Regulations.

All staff engaged by the inspector displayed appropriate knowledge and skills required to meet the assessed needs of the residents, and there was a particular emphasis on supporting the communication needs.

**Judgment:**

Substantially 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:**

All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.

**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:***

Julie Pryce  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Action Plan**

**Provider's response to inspection report<sup>1</sup>**

<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-0001991
<b>Date of Inspection:</b>	21 and 22 April 2015
<b>Date of response:</b>	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 17: Workforce**

**Theme:** Responsive Workforce

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

There was insufficient evidence that all appropriate training had taken place.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional

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

development programme.

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

All staff in the Designated Centre will be retrained in the administration of buccal midazolam and will sign a Training Attendance Record to confirm their attendance.

**Proposed Timescale:** 31/07/2015