

**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-0001983
<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>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<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:
03 June 2015 10:00	03 June 2015 17:30
04 June 2015 10:00	04 June 2015 14:00

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**

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 to adults in the Kildare/Wicklow 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 first inspection of this designated centre which was a country dwelling that provided short respite breaks for adults. The inspector found that 51 residents used this respite facility for short term respite breaks. The inspector found that residents were offered respite in accordance with the organisations policies and procedures and based on the levels of assessed need. A short breaks committee oversaw the practicalities of planning the provision of respite services. There was also a planned alternative respite programme (non residential) operated as part of this designated centre. This centre also had systems in place for the provision of emergency respite care.

The inspector met the 4 residents who were availing of respite at the time of inspection. In addition, the inspector met a number of families who were visiting the centre.

The inspector also met with the person in charge, persons participating in management, social care leader and social care staff. The inspector reviewed information provided by residents' families in questionnaires which had been returned. The inspector observed practice and reviewed documentation such as personal care plans, 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, there was a good level of compliance in this designated centre, with good outcomes observed for residents and evidence of good service provision in accordance with the Regulations and Standards. Residents were found to be well cared for and provided with a good standard of respite care in the centre.

However, there were also some areas of improvement required in the areas of multi-disciplinary assessment and planning, safeguarding and safety (restrictive practice implementation) and the notification of incidents to the Authority.

All of these issues will be discussed in detail in the main body of this report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that residents were consulted with and participate in decisions about their care and about the organisation of the respite centre in line with their needs, wishes and abilities. Each resident's privacy and dignity was respected with adequate private and communal space available.

The inspector noted that each resident was enabled to exercise choice and control while on respite to maximise their independence. The complaints of each resident, his/her family, advocate or representative, were listened to and acted upon and there was an effective complaints log maintained and appeals procedure in place for residents and families.

The inspector observed that the residents on respite breaks in the centre at the time of inspection presented as content and well cared for. Residents informed the inspector they enjoyed coming to respite in this designated centre. Families spoken to highlighted that the centre was well run and operated and that they were satisfied with the levels of care provided.

The inspector found that the person in charge and social care leader had good systems to ensure respite was an enjoyable experience and that residents were supported to receive a good level of care in a warm and pleasant environment.

The inspector viewed evidence of consultation through resident meetings, one to one discussions, communication with families and continual updating of residents care plans. The inspector found copies of easy read material for residents regarding rights, dignity

and standards.

Resident's possessions and finances were professionally treated with residents receiving appropriate support for the duration of their respite stay. The inspector found clear systems in place for the management of same in accordance with organisational policy and regulatory requirements.

**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):**

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

**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. Residents utilised this service for respite and therefore assessments and access to services was predominantly managed by families outside the service. However the inspector found residents were appropriately supported in the area of communication within the designated centre.

For example residents had communication boards and social stories and work was on-going in various areas with certain residents through these communication mediums. The person in charge and social care leader 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 social care leader demonstrated good knowledge of the different communication needs in the centre and was observed continually communicating with one resident (who displayed behaviours that challenged) in a caring and professional manner to ensure his needs were met.

The inspector found that residents had access to appropriate communication media such as television, radio and newspapers/magazines within this centre. The inspector found on-going dialogue with families regarding residents assessed and communication needs and plans were updated to reflect any changes.

**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):**

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

**Findings:**

The inspector found that residents were supported to maintain links with family and their communities. However as this was a respite service residents were often attending for a short planned respite break away from living at home with their families. The location of the centre was not always the resident's local community.

The inspector found good engagement on the part of the provider with residents families. Families are afforded the opportunity to see the respite house before residents visit and the provider had a clear procedure in place to ensure family members had continual involvement in the residents use of the respite service. For example, attending planning meetings, developing family communication plans and on-going dialogue/communication with families.

The inspector found that the social care leader and person in charge demonstrated good knowledge of families needs and the varying degrees of dependency of the residents who used the respite service. The inspector found the provider engaged with families via a family satisfaction survey regarding the respite service which had a good response rate. Families responded very positively in the majority of cases and the families met over the course of inspection were complimentary of the service provided.

The inspector found that resident's were supported to participate in activities within the respite centre. However due to the rural location many residents chose to relax in the centre itself in favour of going out. Other residents enjoyed going for drives, going out or going for walks. The inspector was told this would vary depending on the group of residents in the centre. On the date of inspection some residents went for a walk/outing to a nearby mountain/lake district.

**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:**

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 and included details of the services to be provided for the resident 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 one contract had not yet been returned however the inspector reviewed correspondence sent by the provider seeking this information from the relevant family.

**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:**

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 adults and it was clear that the staff knew the residents very well. The inspector found there was some improvement required regarding multidisciplinary involvement and review regarding a residents personal plan.



The inspector reviewed planning 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, social history and manual handling plans. In addition the inspector found that these plans guided staff in terms of giving an appropriate sense of the resident in terms of their likes/dislikes and preferred activities and/or routines. The inspector found that individual preferences such as choice of room, food, walks/outings were facilitated for residents. In addition, individual risk assessments such as residents at risk of choking/falls were found to be clearly assessed.

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 residents using the services. The inspector found some good examples of multidisciplinary review/assessment such as physiotherapy plans and speech and language (SALT), eating, drinking and swallowing assessment plans in place to guide staff practice. The inspector found that further improvement was required regarding multidisciplinary input/assessment regarding residents' who were described as displaying behaviours that challenge (This will be discussed under Outcome 8).

The inspector noted that staff presented as aware of residents' plans and found that plans were regularly reviewed and updated. The inspector observed residents relaxing, listening to music, going on outings and colouring/drawing. Residents and families told the inspector they enjoyed coming to the centre for respite and enjoyed their stays there.

Staff highlighted that all efforts were made to ensure social care needs were met and residents 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):**

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

**Findings:**

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. This respite centre was a leased property (long term) that had been well decorated and upgraded to ensure the respite centre was clean, bright and appropriately maintained.

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
- 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 the centre was located in a rural setting and had substantive gardens to the front and rear of the premises. The premises were found to be accessible and suitable for its stated purpose. Residents and families highlighted satisfaction with the premises to the inspector.

**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):**

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

**Findings:**

The inspector found that risks were 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 also found to be in place. Individual and environmental risks were well managed and documented in the centre.

The inspector found that there was appropriate policy in place such as

- Health and Safety Policy
- Safety Statement
- Risk Register

- Fire Policy
- Emergency Response and Evacuation Plan

The person in charge and social care leader had good systems in place to identify, access and manage risks within the designated centre.

The inspector reviewed the accidents and incidents log (electronic) 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, to ensure all adverse events were reviewed, and appropriate actions had been taken, if necessary.

A risk register was place with a number of low/medium risks identified and assessed. For example, the risk assessment of challenging behaviour, self harm, aggression and violence, safe administration of medication, non accidental injury and resident's finances.

There was a clear system for reporting health and safety incidents, issues of concern and medication management incidents/errors on the organisation intranet system. Both the person in charge, social care leader and staff were familiar with this system in terms of the process of reporting within the organisation.

The inspector was satisfied that the fire detection and alarm systems, fire fighting equipment and emergency lighting systems were routinely checked and serviced by a 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 and staff knew the procedure to support residents in the event of an evacuation. Personal evacuation plans were documented on each residents' files and in their rooms. 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. Staff were found to be aware of this information.

**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):**

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

**Findings:**

Residents living in the centre were appropriately safeguarded and protected from harm in the designated centre. Some improvement was required with regard to the management of behaviours that challenge and restraint.

The inspector found up to date policies in place on safeguarding and protection of vulnerable adults, 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. 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 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.

The inspector reviewed practices in relation to the protection of the resident's finances and found an effective system in place in the designated centre to safeguard residents' monies. The inspector checked resident's finances and found financial balances to be correct and correlated with records in terms of the safe management of resident's finances. Resident's finances were managed purely from a respite care perspective as residents in this centre were availing of short term break.

Appropriate training had been completed by staff in the areas of protecting vulnerable adults and managing aggressive behaviours which ensured staff were equipped from a training perspective in line with regulatory requirements.

There were policies in place regarding the management of behaviours that challenge and the use of restrictive practices. The inspector found that some further improvement was required regarding multidisciplinary input/assessment regarding residents who were described as displaying behaviours that challenge. For example, the inspector found that one resident who displayed such behaviours did not have up to an up to date assessment and a reviewed behavioural support plan in place to fully guide staff. The inspector noted that while, some residents with complex needs who were identified as displaying behaviours that challenge did have such assessments, this was not in place for all residents requiring same.

In addition, the inspector found that there were instances whereby there was not evidence that all alternative measures were taken before the implementation of restraint. For example, regarding the administration of PRN (as required) medications for behavioural management purposes. The inspector found that alternative measures taken prior to administration of these medications were not consistently demonstrated in all cases. For example, of 6 instances reviewed, alternatives tried were only recorded in one case. The inspector found that a periodic service review document was implemented for a resident in April 2014. This included some strategies to be used as a 'support strategy' before the administration of chemical restraint. However this strategy included some measures that were not apparent, for example the use of a 'weighted blanket'. The inspector found that clearer, assessment led guidance was required in these areas to fully guide staff.

<b>Judgment:</b> Non Compliant - Moderate
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**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.*

<b>Theme:</b> Safe Services
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<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.
<b>Findings:</b> 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 relevant incidents to the Authority. For example, the notification of quarterly notifications to the Authority to include the use of restrictive procedures including physical, chemical and environmental restraint had not been notified on all required occasions.

<b>Judgment:</b> Non Compliant - Moderate
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**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.*

<b>Theme:</b> Health and Development
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<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.
<b>Findings:</b> The inspector found that the residents and families using this respite centre had generally good experiences and that residents were engaged in activities suitable to their preferences, wishes and capacities.  In examining a sample of the 51 individuals using this respite service, the residents appeared to enjoy the respite services they received and the person in charge and social care leader highlighted how respite services have evolved to be needs based. For example a social programme had developed for residents who sought more community activation and involvement. The inspector found that this had led to the development of alternative day respite that was centred around specific activities and was very person

centred in design. This initiative was also managed by the person in charge.

The inspector was informed that residents partook in a variety of activities while on respite such as eating out, walks, shopping, going on outings. The person in charge and social care leader ensured that residents of similar interests and profiles came in to respite at similar times to ensure everyone got the most from respite. The inspector noted instances of appropriate supports for residents with various support needs availing of respite. For example, residents with behavioural difficulties or residents whereby specific social issues or family support needs were higher. The person in charge and social care leader stated that respite was provided as fairly and proportionately as possible, but did state that assessed needs were a key determining factor.

**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:**

Overall, the inspector found that the residents were supported on an individual basis to achieve best possible health. However as this was a respite location, residents primary healthcare needs were met by their families/primary carers.

The inspector found residents healthcare needs were recorded on their care plans and residents with specific support needs in terms of epilepsy, clinical or dietary needs were clearly recorded and documented. The inspector was informed that the respite service would not admit residents who were unwell as this was a short term respite centre.

The inspector found specific medical history and current information was recorded and found specific guidance for staff regarding residents requiring clinical observation for particular assessed needs. For example, a resident who had undergone a significant medical procedure who required substantive monitoring and observation of fluid intake and temperature.

The inspector found residents' health was promoted through the encouragement of balanced diet and activities depending on assessed needs. The inspector found that residents had clear plans containing healthcare and medical information should residents require medical attention while on respite.

Regarding food and nutrition, the inspector found evidence of residents' likes and dislikes, dietary needs and communication of same recorded in residents care plans. The inspector viewed the rotation of menus, picture and prompt based menus that were accessible to residents to promote choice. The inspector observed staff cooking a variety of options for residents who had made specific requests for dinner. Staff were friendly and aware of residents needs, wishes and preferences.

**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:**

The inspector found appropriate arrangements in place regarding medication management. All staff employed in the centre were trained in the safe administration of medication. A medication management policy was viewed by the inspector in the designated centre. The inspector found the policies, procedures and practices around medication management met the requirements of the Regulations.

The inspector noted that as this was a respite centre residents brought medication in/out of the designated centre on a regular basis.

The inspector found written 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 found that there were good processes for the safe handling and storage of medication and a clear system whereby residents were responsible for their own medication.

Medication practices were audited in this centre and the inspector found evidence of follow up, and action learning around the examination of medication errors.

The inspector found specific training had been provided in the areas of epilepsy care and the safe administration of emergency medication. There was additional training also provided in the area of supporting residents with diabetes.

**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 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 residents in this designated centre.

The inspector found some minor changes required to the Statement of Purpose to incorporate review of residents plans, consultation and arrangements to facilitate social activities/interests. The provider addressed all issues on inspection and submitted an updated Statement of Purpose.

The inspector therefore 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):**

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

**Findings:**

The inspector found that effective management systems were in place that support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the



designated centre and the organisation. However the inspector was informed that current management arrangements were undergoing some changes at the time of inspection.

At the time of the inspection the inspector found the centre was being managed by an interim person in charge. The Authority received notification of the departure of the previous person in charge. In the interim, the local assistant manager (adult services) was acting as the person in charge. The inspector was informed that a new person in charge had just been specifically recruited for this centre (at time of inspection) and would be commencing in July 2014.

At the time of inspection, the centre was managed locally by the social care leader who reported to the person in charge. The person in charge stated he visited the centre weekly and attended staff meetings. The inspector found the person in charge had 22 years experience with the provider and formerly managed the organisations Sports and Recreation Department. The person in charge described being involved with Special Olympics Ireland and had qualifications in Business Studies and Leisure. In addition, he informed the inspector he had undergone a disability specific line management course and a suite of internal training courses.

The inspector found that the governance and management systems in place ensured there were appropriate arrangements in place regarding the designated centre.

The inspector reviewed evidence of unannounced visits and audits and action plans devised by the provider's management team. For example, work was seen in areas of improving the premises, implementing care planning and complaints management. The quality of management and auditing and the subsequent implementation of actions were found to be of a good standard in this designated centre.

The inspector found that there were clear lines of authority whereby the person in charge was supported by an area management team. The inspector found that staff, residents and families were satisfied with management structures in place.

**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:**

The inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, the social care leader who would oversee and manage the designated centre in the absence of the person in charge. There were additional supports available through a supportive management network whereby nominated local area managers were available to provide support in the absence of the person in charge.

The inspector found there were no instances whereby the current person in charge was absent for 28 days or more. The previous person in charge was absent and the appropriate notification to inform the Chief Inspector was received by 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 inspector found that this centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

The inspector found that the centre had sufficient staffing numbers, transport for residents and facilities to provide care for the residents who availed of short term respite at this location. The inspector noted efforts made on the part of the person in charge to make the respite service welcoming for residents with specific needs and liaising with families to facilitate special requests where possible. The inspector found that one resident required a specific safety harness for the use of the centre transport which was not in place however the social care leader and person in charge stated this equipment was ordered and this matter was therefore in process.

**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:**

There were appropriate staff numbers to meet the assessed needs of residents in the designated centre. The inspector found continuity of staffing provided to residents.

Regarding Schedule 2 (Staffing Records), a review of staff files took place in the providers head office (on a previous inspection). The inspector was satisfied that the staff files that were reviewed contained the required information and met the requirements of the Regulations.

The inspector spoke to all staff present within the designated centre and found there was an appropriate skill mix within the centre. Staff spoken to demonstrated knowledge of the residents needs and preferences.

The inspector viewed documentation and evidence of supervision/performance management, staff meetings and staff induction procedures to be in line with organisational policy and regulatory requirements. The inspector found that the person in charge had line management responsibility for the social care leader who in turn supervised all staff. The inspector found that residents, families and staff identified the social care leader and person in charge as the people they would go to if they had a concern.

The inspector found a staffing roster that reflected the persons working in the centre and found a clock in/clock out system in place for the administration and management of hours worked.

Staff attended mandatory training in areas like safe moving and handling, safe administration of medication, safeguarding vulnerable adults, first aid and fire safety. The inspector found that centre specific training was provided as required. For example, epilepsy/diabetes training.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

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 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 staff and person in charge were providing information to residents through accessible means and the residents were satisfied with this. Residents' information, personal plans and files were maintained to a good standard and kept secure and safe. Residents had access to their information and documentation and some residents compiled and completed/wrote their own care plans.

The inspector found good arrangements in place regarding the governance, management and auditing of records and documentation in the designated centre. The inspector found that as this was a respite centre that information was being continually reviewed and updated.

**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 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-0001983
<b>Date of Inspection:</b>	03 June 2015
<b>Date of response:</b>	14 July 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 08: Safeguarding and Safety

**Theme:** Safe Services

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

Therapeutic interventions and assessments were not in place as part of the personal planning process for all residents who required this.

**Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic

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

interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The Person in Charge has made a referral to the Multidisciplinary team for review of Behaviour Support for the resident concerned.

**Proposed Timescale:** 16/06/2015

**Theme:** Safe Services

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

There was not sufficient evidence to show that every effort to identify and alleviate the cause of residents' behaviour was made and that all alternative measures are considered before a restrictive procedure was used.

**Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The recording of the use of restrictive practices has been reviewed to ensure any use of restrictive procedures/restraints are fully documented to show that the least restrictive procedure for the shortest duration necessary was used.

**Proposed Timescale:** 10/06/2015

**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:**

There was not a written report provided to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used in the centre.

**Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The Person in Charge has reviewed the procedure for reporting the use of restrictive

procedures to the Chief Inspector to ensure they are accurately reported each quarter.

**Proposed Timescale:** 04/06/2015