

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Brownstown/French Furze/Clonmullion
Centre ID:	OSV-0001995
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	KARE, Promoting Inclusion For People With Intellectual Disabilities
Provider Nominee:	Sarah Kelly
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 September 2017 10:30 To: 01 September 2017 17:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of the centre. The last inspection was conducted in May 2015 following an application by the provider to register the centre under the Health Act 2007. This inspection was conducted to monitor compliance with specific Outcomes and to ascertain if the provider had completed the actions identified in the previous action plan.

How we gathered our evidence:

As part of this inspection, the inspector met with two residents. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre consists of three houses located in Co. Kildare. The centre is operated by KARE, Promoting Inclusion for People with Intellectual Disabilities.

Overall findings:

The findings of this inspection demonstrated that the provider had adequately addressed previous actions. Although, improvement was identified in the assessment of risk, residents were observed to be comfortable within their home and staff were

observed to engage with residents in a respectful and dignified manner. Staff were also observed to be knowledgeable of the needs of residents.

Overall, the inspector found that the service was led by the needs of the residents. Residents were active participants in deciding how they live their lives and were supported to engage with their local community.

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 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that residents were supported to live active lives and have opportunities for education, recreation and employment. This was supported by a robust personal planning system which involved a comprehensive assessment of residents' health and social care needs. If a need was identified there was a plan in place which identified the supports required.

Residential staff provided the support to residents in line with their personal plans. Inspectors reviewed a sample of personal plans and found that the assessment had been reviewed on an annual basis and changes made to the personal plan if required. There was clear oversight of the supports provided to residents and the progress towards maximising their development. Residents were actively involved in their community as per their assessed needs.

Residents were referred and reviewed by allied health professionals if a need arose. The recommendations arising from these reviews were clearly documented in the personal plan of residents. It was also evident that they were implemented in practice.

Residents and their families were actively involved in the personal planning process, with family members attending team meetings and being actively involved in the support provided to their loved ones.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were systems in place which promoted the health and safety of residents, staff and visitors. This included the provision of a safety statement, risk management policy and risk register. There had been an assessment of the environmental, clinical and operational risks within the centre. However, the inspector found that improvement was required to ensure that the risk assessments reflected the actual practice of the centre and identified all associated control measures. Assessments had been completed for risks associated to individual residents. A review of accident/incident forms demonstrated they were reviewed by management and appropriate action taken to reduce the likelihood of a reoccurrence.

There were systems in place for the prevention and management of fire. This included the provision of a fire alarm, emergency lighting and fire extinguishers. They were serviced at appropriate intervals by an external contractor. However, the provider had not demonstrated that there were adequate fire containment measures in one house. In the other two houses, the provider had identified that improvements were required with the fire containment measures and there was an action plan in place to address this.

Staff had received training in the prevention and management of fire. They were aware of the action to be taken in the event of a fire. Residents had individual emergency evacuation plans which outlined the supports they required in the event of an emergency. A record of fire drills demonstrated that residents could be evacuated to a place of safety in an appropriate time frame.

Judgment:

Substantially 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:

There were policies and procedures in place for the safeguarding of vulnerable adults. Residents were observed to be comfortable within their home. Staff had received training in the protection of vulnerable adults. Residents were supported to develop self awareness and personal safety skills.

Positive behaviour support was provided if required. All interventions and strategies were supported by an assessment by the appropriate allied health professionals. Staff demonstrated that they were knowledgeable of the needs of residents and employed proactive strategies on a daily basis. They also demonstrated that all restrictive practices were based on a robust assessment and were reviewed at appropriate intervals. Staff had received training in positive behaviour support and break away techniques.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The health and wellbeing of residents was promoted in the centre. Residents had access to their General Practitioner (GP) as required. Residents were also supported to attend other health care appointments if needed.

Residents' healthcare needs were assessed and plans of care in place if required. Family members were involved in decisions regarding the care provided to their loved ones.

The choice of a resident to refuse medical intervention was documented.

Residents were supported to purchase and prepare their own food. Communication aids were used to ascertain residents' choices.

<p>Judgment: Compliant</p>

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
There were policies and procedures in place for the management of medication. Staff had received training in the safe administration of medication. The inspector observed medication to be stored in a secure location.

The inspector reviewed a prescription and administration record and found that the necessary information was recorded. The times of administration matched the times prescribed.

There were systems in place for the receipt and return of medication.

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

Findings:

There were robust structures in place which promoted safe and effective services. There were clear roles and responsibilities for the management team. The person in charge was the front line manager of the service. They reported to the operations manager. The operations manager reported to the adults support manager. There were also additional supports in place such as the quality team who were actively involved in the service provided. The quality manager was the contact person for HIQA.

There had been numerous audits within the centre including areas such as restrictive practices and finances. There had also been unannounced visits by the provider and an annual review of the quality and safety of care. This review included the views of 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):

No actions were required from the previous inspection.

Findings:

The inspector observed residents to be comfortable in the presence of staff. The inspector observed there to be sufficient staffing on the day of inspection and a review of rosters confirmed that this was the standard staffing levels.

Staff had received all of the necessary mandatory training. Additional training had been provided in first aid, person centred planning, hand hygiene and supported employment to some staff.

Staff received formal supervision by the person in charge. The person in charge also visited the houses on a weekly basis at a minimum.

The inspector did not review staff files on this inspection.

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:

Jillian Connolly
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-0001995
Date of Inspection:	01 September 2017
Date of response:	14 September 2017

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 07: Health and Safety and Risk Management

Theme: Effective Services

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

Improvement was required to ensure that the risk assessments reflected the actual practice of the centre and identified all associated control measures

1. Action Required:

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

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

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

The Person in Charge will review and update the location Risk Register to ensure all location risk assessments reflect the practices in each unit of the Designated Centre.

Proposed Timescale: 31/10/2017

Theme: Effective Services

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

The provider had not demonstrated that there were adequate fire containment measures in one house

2. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

KARE's Fire Safety Consultant carried out an inspection of the house to identify any measures which need to be taken ensure adequate fire containment on 8/9/2017. KARE will fit a fire door between the kitchen and hallway of the house.

Proposed Timescale: 13/10/2017