

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Abbey Park / The Grove
Centre ID:	OSV-0003422
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:	7
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: 15 August 2017 11:00 To: 15 August 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 inspection, prior to this, was conducted in May 2015 following an application by the provider to register the centre under the Health Act 2007. At this time, compliance was identified with the regulations. This inspection was conducted to monitor compliance with specific Outcomes.

How we gathered our evidence:

As part of this inspection, the inspector met with the three 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 two houses and an apartment 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 has maintained compliance with the regulations. Residents were observed to be comfortable within

their home and staff were observed to engage with residents in a respectful and dignified manner. Residents told the inspector that they were very happy with their home and how they were supported. They stated that they could speak to staff if they were unhappy with anything. Staff were 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):

No actions were required from the previous inspection.

Findings:

The inspector found that the day to day operation of the centre was led by the needs and wants of the residents. As a result, residents were supported to live their lives in line with their assessed needs and personal plans clearly identified the supports that they required.

Of the sample of personal plans reviewed, the inspector found that residents had an assessment in place which identified their health and social care needs. The assessments were reviewed on an annual basis. Once a need was identified a plan of care/intervention/goal was identified. The inspector found that goals promoted independence and maximising the individual potential of residents. For example, developing advocacy skills, independent living skills or promoting health and well being were identified as areas in which residents required support. Residents were involved in the development of their personal plans. A resident guided the inspector through their personal plan and explained the progress that they were making towards achieving their goals.

Residents were supported to meet their social care needs through formal day services, employment and residential support.

Residents were aware of who their key workers were and stated that they met regularly to review the progress they were making towards their goals. Family members were also involved if deemed appropriate.

Residents were referred and reviewed by allied health professionals if a need arose.

Recommendations arising from these assessments were implemented in practice.

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):

No actions were required from the previous inspection.

Findings:

There were systems in place which promoted the health and safety of residents, staff and visitors. This included a safety statement specific to the centre, a risk management policy and a risk register which identified environmental, clinical and operational risks. Risk assessments had also been conducted for individual residents. The inspector found that the culture of the organisation promoted positive risk taking to support residents to have autonomy and independence where possible. Risk assessments were reviewed at regular intervals or following a change in need. The inspector reviewed a sample of accident/incident forms and found the appropriate action was taken to prevent a reoccurrence.

The centre was clean and measures were in place to ensure that this was standard practice.

There were systems in place for fire safety. Both houses had a fire alarm, fire extinguishers and emergency lighting. They were serviced at appropriate intervals by the relevant professional. Staff had received training in fire safety and were aware of the action to be taken in the event of a fire. Residents also demonstrated to the inspector the action that they would take. Individual evacuation plans had been developed for residents which outline the supports they may required in the event of an emergency. A review of fire drill records demonstrated that all residents could be evacuated to a place of safety if required. If challenges arose during fire drills, appropriate action was taken to reduce the risk. The provider had commissioned an assessment by an external company to review the fire safety arrangements in the centre. Improvements were identified in the measures to promote the containment of fire. Plans were in place to address this.

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):

No actions were required from the previous inspection.

Findings:

The inspector found the centre to be a homely environment in which residents were comfortable. A resident told the inspector that they felt safe living in the centre. Staff had received training in the protection of vulnerable adults and were aware of what constitutes abuse. Residents were supported to develop self awareness and personal safety skills. There were policies and procedures in place and were initiated if required.

Positive behaviour support was provided if required. All interventions and strategies were supported by a robust assessment. Allied health professionals were involved in the development of plans and the reviews of adverse events. Staff were aware of the proactive and reactive strategies and implemented them in practice if needed.

The inspector found that when restrictive practice was used, it was the least restrictive and was reviewed at appropriate intervals.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' health and well being was promoted within the centre. Residents had regular access to their General Practitioner (GP) and additional services if a need arose.

Residents' healthcare needs were identified in their personal plans. There were plans of care in place for specific needs such as epilepsy. Staff were clear on the care that residents required. There were clear systems in place to ensure that necessary appointments occurred.

Residents were complimentary about the food in the centre. They were involved in decisions regarding the weekly menus and encouraged to take part in the preparation of meals. Healthy eating was promoted in the centre and support had been obtained from the appropriate professionals if required.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were medication management policies and procedures in place. Staff had received training in the safe administration of medication and were aware of the medication prescribed to residents and the reasons why. Some residents in the centre self administered their medication and this was supported by a robust assessment. Medication was stored in a secure location.

The inspector reviewed a sample of prescription records and found that they contained all of the necessary information. Medication administration records confirmed that medication was administered at the times prescribed.

There was guidance in place for the circumstances in which p.r.n (as required) medication was administered.

Medication errors had occurred in the centre. Appropriate action was taken to prevent a reoccurrence.

There were systems in place for the safe receipt and disposal of medication. Medication audits had occurred 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):

No actions were required from the previous inspection.

Findings:

The provider had implemented robust structures in place to promote safe and effective services. There were clear roles and responsibilities in place for management. The person in charge was the front line manager of the service. They reported to the assistant manager. The assistant 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. Each individual in the management structure had areas of responsibility and accountability with escalation structures in place dependent on the issue. For example, the person in charge and the assistant manager addressed day to day operational issues. However, if there was an increased risk or an impact on resources, an issue could be progressed to the adults support manager.

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. Areas of improvement or development from each of the documents were compiled and monitored by an overall quality plan. The quality plan was reviewed regularly.

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 reviewed a sample of roster and found that while the staffing level was consistent it was also flexible to ensure that residents' needs could be met. For example, staff worked later if a resident chose to attend a social function. A resident told the inspector that they were happy with the staffing.

Staff had received all of the mandatory training and were familiar with the dates that refresher training was required.

Staff received both formal and informal supervision. They stated that they felt it was a useful forum for learning and development.

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:

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