

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Allendale
Centre ID:	OSV-0001984
Centre county:	Wicklow
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:	4
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: 27 March 2017 13:00 To: 27 March 2017 20:00

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 four residents of this centre. 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 is one house located in Co. Wicklow. 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.

However, the inspector found that there was an absence of fire doors, therefore not demonstrating that there was an adequate means of escape.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failing identified during the inspection of Regulation 28 and the action required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 health and social care needs of residents were assessed. Once a need was identified there was a plan in place to meet that need.

Residents told the inspector that they were happy with the support provided to them. They outlined the various opportunities that they had to ensure that their educational, recreational and employment needs were met. This included volunteering, fitness classes and going on holidays. 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. The inspector found that the day to day operation of the centre was led by the needs and wants of the residents.

Personal plans were available in an accessible format and the residents used the personal plans to communicate to the inspector the goals that they were currently working on.

Residents were referred and reviewed by Allied Health Professionals if a need arose.

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 policies and procedures in place to promote the health and safety of residents, staff and visitors. This included a safety statement and risk management policy which contained all of the requirements of Regulation 26. There was a risk register which identified clinical, environmental and operational risks particular to the centre. Individual risk assessments had also been completed to support residents to engage in activities in line with their interests and capabilities whilst promoting their independence.

The inspector reviewed a sample of accidents and incidents. Following each accident and incident, the appropriate action had been taken to prevent a reoccurrence.

There were systems in place for the prevention and management of fire. This included an emergency response plan. Residents had individual evacuation plans and told the inspector of the action they would take on hearing the fire alarm. Fire drills occurred at appropriate intervals and demonstrated that residents could be evacuated from the centre in an appropriate time frame. Appropriate adaptations had also been taken to ensure that residents who required the support of equipment could be safely evacuated. Staff had received training in fire safety and clearly demonstrated that they were aware of the procedure to be followed.

The centre had a fire alarm system and fire extinguishers which were serviced at appropriate intervals. The centre did not have the provision of fire doors in pertinent areas, therefore not demonstrating that there was a protected means of escape in the event of a fire.

Judgment:

Non Compliant - Moderate

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:

There were policies and procedures in place for the protection of vulnerable adults. Residents told the inspector that they felt safe and staff were 'very kind'. Staff had received training in safeguarding. Staff were also able to clearly state what constitutes abuse and the action to be taken in the event of an allegation or suspicion of abuse. The inspector found that appropriate action was taken if the policies required implementation.

The centre promoted a restraint free environment. The inspector found that where restrictive practice was used, it was appropriately assessed and agreed with the resident.

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' health care needs were identified in their personal plans. Specific interventions were reviewed and agreed with the appropriate health care professional. Staff were clear on the care that residents required and the circumstances in which additional assistance should be sought.

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 policies and procedures in place for the ordering, prescribing and administration of medication. Training records demonstrate that staff had received training in the safe administration of medication.

Medications were stored in a secure location.

Prescription and administration records contained all of the necessary information.

Residents were aware of their medications. A resident consented to the inspector observing them to take their medication and the inspector found that they were appropriately supported.

There was a system in place for the receipt and disposal of medication and there were regular audits in place. The inspector found that there were systems in place to respond to medication errors and appropriate action had occurred when required.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were robust governance and management systems in place to ensure that the service provided was safe and effective.

The person in charge reported to the operations manager, who reports to the adult supports manager. The team were also supported by the quality department and clinical team.

Residents were observed to be familiar with members of the management team.

There was a schedule of audits in place. The inspector reviewed a sample of audits and found that they captured all areas of practice.

Unannounced visits were also conducted on a six monthly basis and there was an annual review of the quality and safety of care.

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 that residents were comfortable and familiar with staff. Staff demonstrated that they were familiar with the residents and their individual communication needs. A sample of rosters demonstrated that residents received continuity of care and when nursing care was required it was provided. The inspector found that there was sufficient staff to ensure residents' needs were met. There were appropriate assessments and measures were in place when there was a reduction in staffing levels.

Staff were appropriately supervised by the person in charge.

Training records demonstrated that staff had received all mandatory training including

manual handling. Additional training had also been provided in areas such as nutrition, diabetes, individual risk assessments and the use of hoists.

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-0001984
Date of Inspection:	27 March 2017
Date of response:	23 June 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:

There was an absence of fire doors, therefore not demonstrating that there was an adequate means of escape in the event of a fire.

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 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

KARE's Fire Safety Consultant carried out an inspection of Allendale on 22/6/2017

KARE's received a written report from the Fire Safety Consultant outlining Allendale's compliance with Building Regulations and Fire safety requirements on 22/6/2017

KARE will carry out the recommendations of the Fire Consultant with regard to lighting in the kitchen area and the installation of fire doors in the kitchen.

Proposed Timescale: 14/07/2017