

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by KARE
Centre ID:	OSV-0001987
Centre county:	Kildare
Email address:	dolores.aston@kare.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	KARE
Provider Nominee:	Christy Lynch
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	2

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 Compliance with the Health Act 2007 (Care and Support of Residents in 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 ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 July 2014 10:00 To: 30 July 2014 17:30

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 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This monitoring inspection of a designated centre operated by Kare was announced and took place over one day. This was the first inspection of the service by the Health Information and Quality Authority, Regulation Directorate. As part of the inspection, the inspector visited the centre and met with residents, relatives and the staff members. The residents had communication needs which did not allow the inspector to pose direct questions to them, however, family members provided rich information about their experiences in the centre. The inspector observed practices and reviewed documentation such as staff files, training records, medical records and accident and incident reports.

The centre has a total capacity for five residents and provides respite stays for both children and adults. The majority of residents, who visit the centre for short stays, are children. Adults are accommodated at separate times to children on a planned basis. The centre comprised a large two story building on its own grounds in a quiet residential area. Three children were accommodated in the centre at the time of inspection.

Overall, the inspector found that residents received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children

and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

There were good systems in place to gather information about each resident's care needs prior to their admission. Residents' health care needs were met while they were in the centre. Satisfactory governance and management systems were in place and the centre was adequately staffed.

While measures were in place to ensure the safeguarding and protection of residents, some improvement was required with regard to the provision of mandatory training on child protection. Other improvements identified related to the development of the protection and risk management policies. The transport services provided for the residents required review.

Prior to this inspection, the Authority received information of concern in relation to this centre and these issues were investigated as part of the inspection. The issues, which were brought to the attention of the Authority, were not found to be substantiated at the time of inspection.

These matters are discussed further in the report and in the action plan at the end of the 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 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):

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 both adults and children and it was clear that the staff knew the residents very well.

There was an assessment system in place which was aimed at gathering detailed information about the residents before they came to the centre for short breaks. An assessment tool, entitled "This is me", had been developed in order to gather the information which staff needed to provide safe care for residents. The inspector reviewed these documents for a number of residents and found that they contained detailed information about a range of topics such as residents' dietary needs, likes and dislikes, medical history, allergies and preferred routines. Safety information regarding residents' supervision requirements and emergency contact details were also included. For example, in the case of a resident who wore a hearing aid, detailed information and clear instructions were in place regarding this. The inspector spoke to the staff about these documents and found that they were knowledgeable about the information in them.

It was evident that the residents and their families were fully involved in the assessment process and they were encouraged to update the staff with any new information prior to any respite stay. The inspector spoke to a number of relatives on the day of inspection who said that the assessment process had been thorough and involved a member of staff calling to the residents' own home. The inspector saw that the assessment tool had been signed by the families further to their participation in the process. Relatives said that they were in daily contact with the staff in the centre during respite stays and all stated that there was good communication between them and the centre staff. Relatives

stated that residents were facilitated to continue their usual daily routines and interests while staying in the centre.

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 steps had been taken to promote the health and safety of the residents, staff and visitors. Some further details were required to be added to the risk management policy.

The inspector found that the risk management policy had been recently updated and clearly described the systems for the identification and management of risk in the centre. However, the policy did not address the risks prescribed in the Regulations, such as self harm, aggression and violence. Staff members in the centre were knowledgeable regarding their duty to report any issues of risk to management. The inspector found that the person in charge was knowledgeable regarding her risk management responsibilities.

There was a centre specific safety statement and risk register in place for the centre. The person in charge discussed the risk register and the inspector found that risks associated with the centre such as medication management and cleaning chemicals were addressed through this document. However, it was noted that the outdoor play area had not been risk assessed in line with the centres procedures. The person in charge undertook to address this at the time of inspection. There was an online system in place to monitor and record accidents, incidents and near misses and the person in charge over saw this system and reviewed and signed off on all these records.

Procedures and checks were in place to manage the risk associated with fire. Records were in place to show that fire extinguishers, the fire detection system and emergency lighting system were checked by a suitably qualified engineer at regular intervals. Regular fire drills were carried out and the inspector saw that good details were maintained in relation to these and this included a recorded of the total time taken to evacuate. The training records showed that fire safety training had been provided for the staff in June and July 2014. Two staff members had not attended this formal training and the person in charge explained that plans were in place for this to take place in the near future. Residents had personal evacuation plans in place and residents

who were immobile were accommodated in bedrooms which had exit doors to the outside. Fire exits and evacuation routes were unobstructed at the time of inspection. There was an emergency plan in place which provided detail on the steps to take in the event of evacuation or fire.

Judgment:

Non Compliant - Minor

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:

The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse, however, some improvement was required with regard to the provision of mandatory training in safeguarding of children and adults. Some further detail was also required with regard to the development of the policy on protection.

The policy on the protection of vulnerable adults and children had been updated since a previous inspection of another Kare service. The inspector found that the policy now provided more detailed guidance on the steps to take in the event that an allegation of abuse took place. The protection policies also referenced current national guidance. However, the steps to take, in the event that an allegation was made against a staff member, were contained in a Health Service Executive (HSE) document. The inspector found that further detail was required in order to interpret how this guidance would be applied within the Kare organisation. A policy on the delivery of personal and intimate care had also been developed. The person in charge and senior quality manager stated that staff training on this policy was scheduled for September 2014.

The inspector found that staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents. A designated person was identified as per the requirements of the national policy entitled Children First and staff members knew who this was. The centres policies clearly outlined the roles and responsibilities of the designated person. All staff members had attended training on safeguarding. However, 6 out of 22 staff in the centre had not attended the

organisations mandatory training, specific to child protection, in accordance with the requirements of the Regulations and the organisations own procedures. The inspector found that this was not acceptable.

The inspector observed staff interacting with residents in a respectful, warm and caring manner. Residents and staff communicated well and staff members were aware of individual communication needs. A daily record was maintained for each resident and the inspector saw that good detail was maintained with regard to the residents' daily routines, interactions and mood. Relatives stated that they were satisfied that their family members were safe and secure in the centre.

There were satisfactory systems in place for the management of restrictive procedures in the event that any were necessary. There was a policy in place to guide staff. The person in charge stated that there were no forms of restraint in use, however, it was necessary to lock the front door for the safety of some residents. The inspector found that that this restrictive procedure was managed in accordance with the centres policy. The person in charge and the senior quality manager showed the inspector the restraint assessment tool which was required to be used in the event that any form of restraint was necessary. The inspector found that this document referenced the national policy on restraint and was aimed at eliminating or reducing restraint in accordance with the principles of best practice outlined in the national policy. Staff had received training in the management of behaviours that challenge and they were knowledgeable regarding how to respond to residents if they presented with these behaviours. There were systems in place for the careful consideration of the mix of residents using the centre at any one time.

Judgment:

Non Compliant - Moderate

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:

The inspector found that arrangements were in place to meet residents' health care needs while they were in the service.

As described under outcome 5, there was a system in place to gather information on residents prior to their admission. This included a section on medical history and known illnesses. The inspector found that staff were knowledgeable about residents conditions

were able to reference the information in the "This is me" document. The service was nurse led and nurses were scheduled on duty in response to the needs of residents. Contact details for residents' general practitioner (GP) were readily available to the staff and staff members were knowledgeable about how to contact the out-of-hours GP service.

Instructions for the management of residents individual conditions were clearly outlined. For example, in the case of a resident who had swallowing difficulties, a copy of the instructions from the speech and language therapist (SALT) were maintained on the resident's file. The inspector observed this resident being assisted with lunch and saw that these instructions were being implemented. Residents were assisted with meals in a sensitive and appropriate way. Residents were facilitated to continue to attend their healthcare appointments while in the centre for short stays. The inspector noted one of the residents had an appointment to be seen by the physiotherapist on the day following inspection.

The inspector discussed the menu planning with the person in charge. Measures were in place to adequately meet residents' food and nutritional needs. Relatives told the inspector that good quality meals were freshly prepared in the centre each day and that residents' preferences were respected. The meal provided on the day of inspection contained fresh meat and vegetables and the residents were observed enjoying it. Mealtimes were flexible and fitted around residents' individual preferences. Residents were frequently offered drinks and staff members were aware of those residents who were at risk of poor hydration and one of the staff members showed the inspector a copy of a fluid balance record which had been recently maintained for a resident.

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 that policies and processes were in place to support safe management of medications; however some improvement was required in medication storage.

There was policy on medication management in place which provided guidance to staff. The inspector reviewed the prescription records and medication administration records

for a sample of residents and found that this documentation was generally completed and maintained in accordance with the centres policies and professional guidelines. Staff were administering medications from prescription records which were regularly updated by the general practitioner (GP). There was a documented system in place to record all medications which were received and returned for each respite stay. The inspector reviewed a sample of these records and found that they included a stock balance for each medication which accompanied the resident.

Staff members responsible for administering medication had attended training in medication management and the nursing staff provided additional refresher training for non nursing staff. Staff reported that there had been no recent medication errors. They were aware of the need to report any such events and there was a satisfactory system in place for the reporting and management of medication errors.

Appropriate lockable storage was provided for medications. However, the inspector noted that there was no medication fridge. Staff members stated that medications which required refrigeration were placed in a locked container and then placed in the domestic fridge. While staff members reported that these medications were not frequently supplied, the inspector was not satisfied that this was a satisfactory system.

There were no medications that required strict control measures (MDAs) at the time of this inspection; however the inspector found that appropriate systems and procedures were in place should these medicines be required.

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services.

The inspector found that the person in charge of the centre was suitably qualified and

experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. Staff confirmed that she was present in the centre on a regular basis and she was available to them when needed. She had good knowledge of the health and support needs of the residents and she demonstrated a commitment to continually developing and improving the service provided to residents. The person in charge was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents' families knew who was in charge of the service and the staff reported that they felt supported in their roles. There were audit systems in place to monitor the quality and safety of care. The inspector was shown audits which had been carried out. For example, an audit of record management had been carried out in July 2014 and health and safety audit had been carried out in November 2013. The inspector saw that where any areas for improvement were identified, an action plan was drawn up and the issues were promptly addressed.

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 sufficient resources were provided to meet the needs of residents; however the transport facilities available to the residents required review.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' needs. An interesting and varied outdoor play area was provided and had been designed to meet the mobility needs of the residents. A relaxing, sensory-stimulation room was also provided and the inspector observed residents enjoying this room.

The person in charge retained control over the budget for the service and showed the inspector records which she maintained in relation to this. The records indicated that sufficient funds were available for staffing and maintenance of the centre. There were ample supplies of fresh food, treats and snacks for the residents as well as age

appropriate toys. Staff members told the inspector that there was an adequate budget for food and general day to day running costs which fully provided for the needs of the residents.

The centre was located on the outskirts of town and was not close to any public transport routes. There were some footpaths provided close to the centre where residents could go for a walk but there was no footpath to provide safe pedestrian access to local amenities. Staff members stated that the rural transport service brought residents to and from school or day service during term time. However, the centre did not have access to its own transport for significant periods of time, for example before 4:00pm Monday to Friday during term time. The bus which was provided at the time of inspection, only provided for one wheelchair. Two residents were using wheelchairs at the time of inspection. The inspector found that this was not satisfactory as it did not adequately provide for outings and visits outside the centre. No outing was planned for the residents who were arriving for a three day stay on the day of inspection. The inspector found that this matter required review.

Judgment:

Non Compliant - Minor

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and spoke to relatives concerning staffing and found that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines. There were a minimum of two staff members on duty at night time and this included one "waking night" shift to attend to residents' needs through the night. The inspector was shown a record of 20 minute checks carried out on each resident through the night.

There was safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed and it was found

that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as first aid, medication management and responding to behaviours that challenge. A new performance management system was being introduced at the time of inspection. The inspector saw that training had been scheduled for line managers to enable them to implement the new procedures. The new system was underpinned by a revised policy on performance management.

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:

As described under outcome 8 Safeguarding and Safety, the policy on protection required some further detail in order to fully guide staff in the event that an investigation was necessary.

Judgment:

Non Compliant - Minor

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:

Gary Kiernan
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
Centre ID:	OSV-0001987
Date of Inspection:	30 July 2014
Date of response:	13 August 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Compliance with the Health Act 2007 (Care and Support of Residents in 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 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:

The risk management policy did not adequately address all the risks specified in the Regulations.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

KARE have updated the Risk Management Policy to include the identification and assessment of all risks referred to in Regulation 26 (1) (a) including self harm,

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

aggression and violence.

Proposed Timescale: 07/08/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A number of staff members had not received child-specific training in the relevant government guidance on child protection.

Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

Staff working in the centre who have not yet completed training in child protection will attend Child Protection training on August 26th 2014

Proposed Timescale: 26/08/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Secure refrigerated storage was not provided for medications.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The Person in Charge will organise a fridge for the storage of medications which require refrigeration.

Proposed Timescale: 05/08/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

The transport facilities available to residents required review.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The Person in Charge will review the allocation of transport to the centre to ensure transport is available when required.

Proposed Timescale: 15/09/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on protection and safeguarding did not provide sufficient guidance in the event that an allegation was made against a staff member.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

KARE will update the Trust in Care Policy to include a clear process on the steps to take in the event of an allegation of abuse against a staff member.

Proposed Timescale: 26/09/2014

