Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	North Kildare
Name of provider:	Gheel Autism Services CLG
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	18 January 2023
Centre ID:	OSV-0007789
Fieldwork ID:	MON-0030047

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre was first registered in July 2020 to accommodate a maximum of two residents and comprised of one house. In January 2022, the provider was granted its application to restructure the service by increasing the foot print of the centre from one to three houses and from two to six beds. The centre aims to provide a residential service for a maximum of six residents with intellectual disability and or Autism, two residents in each of the houses. Each of the three houses were located within the same geographical area but a relatively short drive away from each other and from local amenities. Two of the houses were located on their own grounds in a rural setting, while the third house, a two storey detached house was located in a quiet residential estate in a town. Each of the houses had suitable bathroom facilities, kitchen come dining room, living area, individual bedrooms for residents and laundry facilities. Each of the three houses had a nice sized garden for residents use. The residents in each of the houses were supported by social care workers, a location manager and the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 January 2023	09:30hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents in each of the houses visited, had a good quality of life in which their independence was promoted.

At the time of inspection, this centre comprised of three separate houses and was registered to accommodate up to six residents, with two residents in each house. However, there were only four residents living across the three houses at the time of inspection. In January 2022, the provider was granted its application to reconfigure the service, by increasing the foot print of the centre from one to three houses and from two to six beds. The additional two houses had previously formed part of the another designated centre operated by this provider.

For the purpose of this inspection, the inspector visited each of the three houses. Personal support plans and other records for residents across each of the houses. The inspector met briefly with two of the four residents living in the centre. Warm interactions between the residents and staff caring for them was observed. The residents met were observed to be in good spirits. Residents met with were unable to tell the inspector their views of the service but appeared in good form and comfortable in the company of staff. There was an atmosphere of friendliness in each of the houses. Staff were observed to interact with residents in a caring and respectful manner.

Each of the houses were found to be comfortable and homely. Two of the houses were located on their own ground while the third house a detached two storey house was located in a quiet residential estate. There was ample space in each of the houses to accommodate and meet the needs of residents living in respective houses. There were good sized communal areas. Each of the residents had their own bedroom which had been personalised to their own taste in an age appropriate manner. This promoted residents' independence and dignity, and recognised their individuality and personal preferences.

There was evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of their respective homes. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled and assisted to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with some relatives across the service which indicated that they were happy with the care being provided to their loved ones. A number of relatives completed an office of the chief inspector questionnaire which detailed satisfaction with the service provided.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including voice and video calls. Visiting to the centre was encouraged and residents were supported were required to make visits to family and friends. A number of the residents went for regular overnight stays to their family homes.

Residents were supported to engage in meaningful activities in the centre and within the local community. Each of the residents were engaged in an individualised programme coordinated from their respective houses, which it was considered best met the individual needs of each of the residents. It was reported that a number of the residents had disengaged from many activities during the COVID-19 pandemic but were starting to reengage. Examples of activities that residents engaged in included, walks to local scenic areas and beaches, drives, train spotting, swimming, overnight hotel stays, concerts and shows, arts and crafts, board games, listening to music and television. One of the residents had membership in a local gym where they attended regularly. Each of the three houses had nice sized gardens for residents use. These included a seating area for out door dining, and were well maintained and inviting areas. Each of the houses had access a vehicle for use by the three residents living in the respective houses.

There was one and a half whole time equivalent staff vacancies at the time of inspection across the centre. Recruitment was underway for the positions. The vacancies was being covered by the staff team and a small number of regular relief staff. The staff team moved between the three houses. There had been some new members of staff join the team in the preceding period but the majority of the team had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs.

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for each of the residents, and the requirements of the regulations. The person in charge held a degree in social care practice and a certificate in management. She had more than 10 years management experience. The person in charge was in a full time position but was also responsible for one other designated centre located a relatively short distance away. The person in charge reported that she felt supported in her role and

had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by one location managers in this centre and two further location manager in the other centre for which she held responsibility. The person in charge reported to the operations manager who in turn reported to the chief executive officer. The person in charge and operations manager held formal meetings on a regular basis.

The provider had reconfigured the service since the last inspection. In January 2022, the provider was granted its application to reconfigure the service, by increasing the foot print of the centre from one to three houses and from two to six beds. The additional two houses had previously formed part of the another designated centre operated by this provider. The current person in charge is responsible for the afore mentioned centre and this centre and had remained in post throughout the reconfiguration. Consequently, she has an in-depth knowledge of the governance and management requirements for the reconfigured service and the support needs of the residents.

The provider had completed an annual review of the quality and safety of the service for 2022. However, the review did not reflect the reconfiguration of the centre and consequently some of the information presented was not accurate. An unannounced visit to review the safety of care as required by the regulations had taken place within the previous six month period but was limited as only covered one of the three houses. The person in charge had undertaken a number of audits and other checks in the centre on a regular basis. Examples of these included, medication practices, finance and staff documentation. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents in the house visited. At the time of inspection there was one and a half whole time equivalent staff vacancies across the centre. Recruitment was underway for these positions and the vacancies were being filled by the staff team and a small number of regular relief staff. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place and coordinated by the location manager. There were no volunteers working in the centre at the time of inspection.

Suitable staff supervision arrangements were in place. The inspector reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and to be of a good quality. This was considered to support staff to perform their duties to the best of their

abilities.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the time-lines required in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. At the time of inspection there was one and a half whole-time equivalent staff vacancies. Recruitment was underway for these positions and the vacancy was being filled by the staff team and a small number of regular relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. All staff had attended all mandatory training. Autism specific training had been provided for staff across the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre. However, it was identified that the date of admission and the name and address of the body which arranged for the residents admission to the centre was not recorded for one of the residents,

contrary to the requirements of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were suitable management structures and reporting arrangements in place. However, the annual review of the quality and safety of care in the centre for 2022 did not reflect the reconfiguration of the centre which had occurred in January 2022. Consequently some of the information presented was not accurate. An unannounced visit to review the safety of care as required by the regulations had taken place within the previous six month period but was limited as only covered one of the three houses.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents living in each of the three houses, appeared to receive care and support which was of a good quality, person centred and promoted their rights.

Overall the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, communication, personal and social care needs and choices. There was evidence that person centred goals had been set for each of the residents and there was good evidence that progress in achieving the goals set were being monitored.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for the residents had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and

safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Trending of all incidents was completed on a regular basis. This promoted opportunities for learning to improve services and prevent incidences. Suitable precautions were in place against the risk of fire.

There were procedures in place for the prevention and control of infection. A COVID-19 contingency plan had been put in place which was in line with the national guidance. The inspector observed that areas in each of the three houses were clean. A cleaning schedule was in place in each house which was overseen by the person in charge. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Disposable surgical face masks were being used by staff whilst in close contact with residents in each of the houses.

There were measures in place to protect residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. Staff spoken with were clear on how they would respond and report on any allegation or suspicion of abuse. The provider had a safeguarding policy in place. Intimate care plans were on file for residents and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and their assessed needs were appropriately responded to. Support plans were in place for residents as required and provided a good level of detail to guide staff. A register was maintained of all restrictive practices used in the centre and these were subject to regular review. There was evidence that alternative measures were considered before using a restrictive practice and that the least restrictive practice was used for the shortest duration. The provider's Autism practice team consult with and support the staff team.

Regulation 17: Premises

Each of the three houses visited were found to be accessible, comfortable and homely. Overall, two of the three houses were in a good state of repair. However, some maintenance was required in one of the three houses. It was noted in this house that there was worn paint on walls and wood work in a number of areas and that the tile grouting behind the sink in the kitchen appeared stained and worn.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. However, as referred to under Regulation 17, maintenance was required in one of the three houses where worn paint on walls and woodwork in a number of areas was observed. This meant that these areas could not be effectively cleaned from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Self closing hinges were in place on doors in each of the houses visited. There were adequate means of escape in each of the houses visited and staff spoken with, were clear on the evacuation route. A procedure for the safe evacuation of residents in the event of fire was prominently displayed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Goals had been identified for individual residents and there was evidence that progress in achieving these goals was being monitored. Personal plans had been reviewed on an annual basis in line with the requirements of the regulations.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs appeared to be met by the care provided in the centre. Individual health plans, health promotion and dietary assessment plans were in place. There was evidence residents had regular visits to their general practitioners (GPs) and other health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support. 'How to support me' behaviour support plans were in place for residents identified to require same and these were subject to regular review. There were a small number of restrictions in place which were subject to regular review. The provider's Autism practice team consult with and support the staff team.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Intimate and personal care plans in place for residents provided a good level of detail to support staff in meeting residents intimate care needs. There had been no allegations or suspicions of abuse in the preceding period.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. Residents had access to advocacy services should they so wish. There was information on rights and advocacy services available for residents. There was evidence of active consultations with residents regarding their care and the running of each of the houses. All interactions were observed to be respectful. Residents were provided with information in an accessible format which was appropriate to

their individual communication needs. An assessment regarding impact on rights had been completed for restrictions in place.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for North Kildare OSV-0007789

Inspection ID: MON-0030047

Date of inspection: 18/01/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Body which arranged for the residents admission to the centre was added as an additional field of information to the services Directory of Residents document. Efforts were made to source an entry date for a resident who has been with the organization for many years. As an exact date of entry could not be established an approximated entry was made and the document amended.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: On review of the document, an additional residents file was audited and included to a section of Maynooth Designated Centre document feedback in error. As this residents file is no longer within this Designated Centre following restructure, it was removed from this record sheet, as it is no longer relevant to the area.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: A few areas of paintwork required top up within the home. A date has been set to address and complete this issue outlined for maintenance. A deep clean of the aged grout behind the sink area was complete to revive its original color. The requirement for a review of maintenance procedure and processes was also escalated to management to review and improve the systems in place.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: As per Regulation 17, a few areas of paintwork required top up within the home. A date has been set to address and complete the issues outlined for maintenance.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	06/04/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	06/03/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	06/03/2023
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	06/04/2023

	residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			