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:	Kare DC17
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	31 January 2024
Centre ID:	OSV-0001994
Fieldwork ID:	MON-0037247

About the designated centre

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

Kare DC17 is a dormer bungalow situated on the outskirts of a large town in Co. Kildare. A range of local amenities are within a short distance from the centre. Kare DC17 has three separate units which provide a home to a maximum of four adults with an intellectual disability. Person-centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in the house. Kare DC17 uses individualised planning to identify each person's needs, wishes and dreams and develop relevant support plans. Residents receive full time residential support from nursing staff, a social care leader, social care workers and care assistants.

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 31 January 2024	11:10hrs to 19:30hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector spoke with three of the four residents and their direct support staff, as well as observing interactions in their day, their living environment and support structures, as part of the evidence indicating experiences living in Kare DC17. This inspection was unannounced and residents were advised on arrival what was happening, as was a family member who took the opportunity to provide feedback to the inspector.

Two residents lived in the main house and two residents lived in adjacent single apartments. Staff allocation sheets indicated who would be working in each location with pictures. One resident in particular had a portion of the staffing complement work primarily with them to secure continuity of familiar staff support for their assessed needs. The staff who met the inspector demonstrated good knowledge of residents and their needs, interests and personalities, and the inspector observed patient and respectful interactions with residents who did not primarily communicate by speech. At the time of this inspection, one new staff member was shadowing the team and two further new staff were due to start soon, to ensure that these resources were established prior to a fifth resident being admitted to the service.

As identified through internal audits and commentary from staff and management as well as observations during the day, it had been identified that service resources were not consistently effective in facilitating flexibility, choice and community access in residents' routines. This included residents' day-to-day and long term support objectives being constrained by lack of available staff to support residents requiring the support of two people, and challenges posed by the available house vehicle. The person in charge had escalated this challenge and the effect of same on residents to the provider, and interim arrangements to mitigate this concern pending long-term solutions were in situ, including establishing a shorter afternoon shift to facilitate community access for one person, and a second shared vehicle made available to the service at weekends.

In spite of these challenges, the staff team were observed to be supporting residents to be busy and active in their day in line with their preferences and assessed needs. One resident had started in paid employment working on a golf course in 2023, which was a positive experience for them. One person had achieved personal progress in relationship goals which were meaningful to them. One resident was on a team which was training for the Special Olympics, and another resident was participating in an adult education course.

Staff described goals to support residents to take on an appropriate level of ownership and independence in their daily lives, such as participating in household chores, planning holidays and event attendance, and doing some local shopping with reduced support. Some of these goals required improvements to record progress or challenges, to evidence what had or had not been progressing according to plan and what were the next steps to achieving the objectives. Residents enjoyed

trips out and about, including swimming, going to the beach, or going out for a coffee.

In the evening, residents were observed watching television, being supported with meals, and engaged in sensory play activities. One resident communicated to staff that they wanted to go for a burger and chips for dinner, and while they were unable to go out to eat, staff respected the resident's choice and ordered food for delivery to the house. One resident was self-isolating at the time of the inspection due to COVID-19, but commented to the inspector that they were keeping busy and comfortable in their living space.

The residents' home was equipped with appropriate space and accessibility features to facilitate safe navigation for those who required support to mobilise. The provider had re-purposed some rooms to provide a larger bedroom space for two service users, and plans for making meaningful use of the remaining spaces was being discussed based on the needs of the house. Areas around the house requiring repair works were being escalated to the facilities team, as were works required by residents who wanted their home to be redecorated in line with their personal preferences.

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

Capacity and capability

The inspector found that overall the provider was striving towards service improvement and ongoing quality enhancement. The inspector observed good examples of how the management and front-line staff had identified and escalated areas in which the service required improvement, such as in centre resources and record-keeping. In doing so they had also reflected on the impact of these on the team's ability to deliver on their duties, and ultimately the impact this had on the quality of resident support. Concurrently, the provider was capturing the good work being done by the team, and the achievements met in the past year by the residents with the team's support.

Improvement was required in the records supplied to the person in charge for them to be assured of their staff team being up to date in training which was mandatory for this centre. Improvement was also required in record keeping of ongoing staff supervision. Where staff were undergoing performance improvement and probation processes, the inspector observed evidence that these were occurring with meaningful objectives planned between staff and their manager.

The provider had completed their most recent quality and safety audit, the report for which was in draft at the time of this inspection. The provider included person-

centred and evidence-based findings to assess their compliance with regulatory requirements as well as targets related to standards, good practice, resident wishes, and the provider's own policies. In the main, the findings of the internal audit were in line with findings of this inspection. The report reflected on the achievements and challenges of those living and working in the designated centre, objectives prioritised for 2024, and feedback attained from residents and their representatives on what it was like to live in the service.

Registration Regulation 8 (1)

At the time of this inspection, the registered provider had applied to the Chief Inspector make changes to the conditions of this centre's registration, and had done so in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the designated centre and was appropriately qualified and experienced in the management of a health and social care setting.

Judgment: Compliant

Regulation 15: Staffing

The inspector observed evidence to indicate that the staffing arrangements were not always sufficient to meet the assessed personal and social care need of the residents. This was observed both by the inspector and internally by the staff team to have had an impact on the consistent delivery of the residents' supports.

For example, the number and shift patterns of staff resulted in times during which there was reduced ability for staff to support residents outside the house, and times in which residents requiring the support of two people to mobilise had one staff available. While in-house support could be attended by staff who were allocated to support residents in other sections of the centre, or the supernumerary person in charge, if they were available, the need for a long-term solution had been highlighted in the centre audits, noting constraint in resident personal and social support needs being met.

The provider had strived to maintain continuity of support for residents who

required familiarity in their routine. This included prioritising allocation of specific staff to apartments, and the core staff team filling vacancies and absences to reduce reliance on relief staff resources. The provider was in the process of inducting three new team members into the service in advance of future admissions. The inspector reviewed a sample of staffing rosters and found them to clearly outline who had worked in the house, and where staff were off sick, swapped shifts or were taking leave.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the records and reports of training completed by staff which was identified as mandatory due to regulatory requirements or due to the assessed health and social care needs of the residents. Staff were up to date in important training courses related to safeguarding of adults at risk of abuse, fire safety, and supporting residents with specialised nutrition needs. The inspector observed a number of courses in which staff had no record of attendance, or were overdue to attend refresh sessions. Examples of these gaps included the safe administration of medicine by non-nursing staff, training in supporting residents with epilepsy and administering emergency medicine, infection prevention and control, and the safe moving and handling of residents with mobility support needs.

Not all records of routine supervision and performance management were available for review. However where specific supervision was required due to performance improvement plans or induction of newly recruited staff, there was evidence that this was being carried out by the person in charge with clear objectives and supports set out.

Judgment: Not compliant

Regulation 21: Records

Some records reviewed during this inspection were not complete, and other records were not available for inspection. This included records related to incidents, routine healthcare checks, residents' personal plans and the supervision and performance management of front-line staff.

Judgment: Not compliant

Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

In the main, the inspector observed good examples of how the person in charge and staff team were highlighting where the service did well in the safe and effective delivery of resident supports, as well as identifying where the service could be improved to benefit the ability of the team to carry out their duties, and ultimately improve the quality of life of the residents. The inspector observed that the house team were identifying and escalating to the provider where there had been challenges in the service, for example where resident support delivery had been affected by current service resources related to personnel and vehicles.

The person in charge and operations manager had composed an annual review for the designated centre dated December 2023. In this, the inspector observed proactive identification of improvements required, with person-centred and evidence-based examples of why this was important for the resident's needs, interests and routines. Similarly, this report contained evidence of input from the residents of the centre, and their loved ones, on their experiences, feedback and wishes for their support service. Many of the areas identified for improvement by the inspector during this visit had been highlighted by the management in this report, including improvements required in record-keeping, premises repairs, enhanced revision of restrictive practices, and the impact of centre resources on resident activities. The report also captured objectives for service improvement outside of regulatory requirements, such as where residents wanted to refurbish their living space or where resident ownership and independence of their own cooking and cleaning could be developed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained information required under this regulation, and had been updated as required to reflect changes in the designated centre.

Judgment: Compliant

Quality and safety

While some actions were required to bring the service into regulatory compliance, the inspector found that residents were happy and safe in the designated centre. The staff demonstrated, through resident plans and commentary to the inspector, a culture in which they were encouraging and facilitating residents to take risks, build their skills and enhance their independence. Residents were facilitated to communicate their opinions and choices, with current and upcoming objectives related to enhancing this through pictorial and electronic means.

The inspector observed good examples of how residents' rights were being promoted and protected. Examples of this included staff highlighting where residents' needs had been affected by access to the community, and plans in progress to support residents to access their money and develop personal life skills in their home. Some improvement was required to ensure that this work was being captured on a day-to-day basis for use by management to establish measurable trends of both positive progress and challenges in resident support.

Some work was required to ensure that all areas of the service were in a good state of maintenance and equipped to facilitate effective infection prevention and control, examples of which are outlined elsewhere in this report. However, overall the house was suitably laid out and equipped to provide a safe and accessible living space for residents based on their assessed needs.

Improvement was required in the oversight and risk controls of some practices in the service including safeguards of residents' finances, cleaning of centre equipment, and identifying and taking timely action to address where medicines were not being administered in the manner in which they were prescribed.

Regulation 10: Communication

For people whose primary means of communication did not include speech, staff and residents were observed making good use of picture exchange systems to effectively communicate back and forth. The provider had identified a time bound objective to trial the use of electronic communication tools in 2024 for one resident to further enhance their communication skills.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector observed evidence to indicate that the provider was working with outside parties to facilitate residents to optimise their access and control of their finances, either independently or with an appropriate level of staff support.

Judgment: Compliant

Regulation 13: General welfare and development

In the main, the residents were appropriately supported in the delivery of their daily support needs in the house, and were kept safe and had their healthcare needs met. However, the inspector observed evidence to indicate that staffing and vehicle resources negatively impacted some aspects of resident support. This included constraints on flexibility and spontaneity in community access and recreational pursuits, challenges arising from competing priorities of other residents, and personal objectives which had been unsuccessful due to resource limitations. The inspector also noted that some personal, social and life enhancement goals were recorded as completed, but in the notes for same were recorded as unsuccessful, and goals for which there was limited specific planning for how they would be supported by the staff team.

Judgment: Substantially compliant

Regulation 17: Premises

Overall the premises was suitable in size, layout and accessibility features for the number and needs of service users, though some areas of the house required repair or replacement work. This included kitchen cabinets which were peeled or broken, and surface damage or staining to walls and tiles in bathroom areas. Other areas had been identified for upgrade by the provider to ensure the residents' home was bright and comfortable, including doors and floors requiring replacement.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The house was appropriately stocked with food and drink, and residents were supported to enjoy their choices of healthy meals, as well as snacks or takeaways. For residents with specialist nutrition support needs, staff were provided detailed guidance and training on ensuring that they supported residents in a safe and

suitable manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector observed proactive examples of how the staff team and local management were identifying risks in the designated centre. For example, risks related to staffing resources, vehicles, restrictive practices and the impact of some care needs on privacy and dignity were being raised.

However, not all of these risks were collated in the risk register, and some identified risks had not been risk rated with appropriate control measures set out to mitigate the impact of the identified risk. Inconsistent recording of incidents and daily notes resulted in limited trending and analysis of events in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Improvement was required in infection prevention and control practices and precautions in the centre. The inspector observed some practices and features which did not reflect good practice in effective hand hygiene, use of personal equipment, and risk of cross-contamination during active infection risk.

Improvement was required in the management of cleaning equipment, as the inspector was not assured how often mop heads were replaced or mop poles and buckets cleaned, with some of this equipment observed to be dirty.

Surfaces which were peeling, rough, flaking or had drill holes did not facilitate effective cleaning and sanitising of surfaces. This included surfaces in the kitchen, bathroom, laundry and hand washing spaces.

Some improvement was required to ensure the availability of soap and hand towels at hand-washing stations, and hand sanitising gel in spaces at which staff manage medicines and medical devices.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

In sample reviewed of residents' prescriptions and records of medicines given, the inspector observed a number of examples of medicines being administered in a manner which did not align to how they were prescribed. This included prescriptions which had been stopped or were being modified by staff without instruction to do so by the prescribing doctor. Some improvement was required to staff guidance where multiple regular and PRN (administered when required) medicines were prescribed for the same reason, and to administration sheets to ensure that the time entries matched the prescribed times.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Overall the residents lived in a house which was free of unnecessary restrictive practices. Where restrictive practices had been implemented the relevant risk for each was identified. The inspector observed alternative measures which had been considered and how the provider was assured on the most appropriate option. Trial periods of reducing some restrictions had been carried out, however the rationale for retaining them after was not consistently clear. Where it was noted that residents were involved in these reviews, this required improved evidence as minutes of review meetings consisted only of house staff. Potential or actual restrictions in the service had yet to be reviewed by a provider-level oversight group tasked with reducing or eliminating restrictions where possible.

Judgment: Substantially compliant

Regulation 8: Protection

Residents indicated that they felt safe in the service, and all staff had attended training courses in safeguarding adults at risk of abuse. Staff were familiar with what constituted abuse and how to report on same. Residents were protected from potential financial abuse through appropriate spot checks of how residents' cash and bank accounts was being used. However the staff could not perform these checks for all residents as they lacked access to records accounting for some residents' income and expenses.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Overall, the inspector observed a service in which the rights, choices and dignity of the residents was being respected. The inspector observed that the person in charge and local staff team were raising concerns on behalf of residents whose choices and rights were being impacted by the resources or current challenges in how the house operated. The inspector observed respectful and patient interactions between staff and residents, particularly in the cases of residents who benefitted from being given time to communicate their wants and choices. Some staff who spoke with the inspector had completed a four-module course in the human rights of people with disabilities and could provide examples of how they intended to utilise the learning to enhance the autonomy, independence and positive risk taking of residents.
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	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kare DC17 OSV-0001994

Inspection ID: MON-0037247

Date of inspection: 31/01/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: An additional resource of a 9am-9pm Monday to Sunday was added to the roster and implemented on the 5th of February 2024 to increase the ability for staff to support residents outside of the house. This will be maintained.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The leader has reviewed all staff's training to ensure that staff complete all mandatory training and specific location training. They have identified the following actions: People Moving and Handling - out of date for 1 staff, This will be completed prior to the end of June 2024. Safe Administration of Medication Out of Date - 1 staff have booked in for the 15-17th of March. MAPA Out of Date - 1 staff booked for 27th and 28th of March. Safeguarding Vulnerable Person 1 staff - booked in for the 8th of March. 3 new staff all training has been booked in and will be completed by the end of May 2024. Training: this will be a standing Item on Staff meeting from the 6th of March and will be reviewed each month as part of the team meeting. The organization will review the current training gap analysis report provided to leaders to ensure that it is an effective and reflective tool. This will be completed prior to the end of August 2024.	

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The organization are going to review the current practices in relation to storing Performance Management files within the organization to ensure records are available as required in a safe and secure location. The communication of how this will be completed by all leaders across Kare will be done by the end of March 2024.

The Leader in this organization will review records with staff to ensure staff understand the propose of the health checks and the importance of rational as to why this is being completed. This will be completed at the staff team meeting and recorded in the minutes prior to the end of April 2024.

Kare are currently in the process of reviewing the recording of daily contacts across the services on CID database. A revised and improved system will be introduced and communicated to all staff by the end of June 2024.

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
Staffing resources have been increased as of the 5th of February 2024.

The risk register will be updated to reflect the current risks related to access to transport, which will facilitate two individuals during the week, this will be completed by the 8th of March 2024.

The leader will ensure that staff are aware of the bookable bus to facilitate social activities – this was communicated to all staff prior to the end of February 2024.

Each keyworker in this location is to review each individual personal social and life enhancement goals to ensure each goal is written in a SMART format. They will liaise with the planner and ensure that steps are clearly defined and documented. This will be completed by the 30th of April 2024.

Staff will continue to review goals and provide documented updates every 3 months to show the progress on the goal effectively.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The following gaps in relation to premises have been scheduled to be completed as documented below:

- New or replaced Kitchen cabinets and work top will be replaced/repaired by the end of December 2024
- A full Revamp of the main bathroom which will ensure that all surface damage is repaired, walls repainted, and tiles replaced will be completed by the end of March 2025.
- All maintenance actions recorded on the Annual Review for this location will be

completed by the end of March 2025.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Leader will review the risk register and ensure that all highlighted risks are collated in the risk register. Review control measures and ensure that each measure is set out to mitigate the impact of the identifies risk. This was completed on the 29th of February. Leader to review risk assessments and restrictive practices with the restrictive practice oversight group. Leader to feed back to the individual and the team the outcome of these meetings. This will be completed on the 11th of March 2024.	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The leader will ensure that all staff are aware of current infection control guidelines and have up to date relevant training. This will be completed by the end of February 2024. The leader will review management of cleaning equipment and ensure that staff are following the guidelines, this will be discussed at the next team meeting on the 7th of March 2024. The cleaning checklist will be updated to reflect a change of mop heads. This will be put in the communication diary for every 3 months as a reminder for staff to complete. This was completed on the 23rd of February 2024. Hand free soaps dispensers and hand free towel dispensers are in place in all bathrooms. This was completed on the 4th of March 2024.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A full Review of the Safe Administration of Medication practices within the services has been scheduled for completion by the Nurse manager. This review will include; - Each Individuals Kardex's to ensure that clear guidance how medication should be administered is documented in a clear way which all staff understand. - A review of all documentation to ensure that all details are consistent across all documents i.e. script, Kardex and administration sheet. This will be completed with the nursing team in this location by the end of March 2024 - A review to ensure that method of administration and modification to meds required is signed off by the GP and documented on the Kardex. - Review pain management plan and PRN management guidelines on Kardex - Drug administration time adjusted to match administration times	

This will be completed with the nursing team in this location by the end of March 2024.

All medication for one individual to be reviewed by General Practitioner and Speech and Language Therapist to ensure that all medication is correct and has clear guidance on Kardex.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
A Review all restrictive practices within the service will be completed ensuring the following:

- Rationale to retaining restrictive practices is clearly noted and reviewed on a biannual basis this will be discussed at the next team meeting on the 7th of March and reviewed by the oversight group on the 11th of March.

- Ensure that evidence is captured of individuals being involved in the reviews, this will be through a social story format and at a keyworker and individual meeting.

- Ensure that these restrictions are reviewed by the provider level oversight group and that all minutes are updated and available to individuals and staff. Minutes from the meeting on the 11th of March will be circulated to the team and will be discussed at the team meeting in April 2024.

- There is an email set up for Kares restrictive practice oversight group to send queries and comments to. Staff will be reminded of the location of minutes of these meetings as well as resources available on Kare Connect. This will be communicated to staff at the team meeting on the 7th of March 2024.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
A Meeting with the individual and their Family as well as the leader has been arranged for the 6th of March to ensure that a bank account will be opened for individual. The bank account will be opened by the end of April 2024.
When the bank account has been opened Kare will apply their managing finance and property policy for service users to the account governance.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	08/03/2024
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	30/04/2024
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the	Substantially Compliant	Yellow	05/02/2024

	number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/08/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2024
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	31/03/2024
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/06/2024
Regulation 21(1)(c)	The registered provider shall	Not Compliant	Orange	30/06/2024

	ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/03/2024
Regulation 27	The registered provider shall ensure that 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.	Not Compliant	Orange	07/03/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating	Not Compliant	Orange	07/03/2024

	to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/04/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/04/2024