



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

## Issued by the Chief Inspector

Name of designated centre:	Kare DC1
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	27 May 2025
Centre ID:	OSV-0003422
Fieldwork ID:	MON-0047245

## About the designated centre

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

KARE DC1 comprises two homes located in the same housing estate within walking distance to a town in Co. Kildare. One home is a six bedroom bungalow that can accommodate five residents. The other is also a bungalow that can accommodate two residents. All residents have their own bedroom, access to bathrooms, living areas, kitchens and gardens. The homes provide full time residential support to a maximum of seven residents over the age of 18 with a diagnosis of an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in the house. Residents are supported by a social care leader, social care workers and care assistants. Staff provides support as required during day, evening and at weekends, including a sleep over each night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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## 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
Tuesday 27 May 2025	10:00hrs to 15:30hrs	Karen Leen	Lead

## What residents told us and what inspectors observed

From what residents told us, and what inspectors observed, the inspector found that this was a well-run centre and that residents were receiving good quality of care and support. The unannounced inspection was carried out following the receipt of solicited information submitted by the provider to the Office of the Chief Inspector of Social Services. This information related to concerns in residents changing needs, safety and well-being of residents living in the centre. Overall, the inspection found the provider was responding appropriately to identified changing needs and had implemented additional supports for residents in the centre. These resources included enhanced training, additional staffing and multidisciplinary supports.

This designated centre is made up of two houses located in close proximity of each other, with both situated in the same housing estate in a large town in County Kildare. The centre is registered for seven residents, at the time of the inspection there was one vacancy. The houses are close to a local village which has shops, restaurants, library, park and walking routes and access to good transport links.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations, in addition to a review of documentation, and conversations with staff, residents and their representatives to form judgements on the residents' quality of life. Residents in the centre communicated using speech, body language, eye contact, and vocalisations to communicate. For residents who required visual supports such as symbols, or using easy-to-read information, these were readily available. Residents' preferences relating to how staff should interact and communicate with them were documented within their care plans. This allowed a consistent approach to care and support. Some residents actively sought the support of staff when communicating with the inspector. Residents had access to electronic tablet devices and interactive Internet music devices.

The inspector had the opportunity to visit both houses during the course of the inspection and met with five residents. The first house was a large bungalow and is home to four residents, at the time of the inspection there was one vacancy. The house comprises of five residents bedrooms, a large sitting room, kitchen and dinning room with a large sun room area, small sitting room, storage space and a large garden to the rear of the property. The inspector met with three residents living in this house. One resident told the inspector that they enjoy living in their home. That the house is a great size and it has a number of areas to have family and friends when they visit. The resident discussed that over the years the house has had a number of parties and summer BBQs.

One resident told the inspector that they had moved to the centre a number of years ago. They told the inspector that for a period of 2024 they had been unhappy living in the centre due to compatibility issues. The resident discussed that they had shared their concern with the staff team, when staff team were made aware of their

concern they had been very supportive to them. Support staff helped the resident to escalate their dissatisfaction to the provider and had also assisted them to contact an external advocate service. The resident discussed that a number of alternatives had been offered to them by the provider. However, a number of the concerns raised by the resident had been rectified by the provider by January 2025 and they were very happy living in the centre. The resident discussed that they wish to remain living in their home as the staff are very helpful and supportive. The resident also noted that the centre is close to a number of towns, public transport and close to family and friends.

The second house was home to two residents. The premises had been designed into two self contained apartment areas for each of the residents. Each of the apartments had one resident bedroom, kitchen and dinning room and a living room. One of the apartments also had a staff office and sleep over room. The residents also had a large shared garden. On arrival to the second house the inspector met with one resident. The resident was relaxing in a recliner chair wrapped in a blanket and listening to music. The resident and their support staff discussed that they had recently commenced summer break from a local service they attend on identified mornings, The resident told the inspector that they were going to do something in the afternoon with support staff. The resident and support staff discussed that there was a number of activities that they liked to do in the community. Support staff assisted the resident in informing the inspector that they enjoy swimming and also participate in a number of local groups for activities such as bowling.

Throughout the inspection, the inspector observed residents engaging in numerous community activities. For example, two residents had decided that they would like to go shopping together for the afternoon. They had recently discussed at a house meeting new items that they would like to get for their home. Residents had planned that they would shop together to pick up these items and some further personal items for their individual bedrooms. Another resident had chosen to go out for lunch in a local restaurant. It was clear to the inspector that residents were making daily choices and were supported to pursue personal interests and hobbies.

It was evident that residents' rights were promoted and upheld in the centre. Staff had completed training in human rights, and there was a clear focus on delivering person-centred care. Staff who spoke with the inspector highlighted some of the ways that they promoted residents' rights on a day-to-day basis. Staff and the person in charge spoke about human rights based approach to care planning and supports for each resident and ensuring the resident was the driving force for goals and plans created. Residents' care plans had considered how best to support residents to learn about and exercise their rights. Independence was promoted and supported in relation to where residents lived and in ensuring that residents were actively involved in the running of their home. Residents' preferences in relation to their care and support were documented and honoured. Residents spoken to during the course of the inspection discussed how the support staff had encouraged them to advocate on their own behalf and had supported them to ensure that they had external supports when required.

In summary, documentation reviewed by the inspector and discussions held with

residents and staff indicated that residents enjoyed busy and active lives, had a clear say in the running of their home and were supported to plan goals and activities as they wished. The inspector found that the provider and the person in charge had responded to rapid identified changing needs in the centre and had put in place additional measures to enhance the quality and safety of care for each resident in the centre.

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 the quality and safety of the service being delivered.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and supported in the management of the centre by a operations manager and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available. The inspector found that during a period of identified changing needs in the centre the provider had responded accordingly by increasing the centres whole time equivalence.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents. The person in charge provided quality support and formal supervision to staff working in the centre. Staff also attended regular team

meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

#### Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications. The person in charge was full-time in their role and had oversight solely of this designated centre which in turn ensured good operational oversight and management of the centre.

The person in charge demonstrated a comprehensive understanding of the service needs and of the residents' needs and preferences. There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

There was a planned and actual roster maintained by the person in charge. The inspector reviewed actual and planned rosters at the centre for February, March, April and the current May 2025 roster. The provider had responded to identified changes in residents assessed needs in one of the houses in the designated centre by increasing the whole time staffing equivalence. This increase had placed an additional staff on duty in the centre at night time and during the day in order to ensure that residents had access to meaningful activities and support.

The inspector spoke to three support staff over the course of the inspection. Staff discussed that the provider and person in charge were supportive to residents and staff. Staff discussed that the centre had experienced a difficult number of months supporting a residents changing needs. Staff spoken to noted that the provider had been responsive to a rapid change in residents presentation. In addition to increasing the staffing levels in the centre, the provider had enhanced multidisciplinary supports in place for residents including psychology, occupational



therapy, mental health clinical nurse specialist support and psychiatry support.

For the most part additional staffing hours in place on the roster to support identified changing residents needs were completed by regular staff, with the centre utilising regular relief and agency to complete the remaining hours. As previously discussed the inspector reviewed four months of staff roster and found each month on average six to eight shifts were being covered by relief or agency. The inspector found that these staff had received a comprehensive induction to the centre.

The staff present during the inspection were found to be knowledgeable of residents' specific needs and also a clear understanding of each residents wants and wishes for their future goals and life in their home and community.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The training needs of staff were regularly monitored and addressed to ensure the delivery of high-quality, safe and effective services for the residents.

Regular staff meetings were held, and a record was kept of the discussions and required actions. The inspector reviewed team meetings occurring in the centre in February, March, April and May 2025. These were found to be resident focused and of a high quality so that staff were kept well informed of changing needs as well as the provider's policies and procedures. Furthermore, the inspector found that the person in charge had ensured that members of the multidisciplinary team attended staff meetings to further enhance residents experience in line with identified changing needs. For example, the organisations clinical nurse specialist in mental health attended a number of staff meetings in the centre.

The provider had policies and procedures on the supervision of staff. This included one-to-one supervision sessions with the person in charge. The inspector reviewed three staff supervision records and found that each member of staff had received supervision in line with policy. The inspector found that the supervision was relevant to each staff member and their supports.

The inspector spoke to three staff who reported that they were well supported by the both the local management team and senior management team. Staff discussed that recent changing needs had seen a difficult three month period in the centre, however the provider had implemented a number of supports and had acted quickly on residents and staff concerns.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the provider and person in charge was successfully implementing a number of control measures to reduce presenting risks relating to changes in residents assessed needs and safeguarding in this designated centre. There was a clear focus on promoting residents' safety and wellbeing.

There was a management structure in place with clear lines of accountability. It was evidenced that there was good oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The provider had initiated escalation meetings for the centre to address changing needs of residents in one house in the centre.

Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. The provider had appropriate resources in place including equipment, staff training and transport arrangements in the centre. The staffing resources in the designated centre were well managed to suit the needs and number of residents. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents was of a good standard.

The provider's systems for oversight and monitoring included six-monthly unannounced visits and annual reviews. The inspector reviewed the most recent six-monthly review completed in January 2025 and found that provider had identified areas for improvement with action plans and time lines for completion. The provider had completed an annual review for the centre which had taken into account the views and opinions of residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector of Social Services. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre in the previous 12 months, such as serious injuries, allegations of abuse, and use of restrictive practices, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern. One resident discussed the complaints process with the inspector and who they should go to should they feel they needed to make a complaint. The resident discussed that they had made a complaint to the provider in the last 12 months and had been assisted by support staff to access an external advocate. The resident had met with the provider and the organisations Chief Executive Officer in relation to their complaint. The resident noted that their complaint had been closed to a satisfactory conclusion.

At the time of the inspection there was one open complaint in the centre. The provider and the resident had held numerous meetings to close the complaint, however the resident requested that the complaint remained open until they were happy that the systems and supports put in place in the centre to address their concern was sufficient. The resident informed the inspector that at present the supports in place had lead to an increase in their service satisfaction.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service, delivered by a stable, consistent team of suitably qualified staff. Residents were supported to have best possible health, to engage in activities of their choice, and to maintain relationships with people important to them.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of person-centred care.

Good practices were in place in relation to safeguarding. Any incidents or allegations

of a safeguarding concern were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans, and support from a designated safeguarding officer within the organisation.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The inspector found that support plans in place were subject to regular review and the person in charge had systems in place to identify and reduce contributory environmental triggers.

## Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

The inspector reviewed the risk register for the centre, in addition to records of incidents and accidents which had occurred. The inspector found that the risk register had undergone a number of reviews in from January to May 2025 in conjunction with identified changing needs in the centre. The risk register demonstrated that the provider had identified a number of key risk areas related to the centre, and for individual residents. The provider had responded to these risks through the implementation of risk assessments and relevant staff training. Where necessary risk had been escalated to the provider and discussed at provider lead escalation meetings.

Furthermore, adverse incidents were found to be documented and reported in a timely manner. These were trended on a monthly basis by management to ensure that any trends of concern were identified and actioned.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed one resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning with accompanying well-being and mental health support plans. The inspector found that positive behaviour support plans were reviewed through a multi-disciplinary team approach, with support plans reviewed

following changes in residents presentation. Additionally, staff were utilising behaviour support tools such as ABC (Antecedent, Behaviour, Consequence) charts, which intend to capture what occurred before, during, and after a behaviour of concern. Staff and multi-disciplinary team were using this information to formulate further supports for residents to reduce triggers in the residents environment.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

Safeguarding plans were reviewed regularly in line with organisational policy. Formal and interim safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

Staff spoken to on the day of inspection discussed two current open safeguarding plans in place in the centre and were found to be knowledgeable in relation to the implementation of the plans. Training in safeguarding vulnerable adults had been completed by all staff.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant