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:	Deanery/Dunmurray
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	28 September 2021
Centre ID:	OSV-0003715
Fieldwork ID:	MON-0026546

About the designated centre

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

The Deanery/Dunmurray designated centre comprises of three separate houses that can accommodate a maximum of 10 male and or female adults with an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in each of the houses. The Deanery is a bungalow situated in a town in Kildare and can accommodate four individuals in separate bedrooms. Dunmurray is a bungalow situated on the outskirts of a town in Kildare which can accommodate four individuals in separate bedrooms. Both homes are located close to local amenities and public transport links. In January 2021, the provider was granted an application to vary its conditions of registration and increase the foot print of the centre to include one further house for two residents. It is proposed that this house would be used as an isolation unit for any resident who required isolation because of COVID-19. This house is located in a separate town but within the same geographical area. The staffing compliment for the centre includes a social care leader, social care workers and care assistants who provide full time residential care to the residents living in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 - 2015 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 28 September 2021	10:00hrs 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 had a good quality of life in which their independence was promoted. Governance and management systems were in place and monitoring of the services provided was completed by the provider in line with the requirements of the regulations. However, it was noted that improvements were required in a number of areas. These included, personal plan reviews, safeguarding arrangements, up keep of premises, infection control and fire containment arrangements. The inspector observed that the residents and their families were consulted with regarding the running of the centre and played an active role in decision making within the centre.

The centre comprised of three separate houses. The first two houses visited were located a short distance from each other. Each of these houses could accommodate four residents in each house. There was a vacancy in one of the houses on the day of inspection, hence there were three residents living in one house and four residents in the other house. The third house had been registered in January 2021 and was to be used as an isolation unit should a resident require to isolate as a consequence of contracting COVID-19. This house was located in a separate town, a relatively short distance away. There were no residents residing in this house at the time of inspection.

The inspector met briefly with the three residents in one house and the four residents in the other house visited. Conversations between the inspector and the residents took place with social distancing and the inspector wearing a surgical face mask. The residents met with appeared in good form and comfortable in the company of staff and the inspector. A number of the residents were unable to tell the inspector their views of the service but appeared in good form. Other residents indicated that staff were good to them, that they were happy living in their home and were enjoying re-engaging in various activities within the community. However, a small number of the residents told the inspector that their preference would be to live in a location that was closer to their family home. It was evident that there were some behaviours presented by a small number of residents in each of the houses which were difficult on occasions for staff to manage in a group living environment. A resident spoken with outlined the negative impact that these behaviours could have on their lives. Staff spoken with indicated that overall the residents did all get on well together but that there were instances when issues arose between identified individuals. Staff considered that this was heightened because of the COVID-19 restrictions and was considered to have improved somewhat with the lifting of restrictions. There was evidence that management were closely monitoring the situation and actively considering new placement options for identified residents.

Residents' were supported to engage in meaningful activities in the centre. The majority of residents were not engaged in a formal day service programme. A number of residents had chosen not to re-engage with their local day service programme which had reopened post the COVID-19 national restrictions. One of the

residents had recently recommenced their job in a local business which had been suspended for a period because of the COVID-19. This resident spoke with the inspector about how happy they were to return to their position. A number of the residents were active members of their local community and independently accessed the community. Residents access to some activities in the community had been impacted because of COVID-19, but with the lifting of restrictions there was evidence that residents were reengaging with community activities. Examples of activities that residents engaged in included, gardening, library visits, walks, overnight hotel stays, listening to music, dining out in restaurants and coffee shops, knitting, art activities, bowling and baking. Activities were chosen and led by each of the residents.

Overall, there was an atmosphere of friendliness in the centre on the day of inspection. Warm interactions between the residents and staff caring for them was observed in both of the houses. However, a small number of residents spoken with in one of the houses told the inspector that there could be misunderstandings and tensions in the house on occasions which had a negative impact on them. Residents spoken with indicated that staff were always 'very supportive' and 'caring'. Staff were heard conversing and laughing with residents at various stages throughout the day. On the day of inspection, residents were observed to converse with each other and be comfortable in each others company. Numerous photos of each of the residents and their families were on display. Two pet birds were observed in the conservatory of one of the houses which were owned and cared for by one of the residents, but it was reported that each of the residents enjoyed the pets.

The houses were each found to be accessible, homely and comfortable. However, some maintenance was required in each of the occupied houses. Chipped and worn paint and woodwork was observed in some areas, bathroom flooring appeared worn in one of the houses and furniture was worn in a number of areas, for example leather sofa in sitting room. This meant that these areas could be difficult to clean from an infection control perspective. Each of the residents had their own bedroom which had been personalised to their own taste. A number of the bedrooms visited, with the permission of residents, were observed to be an adequate size, to have ample storage and to meet the individual resident's needs. Bedrooms were decorated according to each resident's wishes and contained items such as personal television, family photographs, posters and various other belongings. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. There were a number of separate communal areas for residents' use in each of the houses. There was a good sized garden surrounding each of the houses. This included a table and chairs for outdoor dining. Residents in one of the houses had recently planted vegetables and trees.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding their care and the running of their home. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled to communicate their needs, preferences and choices at these meeting in relation to their goals, 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 residents, which indicated that they were mostly happy with the care and support being provided. Residents and in some cases relatives had completed a questionnaire for this inspection. Overall responses were complementary of the care the residents were receiving and the staff team. However, a small number of residents had indicated that they were not happy with certain aspects of the centre and as referred to above would prefer a placement which was closer to their family home.

Residents' rights were promoted by the care and support provided in the centre. Residents could access advocacy services if they wished to avail of it. There was evidence that staff and management were advocating, with other professionals for the changing medical needs of one of the residents and advocating for the wishes of one of the residents for a move to a centre nearer their family home. Residents' personal plans included clear detail on how to support individual residents with their personal and intimate care needs which ensured that the dignity of each resident was promoted. Self administration of medication assessments had been completed for a small number of the residents. However, it had not been completed for each of the residents.

Residents were actively supported and encouraged to maintain connections with their friends and families. In the preceding period, all visiting to the centre had been restricted in line with COVID-19 national guidance but had recommenced at the time of inspection. Staff supported residents to make visits to their families homes.

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. However, some areas for improvement were identified and are outlined in the following quality and safety section of this report which had not been identified as part of the provider's own internal quality assurance processes.

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. The person in charge was in a full time position and was not responsible for any other centre. Her qualifications included, a degree in social care and a certificate in management. She had more than three years management experience. She was supported by a shift leader in each of the houses that were occupied.

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 provider had a manager on-call system for staff to access if required out of hours. The person in charge reported to the operations manager who in turn reported to the director of operations. The person in charge reported that she felt supported in the position.

The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six-monthly basis in line with the requirements of the regulations. However, these visits did not identify a number of the non-compliances identified on this inspection. For example, fire containment arrangements did not meet best practice requirements and this had not been recognised. A number of other audits and checks were completed on a regular basis. Examples of these included, medication, finance, and health and safety. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular resident meetings, staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

There was one staff vacancy at the time of inspection. This was being covered by two regular relief staff. The majority of staff 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 staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The centre had access to the provider's two nursing staff who attended the specific medical needs of identified residents by making regular visits to the centre and being accessible to staff at other times. 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 centrally. It was noted that the delivery of some training had been delayed and impacted by COVID-19 restrictions but all outstanding training was scheduled. There were no volunteers working in the centre at the time of inspection.

A record of all incidents occurring in the centre was maintained, and where required, these were notified to the Chief Inspector, within the timelines 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. The person in charge had more than three years management experience and was in a full time position.

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 staff vacancy. Recruitment was underway for the position and the vacancy was being covered by two 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 residents. It was noted that the delivery of some training had been delayed and impacted by COVID-19 restrictions but all outstanding training was scheduled.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed an annual review of the quality and safety of the service and six-monthly unannounced visits. However, the provider had failed to identify a number of the non-compliances identified on this inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

The residents living in this centre, appeared to receive care and support which was of a good quality, person centred and promoted their rights and independence. However, some areas for improvement were identified in relation to the processes to review personal support plans, fire containment measures and the upkeep of the premises which in turn impacted on infection control arrangements.

Residents' well being and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their independence in accordance with their individual health, communication, personal and social care needs and choices. Person-centred goals had been set for each of the residents and progress in achieving the goals set were being monitored. There was evidence that residents assessments of needs had been reviewed by the provider's planner in consultation with residents key workers and residents. However, a number of the personal plans had not been reviewed on an annual basis, as per the requirements of the regulations, so as to assess the effectiveness of the plans in place and to take account of any changes in circumstances.

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments had been completed and were subject to regular review. There was a risk management policy and local risk register in place. Health and safety checks 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. This promoted opportunities for learning to improve services and prevent incidents and re-occurrences.

Precautions were in place against the risk of fire. However, fire containment arrangements were not in line with best practice guidance in this area. The majority of doors in each of the houses were not to the required standard for fire containment and did not have an automated self closing device installed in line with best practice guidance in this area. It was noted that doors in the kitchens in each of the occupied houses had self-closing devices fitted. There was documentary evidence to show that the fire fighting equipment and the fire alarm system in each house were serviced at regular intervals by an external company and checked as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of each house. A procedure for the safe evacuation of residents in the event of fire was prominently displayed in each house. Residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Fire drills involving the residents had been undertaken at regular intervals in each of the houses occupied and it was noted that the centre was evacuated in a timely manner.

There were procedures in place for the prevention and control of infection.

However, chipped and worn wall paint and woodwork was observed in some areas, bathroom flooring appeared worn in one of the houses and furniture was worn in a number of areas, for example leather sofa in sitting room. This meant that these areas could be difficult to clean from an infection control perspective. A COVID-19 contingency plan was in place which was in line with the national guidance. This included an isolation plan for each of the residents, should it be required. The inspector observed that areas in the houses visited appeared clean. A cleaning schedule was in place, which was overseen by the person in charge. Colour coded cleaning equipment was available. 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. Staff and resident temperature checks were being taken at regular intervals. Disposable surgical face masks were being used by staff whilst in close contact with residents. The provider had completed infection prevention and control audits and found good levels of compliance.

There were measures in place to protect residents from being harmed or suffering from abuse. However, the behaviours presented by a small number of residents in both of the houses occupied, were on occasions difficult for staff to manage in a group living environment. It was evident from speaking with a number of the residents and staff that this behaviour on occasions had the potential to have a negative impact on other residents living in the centre. Intimate and personal care plans in place for residents provided a good level of detail to support staff in meeting residents intimate care needs.

Regulation 17: Premises

The centre was found to be comfortable and homely. However, chipped and worn wall paint and woodwork was observed in some areas, bathroom flooring appeared worn in one of the houses and furniture was worn in a number of areas, for example leather sofa in sitting room.

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

A number of surfaces in each of the occupied houses were worn or broken. For example chipped and worn wall and wood work paint, worn bathroom flooring and furniture. Therefore, these areas could be difficult to clean from an infection control perspective.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire containment arrangements were not in line with best practice guidance in this area. The majority of doors in each of the houses were not to the required standard for fire containment and did not have an automated self closing device installed in line with best practice guidance in this area.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, a number of the personal plans had not been reviewed on an annual basis as per the requirements of the regulations, so as to assess the effectiveness of the plans in place and to take account of any changes in circumstances.

Judgment: Substantially 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 dietry assessment plans were in place. There was evidence residents had regular visits to their general practitioners (GPs). The centre had access to the providers two registered staff nurses to provide care in the centre for residents identified to require same and access for advice on other

occasions.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. However, the behaviour of a small number of residents were on occasions difficult for staff to manage in a group living environment and there was evidence that this could have a negative impact on some of the other residents. Behaviour support guidelines were in place to guide staff in supporting individual residents and residents appeared to be provided with appropriate emotional and behavioural support. There was evidence that management were closely monitoring compatibility issues and actively seeking a new placement for a resident.

Judgment: Substantially 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 occupied houses. All interactions on the day of inspection were observed to be respectful, although as referred to above there were some compatibility issues in one of the houses. Residents were provided with information in an accessible format which was appropriate to their individual communication needs.

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 - 2015 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 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	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Deanery/Dunmurray OSV-0003715

Inspection ID: MON-0026546

Date of inspection: 28/09/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: KARE will review their unannounced audit templates by the end of December 2021 for the completion of unannounced audits in 2022.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Sofa will be replaced by the end of March 2022. All maintenance issues will be rectified by the end of June 2022.	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: All maintenance issues related to infection control will be rectified by the end of June 2022.	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All relevant fire doors with automated closures will be in place by the end of June 2022.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All personal plans will be updated and reviewed on an annual basis to ensure the effectiveness is assessed and captured on each persons database by the end of November 2022.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All current support measures will be maintained while existing plans to address any issues identified and to meet peoples preferences and wishes are scheduled to be implemented by June 2022.	

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	30/06/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Not Compliant	Orange	30/06/2022

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/11/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/06/2022