



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

## Issued by the Chief Inspector

Name of designated centre:	Mansfield
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	07 September 2021
Centre ID:	OSV-0005750
Fieldwork ID:	MON-0026473

## About the designated centre

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

Mansfield is a detached bungalow located near a town in Co. Kildare in close distance to local amenities. Each person residing in the home has their own private bedroom with en-suite bathroom. Mansfield provides a home to a maximum of three male and female adults with in 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 social care workers and assistants.

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

Number of residents on the date of inspection:	3
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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 7 September 2021	10:30hrs to 17:30hrs	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. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed by the provider in line with the requirements of the regulations. The inspector observed that the residents and their families were consulted in the running of the centre and played an active role in decision making within the centre.

The centre comprised of a three bedroom bungalow. Each of the residents had their own en-suite bedroom. The centre was fully accessible with adaptations made to the kitchen and bedrooms to meet individual residents needs.

The inspector met briefly with each of the three residents. Conversations between the inspector and the residents took place with the inspector wearing a face mask and physical distancing. The residents met with appeared in good form and comfortable in the company of staff and the inspector. Residents referred to the staff team as 'very kind' and 'good to them'. Each of the residents told the inspector that they were happy living in the centre and enjoyed the company of their fellow residents and the staff team. A number of the residents spoke with the inspector about the COVID-19 national restrictions and how it had impacted upon their lives. Each of the residents were re-engaging in various activities within the community which they appeared to enjoy.

Residents were supported to engage in meaningful activities in the centre. Each of the residents were linked with a formal day service programme. Two of the residents had part-time jobs and the third resident was in the process of seeking employment. Each 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 re-engaging with community activities. Examples of activities that residents engaged in included membership of local swimming pool and leisure facility, library visits, walks, overnight hotel stays, beauty treatments, listening to music, computer gaming and dining out in restaurants and coffee shops. One of the residents was engaged with a support group related to their disability and had engaged in various social activities via a video conferencing medium. Activities were chosen and led by each of the residents.

There was an atmosphere of friendliness in the centre. Warm interactions between the residents and staff caring for them was observed. Staff and residents were heard conversing and laughing with each other throughout the day. Numerous photos of each of the residents and their families were on display. Residents were observed having their meals with staff and enjoying the good weather in the back garden. It was a staff member's birthday on the day of inspection and staff and residents were observed to celebrate the birthday together in the centre. One of the

residents had celebrated a significant birthday during national restrictions. This resident told the inspector that they had enjoyed their birthday celebrations in the centre.

The centre was found to be accessible, homely and comfortable. A number of modifications had been made to make the centre more accessible for a residents needs. For example, the kitchen worktops and cooker were wheel chair user accessible, and the wardrobes in one of the bedrooms had remote control and height adjustable rails. Overall, the centre was in a good state of repair. Each of the residents had their own en-suite bedroom. The bedrooms were observed to be an adequate size and to meet the individual residents' needs. Bedrooms were decorated according to individual residents' 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. There was a small sized garden to the rear of the house, with a table and chairs for outdoor dining.

There was evidence that residents and their representatives were consulted with 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 happy with the care and support being provided. Residents had completed questionnaires for this inspection which were highly complementary of the care the residents were receiving and the staff team.

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. One of the residents was involved in an advocacy group within the local community. 'Dignity and respect' was noted to be discussed on occasions at residents' meetings. 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 each of the residents and a number of the residents were responsible for the administration of their own medications.

Residents were actively supported and encouraged to maintain connections with their friends and families. All visiting to the centre had been restricted in line with national guidance for COVID-19 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 a safe service which was found to be consistent and appropriate to residents' needs.

The centre was managed by a suitably qualified and experienced person who 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 responsible for one other centre located a short distance away. Their qualifications included, a degree in social care and a diploma in management. They had more than six years management experience and was found to be effectively involved in the management of the centre.

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 residential supports manager. The person in charge reported that they 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, as required by the regulations. A number of other audits and checks were completed on a regular basis. Examples of these included, medication management, infection control, financial, restrictive practices and moving and handling. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The full complement of staff were in place at the time of inspection. The majority of staff had been working in the centre for an extended period with just one new staff member in the previous 12 month 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 actual and planned duty rosters were found to be maintained to a satisfactory level. A small panel of relief staff were used to cover staff leave when required.

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 staff had received all mandatory training. 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 time-lines required in the regulations.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The person in charge had more than six years management experience and was in a full time position. They were also responsible for one other centre located a short distance away.

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, the full complement of staff were in place.

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. All mandatory training had been provided for staff. Suitable staff supervision arrangements were in place.

Judgment: Compliant

#### Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and six monthly unannounced visits as per the requirements of the regulations.



Judgment: 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, improvements were required for fire containment from the kitchen.

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 there was good evidence that 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.

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, it was identified that a self closing device was not in place on the kitchen door contrary to best practice in this area. Self closing devices were in place on all other doors in the centre. There was documentary evidence to show that the fire fighting equipment and the fire alarm system 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 the house. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the 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 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. 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 all areas appeared clean. A cleaning schedule was in place, which was overseen by the person in charge. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. 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. The three residents living in the centre were considered to be compatible and to get along well together. Intimate and personal care plans in place for residents provided a good level of detail to support staff in meeting residents intimate care needs. There were no behaviours that challenge presented by residents living in the centre. There was one restrictive practice which was subject to regular review. There had been no allegations or suspicions of abuse in the preceding 12 month period.

### Regulation 17: Premises

The centre was found to be comfortable, homely and in a good state of repair. A number of modifications had been made to make the centre more accessible for a residents needs. For example, the kitchen worktops and cooker were wheel chair user accessible and the wardrobes in one of the bedrooms had remote control and height adjustable rails.

Judgment: Compliant

### Regulation 26: Risk management procedures

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

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. A cleaning schedule was in place and the centre appeared clean. A COVID-19 contingency plan was in place which was in line with the national guidance. The centre had recently revised its self assessment for COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire containment measures from the kitchen were not in line with best practice as a self closing device was not present on the kitchen door leading to the hallway.

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. Assessments of needs were being used to inform personal plans. Goals had been identified for each of the residents and there was evidence that progress in achieving the identified goal was being monitored. Each of the resident's personal plans had been reviewed in the last year in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 6: Health care

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

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. There were no behaviours that challenge presented by residents living in this centre.

Judgment: Compliant

### Regulation 8: Protection

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

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. Residents had access to advocacy services should they so wish. There was information on rights and advocacy services available for residents. There was evidence of active consultations with residents regarding their care and the running of the house. 'Dignity and respect' was noted as a house rule and spoken about at house meetings on occasions that residents agreed to hold same. All interactions were observed to be respectful. Residents were provided with information in an accessible format.

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
<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
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mansfield OSV-0005750

Inspection ID: MON-0026473

Date of inspection: 07/09/2021

## 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 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: An automated fire door closure will be fitted on the kitchen door prior to the end of November 2021.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2021