



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

Issued by the Chief Inspector

| | |
|----------------------------|---|
| Name of designated centre: | Cluain Alainn |
| Name of provider: | KARE, Promoting Inclusion for People with Intellectual Disabilities |
| Address of centre: | Kildare |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 06 May 2021 |
| Centre ID: | OSV-0001987 |
| Fieldwork ID: | MON-0032674 |

About the designated centre

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

The designated centre provides residential short breaks (respite) to a maximum of five children or a maximum of six adults, whose primary disability is an intellectual disability. Cluain Alainn is a dormer bungalow situated just outside Kildare Town. The house includes a living room, kitchen-dining room, utility room, a sensory room, six bedrooms, a bathroom, sluice room and an office, toilet and bedroom for staff. There is a large garden out the back of the house with a play area which includes a trampoline, wheelchair swing and playhouse with slide. A minibus is provided to assist residents attend their day service, school and social activities throughout their stay. The person in charge is a clinical nurse manager and is employed full-time in this centre. Social care workers, social care assistant and nurses are employed in this centre to support service users during their stay.

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 - 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 |
|---------------------|----------------------|-------------------|------|
| Thursday 6 May 2021 | 09:00hrs to 14:30hrs | Gearoid Harrahill | Lead |

What residents told us and what inspectors observed

During the day, the inspector observed evidence that the young people being accommodated in the designated centre were supported to be safe and content in the house. The inspector observed that the person in charge and the staff team were familiar with the residents and that there were suitable arrangements in place to guide new or less-familiar staff on how to most effectively support them during their stay.

At the time of this inspection the designated centre was supporting four people under the age of 18 years. The residents did not avail of the provider's offer to complete a satisfaction questionnaire, and while the inspector did not have the opportunity to converse with the residents, the inspector observed them going about their day in the house based on their choices and routine, as supported by an engaging and friendly staff team.

From speaking with the inspector and reviewing records of key working sessions it was evident that the staff knew the residents well and were familiar with their support needs and their preferences. Guidance and support planning documents were detailed and evidence-based and staff members were each responsible for ensuring this guidance was accurate and up to date. The person in charge was knowledgeable on which combinations of residents would not be ideal based on compatibility assessments. A large board in an office area contained useful information on the current respite residents, including school run times, appointments, recent incidents and reminders on routine such as what times people like to get up and what times they prefer to eat. Pictorial and simple language information was used to support the residents to communicate using gesture and non-verbal methods.

The two-storey premises was suitably designed and laid out for the various needs and support requirements of people who may be accommodated in the house. Specific rooms were equipped with accessibility features such as access ramps, adjustable beds, ceiling-mounted hoists and wetroom facilities to assist those with mobility support requirements. One room was designed, painted and featured for residents who benefitted from relaxing, low-arousal environments. Environmental restrictions were in effect including locking unused bedrooms and stairs, however rather than this being intended to close off resident movement around the house, the restrictions existed to provide a focused living environment with reduced distractions and sources of over-stimulation. Other features for safety such as bedrails and video monitors, were disengaged and put away when the residents who required them were not present, so as not to impact on others.

The house was suitably decorated for either adults or minors, and there was a large garden area at the rear of the premises. This included playground equipment such as a jungle gym, swing set and trampoline, and the residents were observed enjoying playing outside during the day. Also at the rear of the premises was a

building containing a wide range of sensory features such as coloured lights, image projectors, beanbags, bubble-blowers, a plastic ball pit and other colourful sensory features the residents enjoyed. Indoor communal areas were suitable for use by residents to have their meals, watch television and relax in a comfortable and safe environment. While the premises was overall safe for the residents and designed based on their needs and preferences, some areas of maintenance required attention so as to not impact the pleasant, homely appearance of the house.

The next two sections of this 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 safety and quality of the service being provided.

Capacity and capability

The inspector found that the registered provider had measures in place to ensure that the service provided was resourced with a strong team of staff who were appropriately trained and familiar with residents' needs, to provide effective and positive care and support during residents' short stays. Effort was made by the person in charge and the key working team to continuously monitor and evaluate the experiences of the residents to guide the operation of the house to best meet their needs.

The residents were supported by a team of nursing and social care personnel, whose allocation was determined based on the support needs and combinations of residents staying in the designated centre. The number and skill mix of staffing resources was consistent with the complement laid out in the statement of purpose, and a small number of personnel from services currently inactive due to COVID-19 were redeployed to fill relief shifts if required; mitigating the impact that staff absences would have on continuity of support.

Staff spoken with during the inspection acknowledged the challenges posed by the COVID-19 pandemic on the service, but overall felt that they had been well supported by their team and manager to fulfil their duties and support the residents. A review of records indicated that staff had been kept up to date on their required and supplementary training. Staff had undergone performance management sessions in 2021 in which they had the opportunities to raise concerns and requests with their line manager, and how they would be supported to develop and progress in their career. Examples of meaningful objectives included greater involvement in resident risk assessments and support plan review, and learning to drive the specialised vehicle so as to get out more often with residents.

The provider had conducted their annual review of the designated centre for 2020. In this the provider self-assessed their compliance with regulations and standards, and where areas had been identified as requiring improvement or development, time-bound action plans were identified, with personnel allocated to oversee the

progression of these works. The provider had also conducted audits and inspections of the designated centre and identified where the service could be enhanced, as well as setting out timelines to safely return to usual service this year for all residents and staff, following changes necessitated by the health emergency in 2020.

The provider had written and signed contracts between themselves and the service users or their representatives, which laid out the terms, conditions and fees payable for availing of the service.

The provider maintained a policy on making complaints and this was also reminded to residents in pictorial or accessible formats, along with identifying the relevant personnel and bodies that could be contacted if needed. The designated centre had received a low number of complaints but where they had been received, communication records indicated they were responded to appropriately and within acceptable time frames.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of this designated centre, along with the associated documentation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse with the appropriate qualifications and experience for the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number and skill-mix of staff personnel to meet the number and support needs of residents staying in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff personnel were up to date on their mandatory and supplementary training. Structures were in effect to facilitate staff supervision and professional development.

Judgment: Compliant

Regulation 22: Insurance

The provider had evidence of the required insurance in place against property damage and personal injury.

Judgment: Compliant

Regulation 23: Governance and management

Management and auditing systems were in effect to ensure that the designated centre provided suitable and person-centred support and where areas of improvement were identified, these were followed up through time-bound plans of action.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had written and signed agreements in place with the provider which outlined the terms and fees associated with using the service.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was prepared containing the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall the provider had notified the chief inspector of adverse incidents occurring in the designated centre, however there were some gaps in the information required in quarterly reports.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A complaints procedure identifying key contacts was available to residents and their families. Complaints received by the service were appropriately recorded and followed up on.

Judgment: Compliant

Quality and safety

The inspector found that the residents' wellbeing and welfare was supported, that residents enjoyed their stay in the house, and that they were facilitated and supported to pursue their preferred routine alone or with support from staff. The person in charge and the staff team had arrangements to ensure guidance on meeting people's changing support needs were up to date, and that measures were in place to avoid and deescalate adverse incidents while in the house. The house was overall suitable in design and layout for either adults or children, however some improvement works were identified regarding the general maintenance of the house, infrastructure and checks to optimise safety in the event of fire, and revision of practices which carried potential for infection risk.

Residents were accommodated in individual private bedrooms, and some of the bedrooms were equipped to accommodate residents with specific support needs such as mobility devices and sensory relaxation features. Bathrooms were also accessible to residents using mobility equipment to navigate and use safely. Residents had comfortable and spacious communal spaces available as well as play and recreation equipment in the garden. The centre also had a building equipped for residents who enjoyed visual, audio and sensory features such as lights, colours and textures. While the house was generally safe and accessible for use by residents, a number of items required attention for maintenance due to their impact on the pleasant and homely appearance of the house. These included stained or worn carpets, misaligned floorboards, and wear and tear to walls and paintwork. The provider had identified many of these tasks in their own audits and had scheduled

works to rectify them.

The house was generally clean and sufficiently equipped with sanitising and personal protective equipment available. Staff were trained in preventing and managing potential or actual cases of COVID-19 and were observed following good hand hygiene practices, routine temperature checks, and use of face coverings. Procedures and useful contact details were readily available for use in the event of an outbreak in the service. During the walk of the premises, however, the inspector observed some practices requiring review to reduce potential infection risk. The service had a utility space for management of dirty laundry and soiled goods, with cleaning equipment such as mops and buckets stored in close proximity. The inspector also found that the provider stored some residents' clothing in the house for ready access when they stayed over, but these clothes were inappropriately stored in a shared bathroom, rather than a storage area or a wardrobe.

The house was equipped with a fire alarm system, extinguisher equipment and emergency lighting which was routinely tested and serviced. In bedrooms intended to accommodate residents with higher mobility support needs, suitable exits and ramps were available to bring a bed or wheelchair directly outside. Staff were trained in fire safety and safe evacuation of the building in an emergency. Regular fire drills took place with a variety of times and combinations of residents for the provider to be assured that staff and residents could evacuate efficiently under different risk circumstances. During the inspection the inspector found gates leading from the rear of the house to the assembly point for which the keys held by staff were not working. While a working key was found, assurance was required to ensure that this was incorporated into drills and routine checks to avoid potential delay for residents whose route of escape was through the back of the house. Improvement was also required in effective containment measures along evacuation routes. Bedroom doors in the house were not equipped to contain fire or smoke and due to damage to the doors were not aligned properly in the doorframes, leaving large light gaps. While the door to the kitchen was rated for containment, it was not equipped to automatically close in the event of fire.

The provider maintained a risk register which was specific to the designated centre and detailed risk assessments on the individual residents. Risk assessments and controls were determined and kept under review based on learning from incidents in the service and changing support requirements of residents. Detailed logs were maintained on adverse incidents which had occurred in the house and how the learning from same contributed to review of the relevant risk.

The inspector reviewed a sample of personal support plans for residents. These plans were concise, detailed and highly personalised to each resident. Person-centred details on general support needs were outlined to the reader including likes and dislikes, favourite food, games, television shows and community activities. Plans detailed which activities of daily living the resident was satisfied to do alone and with which they needed assistance, including dressing, food preparation, personal hygiene, and management of money. For residents who expressed anxiety or distress with behaviour which may present a risk to themselves or others, each resident had descriptions for potential triggers, and the most effective means of

avoiding or responding to these, specific to when they were in the house, out in the community, or while travelling in a vehicle. The most effective means of communicating was detailed for each person, and the inspector observed staff using and responding to gestural and pictorial means of communicating to understand and respond to what residents were expressing or choosing. Staff members were assigned responsibility for a number of care and support plans, to ensure they were kept up to date and that any guidance listed was still accurate, particularly in instances in which there had been a long period of time since the resident's last stay. For residents who were present at the time of inspection, the provider had records of care plan review including input from relevant keyworkers as well as the residents and their families.

Some residents required environmental restrictions, night-time monitoring, or locking of doors to keep them safe and to provide a secure, low-arousal environment. The inspector found detailed reviews of these practices for the provider to be assured that these measures had a clear rationale, were the least restrictive measure necessary to address the risk, and were discontinued or reduced where they were no longer required. The inspector also observed how these measures did not impact upon residents for whom the practice was not intended – for example, when residents who required video monitoring at night were not currently staying in the designated centre, the devices were unplugged and removed entirely from the bedroom.

Regulation 10: Communication

Residents were assisted to communicate in line with their assessed needs. Staff had a good knowledge of residents' communication methods and used pictorial support where required.

Judgment: Compliant

Regulation 17: Premises

Some areas of general maintenance were required to retain the pleasant and homely appearance of the designated centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

Residents had access to a guide for the service and accessible information on

procedures for making choices and planning their day.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had conducted risk assessments for matters specific to the designated centre and its service users. Incidents occurring in the centre were detailed in a clear log and the learning from same used to update associated risk control measures.

Judgment: Compliant

Regulation 27: Protection against infection

Some practices required review to reduce risk of crossover infection, including cleaning equipment being stored in close proximity to devices for managing soiled goods, and residents' clothing being stored in shared bathrooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvement was required on internal doors to ensure effective containment in the event of fire. Assurance was required to ensure that evacuation routes were checked as being free of obstruction or delay.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Care and support plans were detailed, person-centred and kept under review with input from the residents, their families, and the relevant health professionals. Key-working staff were assigned ownership of a number of plans each to ensure they remained accurate and up to date when residents commenced their stay in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

For restrictive practices in use in this designated centre, the methods had clear rationale, were kept under review, assessed to determine that they were the least restrictive option to address the identified risk, and removed when not required.

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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |

Compliance Plan for Cluain Alainn OSV-0001987

Inspection ID: MON-0032674

Date of inspection: 06/05/2021

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 31: Notification of incidents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The provider will ensure all PICs are aware of requirements for injury to service user not requiring medical treatment additional considerations which may need to have a quarterly notifications and which are implemented on the electronic CID system prior to the end of June 2021. NF39D.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance issues to make the place more homely will be rectified prior to the end of September 2021.</p> | |
| Regulation 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Clothes storage was rectified on 24th May 2021.</p> <p>Mop storage facility will be in place prior to the end of September 2021.</p> | |

| | |
|--|---------------|
| | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Internal doors will have automated closures prior to the end of September 2021.</p> <p>Access and egress routes are free from obstruction. Keys that didn't work were identified and replaced on 24th May 2021.</p> <p>Weekly H&S check includes check lock on gate and is included as an objective for fire drills completed on 24th May 2021.</p> | |

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 | 30/09/2021 |
| Regulation 17(1)(c) | The registered provider shall ensure the premises of the designated centre are clean and suitably decorated. | Substantially Compliant | Yellow | 30/09/2021 |
| 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 | Substantially Compliant | Yellow | 30/09/2021 |

| | | | | |
|------------------------|--|-------------------------|--------|------------|
| | control of healthcare associated infections published by the Authority. | | | |
| Regulation 28(2)(b)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Substantially Compliant | Yellow | 24/05/2021 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 30/09/2021 |
| Regulation 31(3)(d) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d). | Substantially Compliant | Yellow | 30/06/2021 |