



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

Issued by the Chief Inspector

Name of designated centre:	Ailesbury
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	08 April 2021
Centre ID:	OSV-0001992
Fieldwork ID:	MON-0032165

About the designated centre

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

This designated centre provides a full-time residential service to three adults over the age of eighteen years with an intellectual disability. The house is a bungalow is on the outskirts of a large town in Co. Kildare. The designated centre consists of four bedrooms, one bathroom (wet-room), a kitchen, a sitting room, a personal computer room, a toilet and a utility room. There is a small patio area out the back of the house and to the front a small garden area. A bus is made available to this centre in the evenings and during the day if required. The person in charge divides her time between this centre and one other. There are social care workers and social care assistants employed in this centre. The staff provide support to the residents during the day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 8 April 2021	10:30hrs to 16:50hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

Throughout the day, the inspector observed positive engagement between staff and residents and the residents were supported to have a comfortable and enjoyable day. The residents were advised that someone would be visiting their home and two of the three residents briefly met the inspector before returning to their activities alone or accompanied by a staff member. At the time of inspection one of the residents was staying with family.

The residents were supported by staff who engaged in friendly, patient and supportive interactions. Staff were familiar with how to most effectively communicate with residents and talk about their likes, dislikes and what they were doing for the day. Residents were in good form, smiling and laughing, and there was a relaxed atmosphere in the house. During the day the residents were observed watching television, listening to musicals, reading books, and during the afternoon went for a walk around a nearby park and stopped in a church.

This bungalow house in a residential area was generally designed and laid out to be accessible and navigable by the residents. The house had a comfortable sitting room and a room with books and a computer that a resident referred to as their office. There was a spacious kitchen and dining area with pictorial prompts to assist the residents to plan their meals and finding their way around the cupboards. Residents had their own cupboards with their favourite foods separated, including Easter eggs the residents had got from family which were being saved for after dinner. A meal chart in the kitchen indicated whose turn it was to work with staff to make the dinner.

Bedrooms were furnished in accordance with residents' choices, and were featured with photos of the residents with friends and family, or at events and outings, as well as decorations based on favourite music acts and resident interests such as Irish military history. Adaptations had been made to the house to ensure it remained accessible by residents with mobility support needs. While the house was suitably designed for the residents, the homely aesthetic was impacted by areas in need of maintenance, including damage to some walls, floors and surfaces.

The person in charge spoke with the inspector about a resident who did not see this designated centre as being their home and would prefer to live in a location in which they were not sharing with others. The person in charge advised the inspector about potential plans to find a location suitable to support this resident in line with their wishes and support needs. However, in the years since the matter was first raised by the resident, there was limited evidence of documented progress towards this objective, and how this was being discussed with the resident and their representatives.

It was determined that residents in this designated centre would not engage with house meetings or satisfaction questionnaires and the person in charge advised that

resident feedback and suggestion was captured through monthly sessions with their respective keyworkers. However, there was limited evidence of these keyworker sessions being recorded or used to discuss and follow up on support planning, progression of social, recreational or life enhancement goals.

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 evidence indicating how the provider retained oversight of the service and ensured that resources were sufficient to support the residents. The provider had conducted audits and review of the operation of the service and identified areas in need of improvement. However, some areas identified had not been progressed within the provider's own timeframes.

The residents were supported 24 hours a day by a small team of staff who displayed good knowledge of the residents' interests and communication methods. At the time of inspection there was a full complement of staff and rosters indicated shifts on which regular staff were available to work additional shifts where needed, to maintain continuity of support. In the event this was not possible, specific relief personnel were assigned to work in this designated centre. This allowed residents to be supported by staff familiar to them and with whom the inspector observed a trusting and friendly relationship. Shift patterns were arranged to ensure that staff had adequate time to handover and to carry out jobs such as grocery shopping, before taking over from the previous shift.

Staff were facilitated to stay up to date with training including fire safety, safeguarding of vulnerable adults, infection prevention and control, and safe moving and handling techniques. The provider had identified skills required for staff to effectively support the needs of the residents in this designated centre, but had not scheduled a date for said training, including supporting the needs of people with epilepsy or dementia. The inspector found gaps in personnel undergoing performance management and development in accordance with the centre's supervision structure. Performance management and development meetings were due to happen at the beginning, middle and end of each year, yet for four staff records reviewed this was not occurring, with some staff having no record of supervision with their line manager since mid-2019. The inspector reviewed a sample of team meeting minutes which discussed matters related to residents including appointments, incidents, recent events and updates on keeping staff and residents safe during the health emergency.

The provider had conducted audits in 2020 on areas such as infection control, safe moving and handling, and the use of restrictive practices in the service. The provider

had also completed their annual review of the designated centre, highlighting achievements of the previous year and objectives for the coming period. This review was conducted with input from the residents and their representatives. The provider had completed their unannounced six-monthly review of the service. The provider had composed a detailed quality enhancement plan to address the findings of their audits and other areas for improvement or development in the service. Overall, areas identified for improvement by the inspector had already been identified by the provider through their own audits with actions to address them. However, despite accounting for delays caused by COVID-19, half of the fifty actions required had not been completed or progressed by the identified timeframes.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of the service and all associated documentation.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was suitably resourced with a full complement of social care staff who had a good knowledge of, and relationship with, the residents. Arrangements were in place to ensure continuity of staffing in the event of absences.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, staff were provided with training that enabled them carry out their duties to the best of their abilities however, on the day of inspection the inspector found that staff had not received training on supports identified as required in this house, including supporting people with epilepsy or dementia.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had a contract of insurance in place against injury and property damage.

Judgment: Compliant

Regulation 23: Governance and management

The provider had retained oversight of the service to ensure that resources were sufficient and that audits and reviews were occurring to identify areas for development. However a substantial portion of the of the actions identified for improvement had not been progressed in line with the provider's identified time frames.

The inspector reviewed records which indicated gaps in staff performance appraisal and development in accordance with the centre' policies and procedures.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had notified the chief inspector of all relevant incidents and practices within the required time periods.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had required policies and procedures in place, and where relevant, had updated these to reflect the ongoing health emergency.

Judgment: Compliant

Quality and safety

The inspector observed that residents were being supported in their daily lives in a positive manner which allowed them to go about their preferred routine and activities in the house and in the local community, and to feel safe and content in the designated centre. However, some development was identified as needed in the recording and tracking of longer terms support needs and goals, as well as ensuring that the residents' views and feedback was recorded and followed up on as part of the operation of the designated centre. Development and repair works were also required in the house to reduce the impact on the homeliness of the service as well as the ability to effectively protect against associated fire and infection risks.

While the house was designed and adapted to meet the needs of the residents, substantial maintenance works were required in the house. During a walk around the house, the inspector observed that a number of walls, doors and floors were damaged with cracks or holes. In one resident bedroom there was substantial damage to the wall and floor caused by water leakage which had also caused mould risk for the area affected. Some surfaces such as on wallpaper, plaster and kitchen cabinets were peeling away. A side building, primarily used for storage but which also contained the mops and buckets for the main house, was dirty and poorly maintained.

Bedrooms were of sufficient size and were personalised for each resident based on their preferences and interests, with adequate storage space for belongings. Residents had the option of lockable storage and at the time of the inspection, the provider was planning meetings to support a resident to have access to their possessions and finances in accordance with their support needs and wishes.

The inspector reviewed care and support plans for residents' assessed needs and found them to be person-centred and informed by events, incidents, and the changing needs and dependencies of residents. Support plans were kept under review with input from the relevant health and social care professionals. They were concise yet informative on guidance to meet the residents' assessed needs.

A structure was in place to identify and support residents with social, recreational and life development goals and opportunities. However, the inspector was provided limited evidence to indicate how progress towards attaining these objectives was being achieved or discussed with the residents. In one example, a long-term goal around preferred living arrangements was initiated in June 2019 but there had been no record how the resident had been supported to progress their wish. There was also limited evidence of alternative goals and interests being pursued with the residents where their initiated goals had been paused due to the COVID-19 pandemic.

There was limited evidence to indicate how the provider was capturing the suggestions, feedback and satisfaction of residents living in the designated centre. The person in charge advised that in the absence of satisfaction surveys or house meetings, each resident had monthly one-to-one sessions with their keyworker capture this information. When the inspector requested evidence of these, records indicated that these meetings had happened once or twice in 2020 and did not always include the resident.

The provider had risk control arrangements in place for use in the event that somebody is confirmed or suspected as contracting COVID-19. Each resident had been assessed for their ability to self-isolate in the house or if it would be required to temporarily be accommodated elsewhere. All residents had been supported to receive their vaccine, and were observed being supported to follow good hand hygiene, and use of face coverings when going out. Staff were also observed following correct use of sanitising and personal protective equipment use.

The fire alarm and emergency lighting were certified and serviced within the required timeframes, and floor maps clearly indicated the most effective exit route. Residents had personal emergency plans which indicated how best to support them to safely and efficiently evacuate in the event of fire. Residents were included in practice evacuation drills, however these drills were not being conducted in accordance with the centre's policy and procedure, with one drill per year, no simulation of high risk scenarios such as at night, and what learning would be taken to reduce the length of time an evacuation took. Areas such as the kitchen and laundry room were equipped with self-closing devices on their doors, however the device was disconnected or the door propped open which compromised their ability to effectively contain the spread of flame or smoke in the event of fire.

The provider kept a record of all adverse events in the house, and the inspector found evidence of where the appropriate external parties were notified or referred following said incidents. The provider promoted a restraint-free environment in this designated centre. Some low-impact environmental restraints were in effect to safeguard residents from identified risks. These were kept under review on a regular basis to ensure they were the least restrictive solution to reduce the risk, were engaged for the shortest time necessary, and did not have undue impact on the other residents. The inspector found examples of where restrictive practices were identified as no longer being required, and were discontinued accordingly.

Regulation 12: Personal possessions

The provider was in the process of supporting resident financial access in line with their wishes. Residents were supported to decorate and personalise their bedrooms and had adequate personal storage.

Judgment: Compliant

Regulation 13: General welfare and development
The inspector was provided limited evidence to indicate progress being made on supporting residents with their social, recreational and life enhancement goals and wishes.
Judgment: Substantially compliant
Regulation 17: Premises
Some areas of the designated centre were in a poor state of maintenance, including broken floorboards and peeling and damaged walls, doors and kitchen cabinets. One bedroom had been badly damaged by water leakage and some mould.
Judgment: Not compliant
Regulation 26: Risk management procedures
The provider had measure in effect to control identified risks. When adverse incidents did occur, there was an electronic system for recording and escalating risk. The provider had contingency arrangements in effect to mitigate the impact on the centre, residents and staff team from the COVID-19 pandemic.
Judgment: Compliant
Regulation 27: Protection against infection
The ability to effectively clean and sanitise some areas was compromised by damaged, broken or peeling surfaces. Mops and buckets for cleaning the main house were stored in a side building which was neither clean nor in a good state of maintenance.
Judgment: Substantially compliant
Regulation 28: Fire precautions

The building was not adequately equipped to provide effective fire containment. Fire door closure mechanisms had been disengaged or blocked in high risk zones such as kitchen and laundry room.

Fire drills had not been conducted using methods or frequency instructed by the centre's fire emergency policy to ensure all staff and residents could evacuate in a safe and efficient time.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Overall resident care and support plans were person-centred, detailed and informed by assessments of needs. These plans were kept under review with input from the relevant health and social care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider promoted a restraint-free environment in this designated centre and had ensured that any environmental restrictions were the least restrictive methods for the lowest amount of time to control the related risk.

Judgment: Compliant

Regulation 9: Residents' rights

There was limited evidence to indicate how the residents were consulted and participated in the operation of the designated centre and how their satisfaction and feedback with their home was collected, in accordance with their assessed communication and support needs.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not 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
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ailesbury OSV-0001992

Inspection ID: MON-0032165

Date of inspection: 08/04/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff who are required to upskill are scheduled to attend training on Epilepsy, Dementia, positive behaviour support prior to the end of September 2021.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All staff will have been facilitated to have a performance management review meeting prior to the end of July 2021.</p> <p>All internal audit actions overdue will be completed prior to end of May 2021.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p>	

Keyworkers, planners, manager and the residents/Rep will meet to review goals and update as required prior to the end of May 2021.	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Repainting complete week ending 25th April 2021 Floor boards changed week ending 25th April 2021 Leak damage addressed week ending 25th April 2021</p> <p>Additional maintenance actions will be addressed prior to the end of May 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: Maintenance issues related to infection control will be addressed by the end of May 2021. Including cleaning of shed to allow for appropriate storage of mops and buckets.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Magnetized door release mechanisms x 2 will be installed by the end of May 2021.</p> <p>Fire drills will be conducted for 2021 in line with planned schedule and a night/simulated drill will be conducted prior to the end of April 2021.</p>	
Regulation 9: Residents' rights	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Monthly meetings with keyworker and residents/Reps will take place and be recorded on CID as a planning log. This will be in place for all residents by the end of 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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	31/05/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Not Compliant	Orange	31/05/2021

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
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	31/05/2021
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	31/05/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	31/05/2021

	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	31/07/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2021
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	31/05/2021