



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

Issued by the Chief Inspector

Name of designated centre:	Kare DC16
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	28 November 2023
Centre ID:	OSV-0007999
Fieldwork ID:	MON-0032997

About the designated centre

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

The designated centre is registered to provide full-time residential support for up to two adults with an intellectual disability who require a low or high level of support with personal needs and care. The service can also provide accommodation and support for people with physical support needs. The designated centre consists of a dormer bungalow in a scenic rural area of County Wicklow. The house is equipped with accessible mobility and bathroom features and a large communal living room and kitchen-dining area. Each resident has a private bedroom and they are supported during the day and night by a team of social care workers and social care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 (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 November 2023	10:00hrs to 16:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre KARE DC 16. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's certificate of registration. The inspection was facilitated by the person in charge for the duration of the inspection. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The centre is located in a rural area in close proximity to a local town in County Wicklow. The premises is a former bungalow and consists of two bedrooms (one equipped with an en-suite), staff office, kitchen with dining area and living room. The centre has a garden area to the front and the back of the premises. The garden area was furnished with table and chairs, with the back garden overlooking a large scenic view of the surrounding area. The designated centre had exclusive use of a vehicle in order to optimise their ability to access the community, attend local day service and to provide an individualised day service for one resident. The centre was decorated in line with each resident's tastes, the inspector observed that music was an integral part of each resident's life in the centre and this was evident through karaoke machines, musical equipment and a wide range of musical shows on display and in use in the designated centre. All residents had their own bedrooms, which were neatly decorated and well furnished. Each bedroom contained personal items such as family pictures, photo albums, musical instruments, art work and posters.

The inspector observed that the premises had been adapted to meet the needs of the residents for example doors had been made wider to assist residents to self operate electric wheelchairs. The provider had also identified through their provider lead audits that in line with possible changing needs of residents further adaptations were required that could not be facilitated within the centre. The provider had commenced the process of reviewing future properties for the residents of DC 16 in line with possible changing needs and concerns in relation to the space required in the centre in order to allow for full accessibility for all residents.

There were two residents living in the designated centre on the day of the inspection and the inspector had the opportunity to meet with one of the residents during the course of the inspection. One resident was supported by staff to meet with the inspector. Residents also had a number of assistive technologies in place in order to further promote communication and increase each resident's independence in the area of communication. In addition, both residents living in the designated centre had completed the questionnaires in relation to support in the centre prior to the inspection. Residents received assistance from staff in completing the questionnaires. Overall, the information in these questionnaires presented that residents were happy living in their home. One resident discussed that they have friends that visit them in their home and that they also will go to visit friends outside

of their home. Another resident commented that they enjoy how their home is decorated in particular their bedroom. The resident also discussed that they enjoy the food that is made in their home and that they are very happy living here. The inspector did not have the opportunity to meet with the second resident living in the designated centre due to a recent hospital admission. The inspector observed that the roster had been adapted within the centre to ensure that the resident was receiving support during their hospital stay by familiar staff from DC 16.

The inspector had the opportunity to speak to one resident. The resident wished to show the inspector their bedroom with the assistance of staff. The resident spoke about how they had decorated their bedroom and discussed their great interest in music. The resident spoke to the inspector about their plans for the coming year, these plans included attending shows, visiting friends and families and the planning of a foreign holiday. The resident told the inspector that they have access to a vehicle in the centre and that this was part of their daily plan. The resident discussed that they would make a plan for the week but that this could change daily depending on what the resident wished to do. The inspector observed the resident change the plan of the day on three separate occasions during the course of the inspection and at each point this change was facilitated by staff. The resident informed the inspector that there was a number of activities they enjoyed in the local community such as meals out, attending music shows, visiting the local day service, clothes shopping or visiting friends. The resident informed the inspector that they also enjoyed a number of activities at home including karaoke, art work and relaxing watching musicals. Staff informed the inspector that both residents had a number of assistive equipment to further enhance residents independent communication. One resident informed the inspector that they use a number of applications on their equipment such as Snap TD app to promote their choice making within the designated centre and everyday activities.

One resident told the inspector that family is very important to them and they regularly visit family members and that they regularly have visitors to their home. The resident told the inspector that staff in the house help them to keep their home and bedroom arranged to their tastes. For example, the resident and staff told the inspector that they have specific items in their bedroom such as presents from families, teddies and musical items they have purchased over the years and they like them to be decorated in the room and rearranged depending on how they feel or what they want to use.

Overall, it was found that residents were in receipt of good quality and person centred care that met their assessed needs and promoted development and independence. It was evident that residents' views and preferences were considered in the day to day running of the centre. It was noted that staff regularly advocated for residents' at staff and resident meetings and that this affected change where necessary.

The next two sections of the report present the findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. Overall the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with strong local governance and management supports in place.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six monthly reports, plus a suite of audits had been carried out in the centre. The registered provider had ensured that the views of residents and their representatives had been sought as part of the centres annual review.

A planned and actual roster were maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. There was evidence that the person in charge had completed risk assessments based on residents' changing needs as appropriate and that the provider had responded when required to ensure that adequate staff were in place in order to provide continuity of care for residents during times of identified need for increased support. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for one additional service, the inspector found that governance arrangements in place facilitated the person in charge to have adequate time and resources in order to fulfill their professional responsibilities.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding adults, fire safety and infection control. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. Staff had access to regular and quality supervision. A review of supervision records found that the content of supervision was thorough and sufficient to meet the needs of staff.

As part of their governance for the centre, the registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies were readily available for staff to access. The inspector viewed a sample of the policies, including the policies on safeguarding, positive behaviour support, communications, residents personal property and

finances, and food safety; and found they had been reviewed within three years of approval.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

The provider had suitable arrangements in place for the management of complaints. There were no recent or active complaints in the designated centre. An accessible complaints procedure was available for residents in a prominent place in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a full and complete application to support the renewal of the centre's certificate of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. The person in charge was responsible for the management of a second centre, in addition to the designated centre, and the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff members employed in the centre to meet the assessed needs of residents. The resident group were observed to receive assistance, care and support in a respectful, timely and safe manner. There was good continuity of care and support being provided. There were actual and planned staff duty rosters maintained which clearly communicated the start and finish times

of shifts, the names of staff members on duty along with their job titles.
Judgment: Compliant
Regulation 16: Training and staff development
There was evidence to demonstrate that staff members received ongoing training as part of their continuous professional development that was relevant to the needs of residents and promoted safe practices. The inspector found that there were satisfactory arrangements in place for the supervision of the staff team.
Judgment: Compliant
Regulation 21: Records
The inspector found evidence of care being delivered to a high standard , however, gaps and inconsistencies were identified in the maintenance and accessibility of documentation. However, the inspector found that these gaps were not impacting on residents living in the centre.
Judgment: Substantially compliant
Regulation 22: Insurance
The provider had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew the registration of the designated centre.
Judgment: Compliant
Regulation 23: Governance and management
There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The centre was adequately resourced to meet the assessed needs of the residents. The provider and person in charge were ensuring oversight through regular audits and reviews. There was evidence that actions identified as a result of audits and management meetings were progressed in a timely manner and that they were being used to drive

continuous service improvement.

The provider had completed unannounced visits to the centre. The provider had carried out an annual review of the quality and safety of the centre, the annual review included consultation with residents, families and staff members and identified areas done well, and plans for the year ahead.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was current and accurately reflected the operation of the centre on the day of inspection

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the designated centre. This was accessible and was displayed in a prominent place in the centre. The inspector reviewed the complaints log on the day of the inspection and found that although there was no active complaints in the centre the person in charge and staff team discussed complaints regularly with residents through residents meetings. Residents had access to external advocates should they require their support.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies had been reviewed within the three years of approval. The inspector also found evidence that policies were discussed regularly at staff team meetings.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Overall it was found that the centre had the resources and facilities to meet residents' needs.

The premises was found to be well maintained and homely. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes. However, through future planning of residents mobility needs the provider had identified that the premises would not continue to meet residents assessed needs during the aging process and change in assessed needs. The provider identified that the hallways and dining areas although spacious would not facilitate future equipment should it be required. The provider had engaged with residents and their representatives in viewing future premises which could be considered for the designated centre in the coming years.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans. Residents had access to assistive devices and equipment in order to promote their full capabilities with regard to communication. Residents spoke to the inspector about using mobile devices and tablets in order to make daily choices around their home or to keep in contact with family and friends.

The provider had ensured that residents retained control of their personal property; residents had their own items in their homes and these were recorded in a log of personal possessions. Residents were supported to manage their finances as independently as possible with support in place for each resident who required assistance with financial management.

There was a risk management policy and associated procedures in place. There was an accurate risk register in place that reflected the risks identified in the centre. The processes in place ensured that risk was identified promptly, comprehensively assessed and that appropriate control measures were in place.

The inspector found that residents had an up-to-date and comprehensive assessment of need in place and that support plans were derived from these assessments of need. Support plans were comprehensive and were written in person-centred language. The inspector saw that residents had access to health care in line with their assessed needs. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. Support plans included communication needs, social and emotional well being, safety, health and rights.

The provider had effected appropriate procedures and policies to ensure the safe administration of medications. Staff had received training in this area and could

competently describe the processes for the ordering, administration and disposal of medications. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preference. There was clear auditing systems in place to identify medication errors and medication audits were discussed at staff meetings in order to promote shared learning.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The inspector found that the person in charge was promoting a restraint free environment within the centre. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. Furthermore, staff were observed to interact with residents using various alternative communication techniques including a number of technology based communication phone or tablet computer apps to assist residents to make choices in their daily life.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property and received support to manage their finances in accordance with their abilities and preferences.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the centre was maintained in a good state of repair and was clean and suitably decorated. Each resident had their own bedroom which were nicely decorated and personalised to reflect their preferences. The registered provider had completed a number of works on the premises in order to ensure that it optimised accessibility for residents. The provider had also identified that in time the premises would not be suitable for the residents identified mobility needs. The provider had identified a number of short term measures such as widening of door frames to allow for greater accessibility. The provider had started a process of reviewing premises for both resident which would meet their future identified needs and had incorporated this in their annual report and six monthly audit. The provider was ensuring that residents were kept up-to-date and were being made part of the process.

Judgment: Compliant

Regulation 26: Risk management procedures

There were risk management arrangements in place, including a risk management policy and procedures. Risk in the centre was assessed and there were comprehensive control measures in place.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the inspector found that there were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire fighting equipment, each of which was regularly serviced. Fire drills were carried out at regular intervals that ensured staff and residents are aware of procedures to be followed in the event of a fire. Personal emergency evacuation plans were in place for each resident and these were seen to include pertinent information about residents in relation to their evacuation needs. Staff and residents spoken to were confident with regards to the actions to take should there be a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and procedures in place for the ordering, administration, storage and disposal of medications. The person in charge had completed a risk assessment and assessment of capacity for each resident. This was reviewed regularly with residents in line with their preferences. Medication audits were being completed as per the providers policy and any recommendations or findings from audits were a topic discussed within staff meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment that meet the needs of the resident were in place and kept up to date, reviewed annually or in line with change in residents assessed needs. The assessment was used to clearly recognise and identify individual health, personal and social care needs of the residents. There was a multidisciplinary review of the personal plans to ensure the effectiveness of specific plans for residents. There was a focus on the residents wishes, participation and consent to personal plans.

Judgment: Compliant

Regulation 6: Health care

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Individual health plans, health promotion and dietary assessments and plans were in place. A review of residents files demonstrated that residents had access to general practitioners, hospital consultants and allied health care professionals in accordance with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Behaviour support plans were available for those residents who required them and were up-to-date and written in a person centred manner.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
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 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Kare DC16 OSV-0007999

Inspection ID: MON-0032997

Date of inspection: 28/11/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The developer for the CID database has been contacted to ensure that the inspector when on site for an inspection through their log in details can access all information in that designated centre for any required period. This has been completed on the 22nd of December 2023.</p> <p>All relevant staff in the organization have the correct access to ensure they can see, edit and review any relevant information for this location in line with access rights and permissions for restrictions for sensitive information. This has been confirmed as accurate as of the 20th December 2023.</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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	22/12/2023