



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

## Issued by the Chief Inspector

Name of designated centre:	Flinter's Place
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	25 February 2021
Centre ID:	OSV-0001980
Fieldwork ID:	MON-0032019

## 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 two residents over the age of eighteen years with an intellectual disability. The designated centre is a bungalow situated in a large town in Co. Kildare. The centre comprises of two sections. In one section there is one living room, one kitchen/dining room, three bedrooms, one bathroom and a general purpose room. In the second section there is a living room, a kitchen/dining room, two bedrooms, a toilet and a bathroom. There is a garden out the back of both sections and a small garden to front also. The person in charge is also person charge for another centre and divides their time accordingly. Social care workers and care assistants are employed in this centre to support residents. There is a bus available to the residents in this service.

**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 - 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 25 February 2021	10:45hrs to 17:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

Throughout the day, the inspector observed evidence indicating that the residents living in this designated centre were supported to be safe and happy in their home. The inspector found good examples of the residents' choices, assessed needs, preferences and routine was central to the operation of the house and the delivery of care and support.

The residents had been advised that someone would be visiting their home and the inspector observed how staff had used social stories with pictures to explain the inspection process and ensure they were comfortable with the visit. The residents welcomed the inspector into their home before returning to their planned activities for the day both in the house and in the community.

This designated centre consists of two adjacent houses, allowing each resident to pursue their activities and routine in their own living space with their own team of allocated support staff. Each living area was designed and decorated in an appropriate fashion, based on the needs and preferences of the residents, including where their clothes were stored, how bedrooms and living rooms were decorated and what alterations were required for safe and accessible navigation. One resident showed the inspector a wall of photos of themselves at various events and outings in the community. The house was also heavily featured with visual reminders of activities and daily plans to support and maintain the resident's routine.

The residents were supported by a team of staff who were observed engaging in friendly, encouraging and supportive conversation and jokes during the day. Staff who met with the inspector displayed a strong knowledge of the residents' personalities and preferences, including gestural and non-verbal cues means of communication.

The residents had arranged activities in the community on the day of the inspection, and were observed coming and going throughout the day. One resident was participating in a local tidy towns event, followed by outdoor exercises in a local park. Staff had displayed a large board indicating which services and amenities had not been closed due to the health emergency, to ensure that residents could still visit their favourite cafés and shops. One resident indicated that they preferred to do their own grocery shopping to make sure they got their preferred items.

Another resident was engaged in online social sessions with friends and users in other services. The inspector was told that the resident had remained good friends with a service user who used to live in the house and they often visited each other since the move. They also had a comfortable media setup with a large television and video games in their living room. Residents also had tablet computers on which they enjoyed watching videos online.

The residents had been supported to understand the current health emergency and

the social restrictions required by same in accordance with their communication needs. The inspector also found examples of where life development goals had been paused due to the pandemic, and how the resident was supported to pursue meaningful alternative goals, or to complete the preparation stages in-house of what could be properly continued when social restrictions are eased, such as setting up a savings account and getting a job.

One of the residents had moved into this designed centre within the past year. The inspector found a detailed timeline of how they had been introduced to the house and to the staff team, and how the provider had optimised the participation of the resident and their family in the transition and any decisions made.

The residents were supported to fill in satisfaction questionnaires. In these, they stated that they enjoyed having their own space in which to do their own thing. They enjoyed seeing this designated centre as their home and commented positively on the support and privacy offered by staff. They indicated that they trusted staff and could speak to them about any worries they may have.

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 quality and safety of the service being delivered.

## Capacity and capability

The inspector found that the registered provider has measures in place to ensure the service provided was resourced with a strong team of staff who were appropriately trained and familiar with the residents' needs, to provide a consistent and routine-focused level of care and support. Efforts were made by the service provider and the person in charge to continuously monitor and enhance the residents' lived experience and ensure that their routine and structure was central to their support delivery.

The residents were supported by a small team of staff who mostly worked 24-hour sleepover shifts with each resident. The inspector reviewed rosters and found them to be clearly recorded and reflective of the days that the person in charge was present. The regular staff complement allowed for personnel to work additional shifts in the event of an absence, to maintain continuity of support for the resident in this house. Arrangements were in place for staff to be redeployed to this service if necessary, though the provider had not needed to pursue this option in this centre.

Records indicated that staff personnel were kept up to date on their mandatory training as well as additional specialised training to most effectively support the assessed needs of the residents in this house. The inspector also reviewed minutes of performance management meetings, which discuss competencies and objectives of staff, and how they would be supported by their line manager to develop their

skills.

The provider had ensured that they completed unannounced inspections and audits through 2020 and identified areas of the centre in need of improvement or development. For all areas identified, clear actions and timelines were established, and the inspector found evidence indicating where actions had been completed and where any delays had been clearly recorded with revised timelines. These included supplementary training for staff, premises enhancement works and ensuring that residents continued to avail of meaningful personal goals in light of the social restrictions.

### Regulation 15: Staffing

The residents were supported by a team of staff who were knowledgeable of the residents' needs and preferences and with whom the residents had build a positive relationship. Arrangements were in place to reduce the impact on continuity and routine in the event of an absence.

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 23: Governance and management

Management and auditing systems were in effect to ensure that the designated centre provided effective delivery of support and which 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

The inspector found evidence of how residents had been supported to visit and

become familiar with the designated centre before moving in. The residents had signed an agreement which explained, in an easy-to-read format, the terms, expectations and fees payable when living in this house.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents were supported to be clear on the complaints procedures and a log was available detailing the outcome and learning from any complaints received.

Judgment: Compliant

### Quality and safety

The inspector found that the residents' wellbeing and welfare was supported in this house and that their choices and routine were the central contributor to their care and support in the house and in the community. Actions had been taken by the provider to resolve matters which were raised during the previous inspection, most notably related to ensuring the premises was suitable in design for the people living in the house. The house was designed and adapted to facilitate accessibility and safe navigation, however the inspector identified an aspect of the house which required addressing to ensure optimal safety in the event of a fire.

The provider maintained a risk register which was specific to the designated centre and the residents' needs. Clear records were kept on incidents, injuries and accidents, including how best to support the resident and avoid further incident. Each resident had a detailed plan for safely evacuating the house in the event of an emergency, including how staff were to respond in the event that a resident refuses to leave. Practice evacuations took place to identify any potential delay in safely exiting the house. Regular checks and servicing was conducted for fire extinguishers, break glass units and fire exits. While doors to the primary route of exit were equipped to close automatically, throughout the day the inspector observed the doors from the kitchen and living room of the house to be propped open using a door wedge. This required attention to ensure that if those in the house wished for the doors to be open, that they could be done in a way which did not compromise this containment measure.

The inspector found detailed and person-centred care and support plans which were kept under review to reflect changes and development in the residents' circumstances and needs. The development and ongoing revision of these plans had had a measurable effect in keeping the residents safe, and in keeping them engaged



with meaningful social, recreational and person pursuits in light of the ongoing health emergency.

The inspector reviewed support plans related to identified risks which were causing harm on an ongoing basis. In recent months the provider had worked with the resident and the staff team to identify a solution which supported the resident with the risk behaviour while protecting them from injury. As a result of the amended support, the level of injury had decreased in both frequency and severity. There were a number of environmental restrictions in effect in this designated centre with the primary objective of keeping residents safe from harm or injury. The inspector found detailed review notes evaluating the continued need for each restriction used, and evidence to indicate that where the risk no longer existed, the restrictive practice was discontinued. Risk assessments and evidence-based review structures were in place to ensure each method used was the least restrictive option to mitigate the relevant risk.

Personal goals had been amended to pause those which could not be continued in light of the social restrictions. There was an enhanced focus on personal development goals which were not affected by same and which could be pursued with the support of the staff in-house. These included becoming familiar and confident with public transport routes, creating a savings account, and using new electronic devices to enhance communication methods. The inspector reviewed evidence that the residents were supported by their keyworker and were making progress in achieving their goals at a comfortable pace.

Residents were supported to self-protect and to be safeguarded from potential harm or abuse. Residents were reminded through social stories how to stay safe in the community and around their home, and to whom they could speak if they were upset or concerned. Safeguarding arrangements were in place to ensure that where staff managed money on behalf of residents, this was subject to regular audits to protect their finances. Residents were supported to understand COVID-19 and the related social restrictions and how to stay safe during the pandemic through social stories and keyworker meetings.

The designated centre was clean and in a good state of maintenance. The house was suitably equipped with sanitising and personal protective equipment which staff were observed using correctly. Some personnel were trained to administer swab testing for COVID-19. Among the precautions listed in the provider's risk controls for managing COVID-19 was recording staff temperatures, however there was no record confirming that staff members were following this instruction consistently in line with the provider's policy and national guidance.

## Regulation 13: General welfare and development

The inspector found evidence to indicate how the residents were supported to

pursue meaningful personal development objectives, and to retain personal links with friends, family and the local community in light of the social restrictions.

Judgment: Compliant

### Regulation 17: Premises

The premises were suitable in their design and layout and had been featured with equipment to aid safe navigation and accessibility and to personalise the living space for the residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider maintained a risk register which was specific to the designated centre and its residents. A detailed log of accidents and adverse incidents was maintained which identified how future incidents could be avoided.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had set out plans for managing and responding to risks associated with COVID-19. One of these precautions was to record staff temperatures to be assured they were within normal limits at the start and end of shifts. There was limited evidence to confirm this practice was consistently followed.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvement was required to ensure that where residents wishes for doors to be kept open, that this could be done without compromising the ability of doors to close automatically in an emergency.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Overall, personal plans were clear, detailed and person-centred, and were kept up to date to reflect changing needs and circumstances.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider used regular assessments and evidence-based analysis to ensure that restrictions in place to protect the resident from harm were the least restrictive option for the lowest amount of time, and were discontinued where no longer required.

Judgment: Compliant

### Regulation 8: Protection

Residents were supported to self-protect and stay safe from harm. Staff training and auditing systems were in place to provide assurance that residents were safeguarded from potential or actual incidents of abuse.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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 8: Protection	Compliant

# Compliance Plan for Flinter's Place OSV-0001980

Inspection ID: MON-0032019

Date of inspection: 25/02/2021

## 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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: KARE will review national guidance in relation to temperature checks. KARE will review practices in place in the organization, with any necessary updates to documentation completed to ensure the process for staff checking temperatures meets all necessary requirements by the end of April 2021.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: KARE will review all current risk assessment practices in line with National guidance and seek an external Expert in fire management to provide support in decision making.	

## 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 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 control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/04/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/04/2021