



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

Issued by the Chief Inspector

Name of designated centre:	Allendale
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	23 October 2019
Centre ID:	OSV-0001984
Fieldwork ID:	MON-0026412

About the designated centre

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

Allendale provides a full time residential support to a maximum of four male and female adults with an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in the home. The home is a dormer bungalow situated on the outskirts of a town in Co. Wicklow and in walking distance to many local amenities. Each resident has their own bedroom, access to bathrooms, living room and kitchen/dining room. The staffing compliment includes social care leaders, 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:	4
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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
23 October 2019	09:00hrs to 19:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet all four residents across the day of inspection. On arrival the inspector met one resident on their way out to their day service. Later in the day the inspector had the opportunity to meet the other three residents. The residents appeared very happy in their home and relaxed in staff presence. An evening meal was being prepared in the kitchen, and the inspector spent a brief period of time speaking with two residents during this time. Residents spoke of their work, which included paid employment and day service, they spoke about contact with their families and different upcoming activities such as an evening disco and holidays. Residents were excited about the upcoming events and spoke proudly about their work and their family involvement in their home. It was observed that residents frequently smiled and laughed with staff during this period of time.

Kind respectful interactions between staff and residents were observed across the day. All staff were very familiar with residents' needs and care was delivered in line with their wishes and daily support plans.

Capacity and capability

The inspector found that overall, the registered provider and the person in charge had effective management arrangements in place to ensure a safe service was provided to residents. Overall a person centred approach to care was provided. However, improvements were required in relation to the oversight and monitoring of the centre to ensure it continued to deliver a quality driven service. This is discussed in further detail throughout the report.

The person in charge facilitated the inspection, and the inspector found that they had the relevant qualifications, skills and experience to manage the centre. This person had only been appointed to this role approximately six weeks prior to the inspection. The person in charge was getting familiar with each residents' background and specific needs. Across the day of inspection, each resident greeted the person in charge in a warm and friendly manner. The person in charge was also involved in the management of another designated centre. The person in charge had put systems in place to ensure that their time was effectively managed between the two services. Their presence in each centre was evidenced on the roster and the person in charge was available to provide support over the phone when required. The person in charge spoke about the importance of completing some hours of their shift directly supporting residents to ensure they were becoming familiar with their specific needs and wishes.

The provider had ensured that there were clear management arrangements to ensure appropriate leadership and governance. The person in charge directly reported into the Operations Manager, and they spoke about their frequency of informal and formal supports. The person in charge directly supported the social care workers and assistants through goal setting and performance management.

Although, there were systems and processes in place that underpinned the safe delivery of services, the oversight and monitoring of the service required improvement. There was an annual review of quality and safety of care of residents in the service that had been completed in 2018. Two unannounced provider visits had occurred in 2019. These reviews had identified minor areas of improvement. In addition to this, regular audits were completed across a range of aspects of service provision such as infection control, medication, financial and restrictive practices to name but a few. However, actions identified for improvement were not always completed in a timely manner, for example 13 actions were due to be completed by the 31 July 2019, but had not been completed and six actions had been completed by past the due date indicated on the report.

The person in charge maintained an accurate rota which indicated that residents were supported by staff who were familiar to them. There were enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents. Rosters were flexible to ensure there was sufficient support provided at different times dependent on the number of residents present and their specific needs. Continuity of staff was ensured by using regular relief staff. Staff were cognisant of each resident's individual needs and were observed to be respectful in all interactions with residents.

The provider had training systems in place which indicated that most staff had completed sufficient training that enabled them to provide good quality and safe care. The inspector reviewed training records maintained at the centre, which indicated that all staff had received up-to-date training in areas such as safeguarding, fire safety and supporting residents with behaviours of concern and safe administration of medication. However, there were gaps in the training in relation to supporting residents with specific health needs.

Regulation 14: Persons in charge

This is a full-time post. The centre was managed by a suitably skilled, qualified and experienced person in charge.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. Observations indicated that residents received assistance and care in a respectful, timely and safe manner. There was good continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received training to enable them to deliver safe care to residents. However, gaps were identified in training specifically in relation to meeting some assessed health needs of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were in place to ensure the service provided was safe and appropriate to residents needs. However, the systems in place for oversight and monitoring of the service required improvement as some actions identified from audits and unannounced visits were not being completed in a timely manner. In addition there was an absence of shared learning in relation to similar findings in centres operated by the provider.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was person centred and suitable for the assessed needs of the residents. Residents engaged in meaningful activities that were in line with their relevant goals such as community engagement, employment, and holidays. Residents spoke about the importance of family and friend relationships and residents were accommodated to maintain and develop these relationships in line with their wishes. On the day of inspection a resident spoke about an upcoming visit with family and how much they were looking

forward to it. However, improvements were required across a number of regulations to ensure that the service could maintain and continue to deliver a quality based service.

The centre consisted of a detached dormer bungalow in a housing estate in Co. Wicklow. The home had been recently decorated for Halloween by the residents, they proudly showed the inspector some of the areas of the home that they had helped decorate. There was a homely feel in the centre, and it was nicely decorated. The residents had given permission for the inspector to view their bedrooms, and it was found that the bedrooms were personalised to each individuals taste and requirements. However, mould was found surrounding the patio door in the kitchen, and surrounding a balcony door and on part of the wall of a residents' bedroom.

Residents were protected by safeguarding arrangements. The staff spoken with demonstrated sufficient knowledge around safeguarding measures. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. For example a resident was educated in relation to staying safe while accessing social media, and had helped self-identify measures to be put in to ensure their safety. Accessible information on safeguarding was displayed. The small number of alleged safeguarding incidents had been investigated appropriately and referred and reported to the relevant agencies as appropriate. However, a review of incidents and accidents found that one incident between residents had been responded to, but it had not been identified as a safeguarding issue. Therefore it had not been managed through the relevant safeguarding procedures.

Residents were also being protected from risk in the centre. There was a local risk register which reflected both location based risk assessments and some specific individual based risks. For example the health and well being assessment in the location risk register, reflected individual risks in relation to assessed health needs. On review of this assessment it was noted that some identified risks in relation to healthcare were not captured on this assessment. Although the risk was being managed by appropriate daily care plans, there was inadequate monitoring of the level of risk due to the absence of the risk on the risk management plan. This gap in the documentation did not result in any immediate risk to the individual availing of the service.

The inspector reviewed a sample of the residents' assessments which gave a comprehensive overview of their personal, health and social needs. These assessments were completed on an annual basis. An associated personal plan was in place. The residents had access to a key worker, and key working sessions were completed on a regular basis. However, on review of the plans there was a number of gaps in the documentation process. The residents' plans were not always updated following a review or an assessment from an allied professional. For example, a self administration of medication assessment had been completed for one resident, and a skill had been identified that could enable the resident to be involved in this process. However, the residents medication management plan had not been updated following this assessment and this skill had yet to be developed or included in the resident's personal plan. This deficit in the documentation had also been

identified following a recent psychological review for another resident. It must be noted that the centre had recently adopted a paperless system and the online system required some more time to develop and bed in to ensure all pieces of information were adequately documented and linked

Appropriate and detailed healthcare plans were in place where required. The residents were supported to access appropriate healthcare and a list of appointments with allied professionals was kept and maintained as required. Notes on visits to relevant professionals were documented and the health part of the personal plan was updated as necessary. Residents were supported to access and attend the national screening process as appropriate.

Overall, residents were supported appropriately, as required, in relation to positive behaviour support plans. Allied professionals were consulted where needed and staff had guidelines in place to support residents appropriately. Any restrictive practices employed were used for the shortest duration necessary and were subject to regular review. Consent was obtained for their use.

Overall, the rights of residents were protected and promoted, and residents were treated in a manner that maximised their privacy and dignity. Intimate care plans were reviewed, and practices respected the residents' wishes, privacy and dignity. However, the main bathroom could be accessed from the hall and from a resident's bedroom. The door between the resident's bedroom and bathroom was unlocked. This had the potential to impact on the privacy and dignity of the resident in their bedroom or a resident using the bathroom.

Generally the practice relating to the ordering, receipt, prescribing, storing including medical refrigeration, disposal and administration of medicines was appropriate. All medication was stored in a locked press in the staff office. However, there was insufficient guidance for staff to safely administer PRN (a medicine only taken as required) medicine, as the daily maximum doses were not stated on the medicine management system for all medications. This lack of guidance could potentially result in a risk of the daily maximum dosage of the medication being exceeded. Also two separate PRN medications had been prescribed for the same ailment, however there was no clear guidance in place in relation to when to use a specific PRN or if both PRN medications could be used at the same time.

In terms of fire precautions the provider had put in a number of measures to ensure the safety of the residents and staff. There was adequate means of escape with emergency lighting provided. There was a procedure for the safe evacuation of residents and staff in the event of a fire which was prominently displayed. Fire drills were being completed at regular intervals and any issues identified during the fire drills were rectified in a timely manner. There was an emergency pack available at the front door. Staff and the residents were provided with education and training around fire safety.

Regulation 17: Premises

The premises was warm, homely and decorated to residents personal taste. However, patio and balcony doors had a build up of mould. This build up of mould had also spread to a resident's bedroom wall.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The system in place for assessment and management and ongoing review of risk required improvement. Not all risks had been assessed appropriately, and were absent from the associated risk management plan.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire precautions were in place to ensure the safety of residents. There was adequate means of escape, fire containment measures were in place and residents took part in regular fire drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Generally the practice relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines was appropriate. However, the medicine management system did not clearly note the maximum daily dose for some PRN (medicine prescribed as necessary) medicines. There was two separate PRN's prescribed for the same ailment and no associated guidelines in place in order to inform staff administration of the two medications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The residents had personal plans that were kept under review and reflected in practice. However, there were gaps in the documentation process that did not result in a medium to high risk to the residents. Following reviews, aspects of the plan had not been updated.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate healthcare was made available to the resident. The residents had comprehensive healthcare plans to reflect their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Supports are available in the form of positive behaviour support strategies and access to relevant allied professional.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by safeguarding arrangements. However, there had been one incident between residents that met the description of a safeguarding concern in the policy but the follow up actions did not fully comply with the requirements of the policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Some facilities in the designated centre did not promote the residents privacy and dignity, there was a bathroom that could be accessed through a main hall and a resident's bedroom. The door between the resident's bedroom and bathroom was unlocked, which meant the resident's bedroom could be accessed from the

bathroom and vice a verse.

Judgment: Not 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Allendale OSV-0001984

Inspection ID: MON-0026412

Date of inspection: 23/10/2019

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>The PIC has arranged for all staff in the Designated Center to complete diabetes and Dysphagia Training. This was completed on 14/11/2019</p> <p>The PIC has amended the House Staff Induction checklist to include diabetes and dysphagia as required training for staff working in the Designated Centre. This was completed on 14 /11/2019</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>The Registered Provider has reviewed its approach to oversight and monitoring of the service to ensure actions are completed in a timely manner. This was completed on 13/11/2019</p> <p>The Registered Provider has ensured shared learning form HIQA inspections has been communicated to all centers. This was completed on 13/11/2019</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider has had the area of concern professionally cleaned and will complete the works required to make good the bedroom wall by 13/12/2019.</p> <p>The Person in Charge ensured cleaning of identified areas was completed and has updated the cleaning schedule in the Designated Centre to ensure regular cleaning of identified areas. This was completed by 25/10/2019</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge will update the House Risk register to include additional controls related in the Resident Health and Wellbeing Risk Assessment. This was completed by 14/11/2019</p> <p>The Registered provider will amend the Medication and Health Care audit tool to include a check that resident's healthcare needs are adequately reflected in the Risk Register. This was completed by 11/11/2019</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge has ensured the residents KARDEX and PRN protocols have been updated to ensure they include all relevant information including maximum dose and give clear guidance to staff. This was completed by 14/11/2019</p>	
Regulation 5: Individual assessment	Substantially Compliant

and personal plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge has ensured all resident's health care related assessments and reports have been reviewed and that appropriate plans are in place to meet the identified needs. This will be completed by 19/11/2019</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The Person in Charge has reviewed the Safeguarding reporting procedures with the staff team. The was completed on 14/11/2019</p> <p>The Registered Provider has updated the Safeguarding Reporting procedures and system to facilitate more accurate reporting of safeguarding incidents. This had been completed on 1/6/2019</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Person in Charge has put protocols in place to protect the dignity and privacy of users of the main bathroom including the privacy of the resident using the adjoining bedroom. This was completed by 24/10/2019.</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 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	14/11/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	13/12/2019
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	Substantially Compliant	Yellow	13/11/2019

	monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	14/11/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	14/11/2019
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	19/11/2019

Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	14/11/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	24/10/2019