



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

Issued by the Chief Inspector

Name of designated centre:	Morell
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	01 July 2020
Centre ID:	OSV-0001989
Fieldwork ID:	MON-0028508

About the designated centre

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

The designated centre provides full time residential services to five adults over the age of eighteen years with an intellectual disability. The centre is a two story house situated on the outskirts of a large town in Co. Kildare. The property consists of a detached house which is split into two sections, one section can accommodate four residents. There is an apartment which is adjacent to the main house that can accommodate one resident. One section of the main house contains a lounge area, a kitchen, a utility room, bathroom, an office and one bedroom. The other section of the house contains a living room, a kitchen and four bedrooms, two of which are en suite. Both sections are divided by a code locked fire door. The apartment contains a kitchen/ living area and a bedroom with an en-suite shower room. There is a small lawn with shrubs out the front of the house and to the back of the house there is a garden which contains a decking area. Residents are supported by social care staff during the day and overnight. The house has the use of a bus when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 1 July 2020	12:00hrs to 17:50hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The inspector met with five of the residents living in this centre. The inspector was provided with the opportunity to sit down with four of the residents to have a brief conversation with them about what it was like to live in the centre and how they were supported in different ways by the person in charge and staff members. A number of residents communicated with inspectors independently, whilst others were supported by staff to meet and talk with the inspector.

The residents, who the inspector spoke with, advised the inspector that they were happy living in the house. Residents spoke with the inspector about being supported to return to work, return to activities in the community and return to enjoying family visits again.

The inspector observed that the residents were very aware of the guidelines in place surrounding the current pandemic and in particular around social distancing and wearing masks. Residents talked with the inspector about how they had been supported by staff during this time and demonstrated their awareness of a number of guidelines and restrictions in place nationally.

The residents talked about the change in their daily routine and about activities they had been enjoying such as cooking, artwork and going for walks. Some of the residents advised the inspector that they were keeping fit and talked proudly of weight loss achievements. One of the residents excitedly told the inspector of their plans to get involved in group exercise and keep fit classes via online video technology.

The inspector observed that there was an atmosphere of friendliness in the house and that staff were kind and respectful towards residents through positive, mindful and caring interactions.

Capacity and capability

The inspector found that residents well-being and welfare was maintained to a good standard. The centre was well run and provided a pleasant environment for the residents. There was a staff culture in the centre that promoted and protected the rights and dignity of residents through person-centred care and support. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Care and support provided to residents was of good quality.

There was a clearly defined management structure that identified the lines of

authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The person in charge was found to be knowledgeable of the residents needs and motivated to ensure that the residents were happy, safe and making choices in their day-to-day lives. The inspector saw that a team meeting had occurred on the 18th of June between the person in charge and staff through video exchange. The meeting was resident focused but also incorporated other matters such as activities, family engagements, medical, health and COVID-19 related matters. The person in charge advised the inspector that they spoke on the telephone with the person participating in management on a regular basis and provided updates about the residents and what was happening in their lives.

The inspector reviewed a sample of infection control audits which were being carried out over the telephone by the organisation's quality assurance team on a regular basis. The inspector saw that there was a COVID-19 contingency plan in place for each of the residents should they need to self isolate during the health emergency. Individual and location risk assessments had been put in place to support the care and support provided to the residents during the pandemic. Subsequent to the inspection the provider submitted further information on the contingency arrangements in place for the centre.

The provider had ensured that an annual review of the quality and safety of care and support in the centre had been completed for 2019. The inspector saw that the residents and their representatives had been consulted as part of the review and that future plans such as organising a family evening at the centre, a city break, a new fitness programme and team building for staff were proposed as actions for 2020.

On the day of the inspection the inspector found that the six monthly unannounced visit which was due in May 2020 had not taken place. However, post inspection, the provider submitted sufficient evidence to demonstrate that in absence of the six monthly unannounced visit the oversight and governance mechanisms in place ensured that a safe and quality service was being provided to residents.

Residents were supported by a staff team who were familiar with their care and support needs. The inspector observed staff engaging with residents in a positive, supportive and respectful manner. Staff were familiar with residents' assessed needs and were observed engaging in safe practices related to reducing the risks related to COVID-19 when delivering this support. A sample of rosters reviewed showed that all the required shifts were covered in the centre and it was evident that every effort was made to ensure continuity of care for residents.

Through discussions with residents, staff and a review of documentation, it was evident that the staff and the person in charge were striving to ensure that residents lived in a warm and caring environment where they were supported to have control over and make choices in relation to their day-to-day lives. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of the procedures which related to the general welfare and

protection of residents.

Regulation 15: Staffing

There was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. The inspector observed that staff were kind and respectful towards residents through positive, mindful and caring interactions.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place ensured residents received the delivery of a safe and quality service. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had appropriate systems in place to record and follow up on incidents in the centre and to notify them to the Chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The inspector found the centre was well run and provided a homely and pleasant environment for the residents. The inspector found that the residents' well-being and welfare was maintained to a good standard. Through conversations with the person in charge and staff, the inspector found that they were aware of residents' needs and knowledgeable in the care practices to meet those needs.

Residents' healthcare needs were appropriately assessed and their plans

were developed in line with their assessed needs. Additional healthcare support plans were put in place for residents where required. The inspector found, that where appropriate, residents' plans were updated to include matters relating to the current pandemic and the use of personal protective equipment (PPE) and that these were relayed to residents through social stories.

Each resident had access to allied health professionals including regular access to a general practitioner (GP). The inspector reviewed a sample of appointment logs and saw that where required, residents were supported to attend allied health professionals such as the optician, occupational therapist, dentist, chiropodist and psychiatry and that a review date had been organised for the next appointment.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals. Clear guidance and information to support staff appropriately and safely respond to residents' assessed support needs was included in residents' personal care plans. On speaking with staff the inspectors found that they were familiar with residents' needs and any agreed strategies used to support them. The inspector saw that where restrictive procedures were being used, they were based on centre and national policies and staff took the least restrictive approach. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. Furthermore, the inspector found that therapeutic interventions were implemented with the informed consent of each resident and that these had been provided in an accessible format to support the resident better understand them.

The inspector found that incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centre's policy. Where appropriate interim safeguarding plans were put in place to minimise the risk of further incidents. The inspector found that there had been a satisfactory level of scrutiny by the registered provider of all alleged incidents to guarantee that safeguarding arrangements in place ensured all residents' safety and welfare. The inspector reviewed a sample of documentation relating to alleged safeguarding incidents that had taken place over the last twelve months. The inspector found that overall, the incidents had been dealt with in an effective manner.

Where appropriate social stories were available for residents in relation to COVID-19 and the inspector was advised that it was discussed regularly at residents' house meetings. Staff had completed both online and bespoke organisational specific training in relation to hand hygiene, infection control, management of spillages, procedures for laundry and the use of personal protective equipment. There were updated cleaning procedures in place in the centre in line with COVID-19. These included regular touch point cleaning to be carried out three times a day. During the inspection the inspector observed staff cleaning touch surfaces such as door handles. The inspector heard staff asking residents in a respectful and dignified manner for permission to clean the different touch areas in their room. There were also daily and weekly cleaning checklists for cleaning rooms in the house and all had

been completed and were up-to-date. A number of infection control audits had been completed by the quality management team via telephone during the pandemic and there was evidence of follow up on any required actions.

The provider had updated their risk register to account for risks related to COVID-19. The risk management policy had been amended to include COVID-19. There were plans and risk assessments in place to support residents self-isolate should they need to do so. The risk register accounted for the risks related to residents, visiting clinicians, family members and the public. There were risk assessments in place with appropriate control measures to support resident visit family, return to their place of employment and use of the centre's transport. The inspector was provided with a log of adverse events including health and safety, safeguarding and medical errors. On review, and using safeguarding as an example, the inspector found that adverse events logged had been followed up appropriately and in line with the centres policy.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. Fire drills were taking place at suitable intervals. Staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow.

Regulation 26: Risk management procedures

The provider had updated their risk register to account for risks related to COVID-19. There were risk assessments in place with appropriate control measures to support residents visit family, return to their place of employment and use of the centre's transport.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. These were detailed in nature and clearly guiding staff to prevent or minimise the occurrence of healthcare-associated infections. Staff had completed training in hand hygiene and the use of PPE. Cleaning schedules had been adapted in line with COVID-19. Social stories had been developed and were available for residents in relation to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The premises was equipped to detect, contain, and alert people to fire or smoke in the designated centre. Practice evacuation drills were occurring and records maintained. Residents had up to date personal evacuation plans in place.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily and where appropriate, take responsibility for their health. Residents were supported to engage in health and fitness programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals.

Judgment: Compliant

Regulation 8: Protection

There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. Overall, the residents were protected by practices that promoted their safety; residents' intimate care plans ensured that the resident's dignity, safety and welfare was guaranteed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant