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

Issued by the Chief Inspector

Name of designated centre:	Mountain View
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	26 January 2023
Centre ID:	OSV-0001993
Fieldwork ID:	MON-0034214

About the designated centre

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

Mountain View is a bungalow situated in a town in County Kildare and in walking distance to many local amenities and public transport links. Each resident has their own bedroom with access to living areas, kitchen/dining area, sun room and bathrooms. Mountain view provides a home to a maximum of four male/female adults with an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person in the house. Full time residential care is provided by a person in charge, 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

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 (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 26 January 2023	10:00hrs to 16:00hrs	Maureen Burns Rees	Lead
Thursday 26 January 2023	10:00hrs to 16:00hrs	Karen Leen	Support

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of Mountain View. From what the inspector observed, there was evidence that the residents living in the centre received good quality care and support.

The inspectors arrived at the centre and were greeted by a member of staff and the person in charge. The person in charge facilitated the inspection and was accompanied by the person participating in management for stages of the inspection. The inspectors had the opportunity to meet with residents and observe them in their home during the course of the inspection. The inspectors used these observations, in addition to a review of documentation, and conversations with key staff to form judgements on the residents' quality of life.

The centre comprised of a bungalow which was within walking distance of local town and in close proximity to public transport. There were four residents living in the centre, the inspectors met with each resident throughout the course of the inspection. The residents met with appeared to be comfortable and happy in their home. Each resident spoken to by the inspectors knew how to address a matter if they were not happy with an element of their home. One of the residents told the inspector that she "wouldn't change a thing" about their home, that she knew the staff and liked the individuals she lived with.

Residents were supported by staff to engage in meaningful activities both in the centre, day services and within the local community. Two of residents had chosen not to return to their Day Centre on the removal of COVID – 19 restrictions, this decision had been supported by the staff team. A discovery process was on-going for on resident and an alternative day service had been sourced for the second resident in line with their personal choice. Choices of activities within the centre were seen to be led by each of the residents through residents meetings and observations during the course of the inspection. Other examples of activities that the residents engaged in included, fortnightly disco, walks to the local scenic areas, music, one resident was engaged with the local council and the provider's advocacy group 'Voice of Kare'. The residents had access to centre bus for afternoon and weekend supports, however this access was limited as it could not facilitate all the needs and requirements of residents in the centre.

Residents were supported by a team of Social care workers and social work assistants. Staff interactions with residents were observed to be friendly and respectful. Staff were aware of residents' supports and responded to requests in a prompt and caring manner.

Meals were prepared in the home by the staff team with residents assisting in an aspect of meal preparation each day, as chosen by residents. It was also observed that residents' specific dietary needs and choices were well catered for and dietician guidelines were adhered to. While the kitchen was well equipped and accessible for

each resident, some of the cabinets were well worn leaving exposed pieces of wood.

On arrival to Mountain View, the inspectors observed that the premises were clean, spacious and welcoming. The had recently been new flooring placed throughout the centre and interior paint completed. However, there was scuff marks noted on the paint work throughout the main living areas. It was reported that the scuff marks were as a result of residents' equipment used for activities of daily living. Each resident had their own bedroom which was suitably furnished and decorated to residents' personal tastes. There were two bathrooms available for residents to use. Staff had identified the changing needs of one resident and were in the process of reviewing assistive aids with the multi-disciplinary team. There was a small garden area to the side of the centre. However, some repair work was required to the ramp pathway to gain safe access to the garden area for residents. There was garden furniture present in the garden. However, this required replacement or repair as it had become weather worn and rust was visible on a garden seat.

Residents rights were promoted by the care and support provided in the centre. A number of the staff team had completed human rights training. Residents had access to advocacy support services. One of the residents was a member of the provider's advocacy committee "A Voice for KARE" and had also done work with the local council in relation to making the local community more accessible for individuals with a disability. Residents' rights were discussed at each residents' meeting which were held weekly within the Centre.

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

Capacity and capability

Overall, the provider had satisfactory governance and management systems in place within the designated centre to ensure that the service provided to residents' was safe appropriate to their needs, and consistently and effectively monitored.

The centre had a clearly defined management structure, which identified lines of authority and accountability. There were reporting systems in place to oversee quality and safety of the service provided to residents. Staff spoken to on the day of the inspection were aware of how to raise concerns within the centre. The provider had carried out an annual review of the quality and safety of care and unannounced visits to the centre every six months and prepared a report on the findings to guide staff practice.

The person in charge had taken up the position in the previous month. The inspectors considered that the person in charge presented with a good knowledge of the Health Act 2007, as amended, the regulations and or standards. She was in place in a full time capacity and also responsible for one other centre located within

a short distance to the centre. There was clear system in place for staff to contact the person in charge if in attendance in the other centre. The person in charge demonstrated good knowledge of the assessed needs and support requirements for each of the residents. It was noted that the provider was required to submit information to the office of the chief inspector regarding the person in charges management qualifications and experience.

The full complement of staff were in place at the time of inspection. There were also a small number of regular relief staff to support the roster. There were actual and planned rosters in place that were found to be maintained to a satisfactory level. Staff had access to regular and quality supervision. A review of the supervision records found that the content of supervision was thorough and was sufficient to support the needs of staff. Staff had completed mandatory training with refresher dates and evidence of training planner in place. Staff had completed a number of training sessions outside of mandatory training that would enhance residents' experience for example a number of staff had completed human rights training.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector of Social Service, within the time frames required in the regulations.

Regulation 15: Staffing

The registered provider had ensured that the number, skill mix and qualifications of staff was appropriate to meet the number and assessed needs of the residents. A planned and actual roster was maintained within the centre. A review of the roster showed staffing levels were in line with the statement of purpose. There was regular relief staff in place to cover shift patterns if required to ensure continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. There was a programme of refresher training available. There were established supervision arrangements in place for staff.

Judgment: Compliant

Regulation 23: Governance and management

Suitable governance and management arrangements were in place. The provider had completed an annual review of the quality and safety and unannounced visits, to review the safety of care, as required by the regulations. There were clear lines of accountability and responsibility.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for residents; however two of the contracts had not been signed by residents' and their representatives but the contract did not contain the amount of rent to be paid or when this payment would be taken from their account. The centre had access to transport outside of day service hours and at the weekends, the inspectors noted that on a number of occasions residents' paid for taxi services in order to avail of hospital appointments.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been recently revised and was readily available to residents and their representatives. There was evidence of timely review in line with changes within the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations. There were arrangements in place to review trends of incidents on a regular basis.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was access and information available to residents' in relation to advocacy services. There was evidence of complaints by residents and their representatives within the centre and a review of records found that these complaints were recorded, investigated and resolved in accordance with the provider's policy.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for residents who lived in the designated centre. Overall, the governance and management arrangements in the centre were found to facilitate good quality, person centred care and support to residents. However, some improvements were required regarding maintenance of the premises and review of personal plans.

Residents' well being and welfare was maintained by a good standard of evidence-based care and support. However, a number of the personal plans had not been reviewed on an annual basis, as per the requirements of the regulations. For example, personal plan reviews were not always conducted in a manner which ensured the maximum participation of individual residents and their respective relatives. Furthermore there was not always evidence that the effectiveness of the plans were assessed as part of the review as required by the regulations. Personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their independence in accordance with their individual health, communication, personal and social care needs and choices. Person-centred goals had been set for each of the residents and there was evidence that progress in achieving the goals set were being monitored. The resident's assessments of needs had been reviewed by the provider's planner in consultation with resident's key workers and residents. Residents had access to allied health care professionals in line with their current needs.

The premises was observed to be generally clean and well-maintained. However, there were some worn areas of paint on walls in one of the sitting rooms and kitchen, the surface of tiles in one of the toilets was broken in a small area, the tile grouting behind the sink and the hob in the kitchen appeared stained and worn and the surface of a small number of the kitchen presses appeared worn. Two of the residents were wheelchair users and although the majority of areas were accessible it was noted by residents, that there were some uneven surfaces at exit routes which made manoeuvring of their wheelchairs more difficult. The accessible ramp leading to the garden area had been refilled a number of times which resulted in an unsteady pathway for residents, there was also insufficient facilities to accommodate residents sitting in the garden area. The provider had addressed some of the previously identified issues with the premises, with new flooring being placed throughout the centre. Each of the residents had their own bedroom which had

been personalised to their own taste. A number of the bedrooms visited, with the permission of residents, were observed to be an adequate size and to meet the individual resident's needs. Bedrooms were decorated according to individual resident's wishes and contained personal television, family photographs, posters and various other belongings. This promoted residents' independence and dignity, and recognised their individuality and personal preferences.

It was evident that the provider was mindful of residents' rights in the provision of care in the designated centre. The inspectors observed residents being consulted with in relation to aspects of the day to day running of the centre and reviewed documents including weekly residents meeting which reflected residents' participation in the running of the centre.

The provider had effective risk management procedures in place. Environmental and individual risk assessments had been completed and were subject to regular review. There was a risk management policy and local risk register in place. It was evident that the person in charge was reviewing and tracking incidents and accidents within the centre and that learning from this was passed to staff through team meetings and supervision. Health and safety checks were undertaken at regular intervals with appropriate actions taken to address issues identified.

Precautions were in place against the risk of fire. However, works were required to ensure fire containment as a number of the doors in the centre did not have self closing hinges in place. A plan was in place to address this. There was documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of residents was prominently displayed. Personal evacuation plans were in place for each of the residents and these adequately accounted for the mobility and cognitive understanding of the individual residents. Fire drills involving the residents were undertaken at regular intervals.

There were procedures in place for the prevention and control of infection. A COVID-19 contingency plan was in place which was in line with the national guidance. The inspectors observed that areas appeared clean. A cleaning schedule was in place, which was overseen by the person in charge. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Residents had also been supported with training on infection control, hand hygiene and social distancing. Disposable surgical face masks were being used by staff whilst in close contact with residents.

Regulation 17: Premises

The premises was observed to be generally clean and well-maintained. However, there were some worn areas of paint on walls in one of the sitting rooms and kitchen, the surface of tiles in one of the toilets was broken in a small area, the tile grouting behind the sink and the hob in the kitchen appeared stained and worn and the surface of a small number of the kitchen presses appeared worn. Two of the residents were wheelchair users and although the majority of areas were accessible it was noted by residents, that there were some uneven surfaces at exit routes which made manoeuvring of their wheelchairs more difficult. The accessible ramp leading to the garden area had been refilled a number of times which resulted in an unsteady pathway for residents, there was also insufficient facilities to accommodate residents sitting in the garden area.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were suitable risk management arrangements in place. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified

Judgment: Compliant

Regulation 27: Protection against infection

There were arrangements in place for prevention and control of infection. However, as identified under Regulation 17, there were a number of worn interior areas which required maintenance. This meant that these areas were more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Precautions were in place against the risk of fire. However, works were required to ensure fire containment as a number of the doors in the centre did not have self closing hinges in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' well being and welfare was maintained by a good standard of evidence-based care and support. However, a number of the personal plans had not been reviewed on an annual basis, as per the requirements of the regulations. For example, personal plan reviews were not always conducted in a manner which ensured the maximum participation of individual residents and their respective relatives. Furthermore there was not always evidence that the effectiveness of the plans were assessed as part of the review as required by the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' health needs were being met by the care and support provided in the centre. Health action plans were in place where required. Records were maintained of all contacts with health and social care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional support and support plans were in place for residents who were identified as needing that support. A restrictive practice register was maintained which was subject to regular review.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. Staff had received training in relation to safeguarding residents. There were clear lines of reporting in place to guide staff. Where residents required assistance with their personal care, there were support plans in place that guided care that was dignified and upheld residents wishes.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted by the care and support provided in the centre. Residents had access to advocacy services should they wish to avail of them. There was accessible information available to residents throughout the centre on rights and advocacy services. There was evidence that rights were actively discussed with residents at weekly meetings. One resident was a member of the providers advocacy committee, sat on interview panels and had participated in local council meetings to make the local community more accessible for people with disabilities.

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	
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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	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	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mountain View OSV-0001993

Inspection ID: MON-0034214

Date of inspection: 26/01/2023

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 24: Admissions and contract for the provision of services</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
Service agreements and tenancy agreements have been updated to include all necessary information, including use of bookable buses and have been signed and saved on KARE database in February 2023.</td></tr>
<tr><td>Regulation 17: Premises</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 17: Premises:
Sitting room and kitchen will be touched up with paint by the end of June 2023.

Kitchen presses will be changed by the end of June 2023.

Pathway will be resurfaced by the end of June 2023.

Cracked tiles in bathroom will be completed by the end of June 2023.

Tiling and grouting will be repaired in bathroom in required areas by the end of June 2023.

Ramp at back door will be reviewed and solution in place by the end of August 2023.</td></tr>
<tr><td>Regulation 27: Protection against infection</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Sitting room and kitchen will be touched up with paint by the end of June 2023.

Kitchen presses will be changed by the end of June 2023.

Cracked tiles in bathroom will be completed by the end of June 2023.

Tiling and grouting will be repaired in bathroom in required areas by the end of June</td></tr>
</table>

2023.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire doors are on a schedule of works for KARE which has been approved by HIQA and are expected to be completed by the 31st December 2023 for all doors to include self-closures in this location.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Personal plans were updated and reviewed where required to include participation in the review, and to document a review of the effectiveness to the plan. Assessment of need will be updated by the planner prior to the end of March 2023 for the one individual required.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Substantially Compliant	Yellow	31/08/2023

	accessible to all.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	24/02/2023
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	30/06/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2023
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	31/03/2023

	annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/03/2023