



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:	29 January 2020
Centre ID:	OSV-0001993
Fieldwork ID:	MON-0025106

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
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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
Wednesday 29 January 2020	09:30hrs to 18:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to speak and spend time with three of the residents on the day of inspection. One resident was convalescing in another designated centre due to their specific assessed needs. On arrival to the house, the inspector was warmly welcomed in by two of the residents and shown to the kitchen to have a cup of tea.

Residents who spoke with the inspector stated they were happy in their home and felt safe. They spoke kindly of staff that were assisting them. Observations on the day of inspection were in line with the above statements. Observations indicated residents were very comfortable and independent in their home. Residents made tea for the inspector, prepared their drink to take with their medication and helped themselves to snacks. Staff interactions were kind, patient and connective care with residents were observed. Residents were consulted with assistance in relation to different care needs. Residents and staff completed daily household chores together, such as preparing the evening meal.

Interactions between residents were noted to be kind and respectful. Residents were very comfortable in each others company and they spoke very positively about each other. Throughout the course of the day, residents spoke of the many meaningful activities they engaged in such as, attending their preferred local service, going to social nights out, attending events, including an upcoming ball, and visiting family. Residents spoke about the upcoming elections and the candidates they were choosing to vote for.

Residents could readily express if they were unhappy about any aspect of their care or service delivery in general. A resident spoke to the inspector and other senior managers on the day of inspection about their preferred type of home and the preferred location of this home. The resident was listened to carefully during this time, and responded to appropriately.

Capacity and capability

The centre had the capacity and capability to positively support residents according to their assessed needs and wishes. The care and support provided within the centre was person-centred and promoted an inclusive environment where each of the residents' needs, wishes and intrinsic value were taken in to account. Positive outcomes were noted for residents. However, improvements were required in record keeping, documentation processes in relation to rosters and notification of incidents,

to ensure a quality and safe driven service was maintained.

There were clear lines of accountability at individual, team and organisational level. Regular staff meetings occurred for all staff. The person in charge had regular meetings with operations manager. The person in charge held a staff meeting with all staff in the home on a monthly basis. Staff house meeting notes were reviewed and were found to be resident focused and evidenced good communication of any important information or issues identified. For example, following each staff meeting individual notes on each resident were recorded capturing important aspects such as their healthcare needs, response to fire drills, and any other relevant aspects in ensuring the residents were kept safe.

The provider has several systems for reviewing the quality and safety of the service provided to residents. An annual report had recently been completed for the centre and the report was in the final stages of completion. Residents and their family representatives had been given the opportunity to contribute to this report by completing satisfaction surveys. Residents and their families noted high levels of satisfaction with the services being provided. The provider had nominated a person to complete unannounced visits to the centre, namely Internal Monitoring Visits (IMV). In addition to this there was a suite of audits including and not limited to; care plans, medication, fire, finances, that were being completed at regular interval. Actions from the audits and IMV visits were collated on a team action plan. In 2019 35 actions had been identified and 34 actions had been completed on or before the due date indicated. These reviews were identifying minor areas for improvement, and actions were being completed in a timely manner.

The inspector observed that residents enjoyed a high level of independence in their routine and daily lives. Staffing levels were sufficient to support staff in line with their assessed needs. Staff providing support for residents were warm, friendly and respectful. Staff spoken with were very knowledgeable about the residents' individual preferences and needs. There was an actual and planned roster available for review by the inspector. However, the actual roster did not reflect the current staffing on duty on the day of inspection. A relief staff member had been utilised to cover a sleep over shift and had not been added to the roster accordingly.

Record keeping is a fundamental part of providing a good quality service and guiding staff practice to ensure residents are provided with the care they need and are kept safe. Although records in relation to aspects of the residents personal plan were maintained they at times were not easily retrievable. This was compounded due to the three separate systems in place to record elements of the residents personal plan. The provider was in the process of adopting a paperless online system but not all pertinent documentation in relation to residents had been transferred accordingly and at times the person in charge could not easily retrieve documentation in relation to residents care needs. This risk was mitigated at this time due to regular and familiar staff working in the centre, however improvements were required with this aspect of service delivery.

The inspector reviewed staff training records and found that staff had completed the necessary training and refresher training to enable them to provide up-to-date,

evidence based care to the residents. All staff had completed mandatory training such as safeguarding and safe administration of medication. Staff had also completed additional training that was directly relevant to their role and assessed needs of residents.

Staff were receiving supervision in the form of performance reviews at regular intervals though out the year, in line with the organisations policy. A sample of notes were reviewed which indicated that good quality supervision was provided to staff that enabled them to perform their role to the best of their ability. In addition to the performance review meeting notes, the person in charge also kept a general log of informal supervision that occurred throughout the year.

Regulation 15: Staffing

Residents received assistance and care in a respectful, timely and safe manner. There was an actual and planned roster in place, however, the actual roster did not reflect the staff that were on duty on the day of inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence based practice.

Judgment: Compliant

Regulation 21: Records

While it was evident that care was delivered to a high standard, records although relatively well maintained, were not easily retrievable.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management structure was clearly defined that identified the lines of authority and accountability, specified roles and detailed responsibility for all areas of service

provision.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all notifications had been submitted within the required time frames set out in the regulations.

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. The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. Residents described a wide variety of meaningful activities which they took part in, and had busy active lives. Improvements were required in relation to relation to residents personal plans, risk management documentation and the systems in place to ensure residents' privacy and dignity was protected.

The inspector completed a walk around of the home and it was found to be warm, clean and decorated to an overall good standard. Residents had access to a large kitchen/dining area, a sitting room with a conservatory and an additional sitting room. A resident kindly agreed to show the inspector their bedroom. It had been decorated in line with the resident's specific taste and they had many of their favourite items on display. An empty bedroom in the home required a deep clean and some improvements were required in relation to the outside maintenance of the home. Plans were in place to address this over the coming days and months respectively.

The inspector reviewed a sample of the residents' assessments which gave an 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, or a change in need. For example, a resident's dietary needs had recently changed and the personal plan had not been updated to reflect this change or reflect the recommendations from allied professionals. In addition to this the

documentation in relation to monitoring the effectiveness of social care plans/goals required improvements. Although, some social care goals or plans had been documented in the residents personal plans, not all plans/ goals were always reflected in this. Therefore, the effectiveness of these goals were not adequately reviewed. Currently these gaps in the documentation, did not pose a significant risk to the residents, however improvements were required to ensure continuity of care for the residents. As stated above, three systems were in place to document the residents personal plan and this was also a factor in relation to the gaps in the documentation.

Healthcare needs were being appropriately met in the residents' home, including residents that were presenting with changing needs. Healthcare plans were in place to guide staff to support residents appropriately. An appointment log for each resident was kept and updated as required. Residents had accessed the national screening program and were supported to attend appointments as required. Healthcare plans were sufficiently detailed to guide staff to support all the residents appropriately.

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 systems in place to ensure all residents' privacy and dignity around accessing this bathroom required improvements.

Risk was generally managed appropriately and there were policies and procedures in place to support this. There was a local risk register in place that identified general risks and this was reviewed on a regular basis. However, an identified risk though the analysis of accident/incident reports, had no associated risk assessment or updated risk management plan in place in the residents personal plan. On review of the accident/incident forms, it was evident it was being managed appropriately and referrals had been made to allied professionals. The provider had submitted a fall management plan subsequent to the inspection, however this had not been updated since August 2018, and had not been updated following recommendations from allied professionals in November 2019 or following the recent number of falls from December 2019 onwards.

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. There was accessible information on safeguarding on display in the centre and in addition to this the residents had chosen house rules to ensure everyone was respectful towards each other. Residents stated that they felt safe on the day of inspection. There had been a number of very minor incidents in relation to safeguarding in the centre over recent months. These incidents had been managed appropriately and any risks identified were mitigated.

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 and clean and overall maintained to a good quality standard in terms of decorative repair. Residents bedrooms were decorated in lines with their own individual taste

Judgment: Compliant

Regulation 26: Risk management procedures

Risk was generally managed appropriately and there were policies and procedures in place to support this. There was limited evidence on the day that an identified risk had been assessed and reviewed in line with the organisations policy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An assessment of need informed an associated personal plan for each resident.

However, aspects of the personal plan were not updated to reflect some changing needs of the residents. In addition to this, social care goal/plans were not always reflected accurately in the residents' personal plans this was impeding the review of the effectiveness of these goals.

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 8: Protection

The person in charge had initiated and put in place an investigation in relation to any minor incidents in relation to safeguarding concerns and had taken appropriate action when required.

Judgment: 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 systems to ensure all residents privacy and dignity around accessing this bathroom required improvements.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Mountain View OSV-0001993

Inspection ID: MON-0025106

Date of inspection: 29/01/2020

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge has included 'Updating of roster' to the Shift Leader Plan duties to ensure any changes to the planned roster are reflected on the Actual Roster in a timely manner. This was completed by 17/02/20.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Registered Provider has carried out a review of record management in the Designated Centre and confirmed the systems in place for managing the records of residents. This was completed by 25/2/2020</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Person in Charge has reviewed the procedures for reporting of 3 day and Quarterly notifiable incidents to ensure they are reported in a timely manner. This was completed by 7/02/20.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Registered Provider has worked with the Person in Charge to review the House Risk register to ensure it includes all risks in relation to the health and wellbeing of residents including falls management. An agreed process is in place for reviewing risks annually or more frequently if circumstances change. This was completed by 17/02/2020</p> <p>The Person in Charge has put in place an Individual Falls Risk Assessment with control measures to ensure appropriate care of the resident. This was completed on 20/02/2020</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge met with the team in the Designated Centre and have reviewed the methodology for recording 'incidental' goals and choices with the team to ensure they are documented, and the outcome is recorded. This was completed by 28/02/20.</p> <p>The Person in Charge has put a system in place whereby residents' changing needs are discussed at team meetings and actions are agreed to ensure individual plans are updated in a timely manner so that they reflect current support needs. This was completed by 28/02/20</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Person in Charge has met with residents and staff regarding the management of access to the bathroom with double access and agreed protocols to ensure the dignity and privacy of residents. A risk assessment has been put in place with appropriate control measures to manage the dignity and privacy of residents. This was completed by</p>	

25/2/2020

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	17/02/2020
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	25/02/2020
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	Substantially Compliant	Yellow	20/02/2020

	system for responding to emergencies.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	07/02/2020
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Substantially Compliant	Yellow	07/02/2020
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	Substantially Compliant	Yellow	28/02/2020

	effectiveness of the plan.			
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	28/02/2020
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.	Substantially Compliant	Yellow	25/02/2020