



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

## Issued by the Chief Inspector

Name of designated centre:	Poplars
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	09 December 2020
Centre ID:	OSV-0001994
Fieldwork ID:	MON-0031028

## About the designated centre

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

Poplars is a dormer bungalow situated on the outskirts of a large town in Co. Kildare. Poplars has two separate units which provide 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 living in the house. The Poplars can provide support to individuals with a variety of complex needs such as health care/medical needs. Poplars uses individualised planning to identify each persons' needs, wishes and dreams and develop relevant support plans. Residents receive full time residential support from nursing staff, a social care leader, social care workers and 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 9 December 2020	11:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents had a good quality of life in which their independence was promoted. However, improvements were required in relation to the upkeep and maintenance of the centre.

The inspector met briefly with two of the four residents living in the centre. Warm interactions between the residents and staff caring for them was observed. One of the residents met with was unable to tell the inspector their views of the service but appeared in good form and comfortable in the company of staff. There was an atmosphere of friendliness in the centre. Staff were observed to interact with residents in a caring and respectful manner. Staff were also observed to react to a resident's non verbal cues and the resident in turn was observed to respond with good humour.

The centre comprised of two separate units. This included a self contained apartment adjacent to the main building for one resident. There was also a self contained area on the upper floor of the main house for one resident, whilst the ground floor level was home to two residents. One of these two residents was absent from the centre on the day of inspection.

At the time of inspection, the centre was emerging from a significant outbreak of COVID-19, whereby a number of residents and staff had tested positive for COVID-19. The residents and staff had since recovered and the outbreak had been well contained by measures employed in the centre.

The centre was an older style building but found to be comfortable and homely. However, it was observed that there was chipped paint on walls and woodwork in a number of areas, broken padding on handrails in bathroom, worn work surfaces in the kitchen and worn floor surfaces. The centre had adequate space for residents with good sized communal areas. Each of the residents had their own bedroom which had been personalised to their own taste. This promoted residents' independence and dignity, and recognised their individuality and personal preferences.

There was some evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of their home. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled and assisted to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with some relatives as part of the centres annual review which

indicated that they were happy with the care being provided to their loved ones.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including video and voice calls. All visiting to the centre was restricted in line with national guidance for COVID-19. A support plan had been put in place for individual residents in respect of COVID-19 and its impact on their life.

Residents were supported to engage in meaningful activities in the centre. In line with national guidance regarding COVID-19, the centre had implemented a range of restrictions impacting residents' access to activities in the community. Each of the residents were engaged in an individualised programme coordinated from the centre which it was assessed best met the individual residents needs. Activities were led by each of the residents. Examples of activities that residents engaged in included, walks to local scenic areas, drives, arts and crafts, board games, listening to music, computer games and use of sensory items. The centre was located on the outskirts of a town and had an enclosed garden area for residents use. This included an outdoor seating area and trampoline. There was a vehicle available for use by the residents living in the centre.

The full complement of staff were in place. A number of new staff had commenced working in the centre in the preceding period, whilst others had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

## Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs.

The centre was managed by a suitably qualified and experienced person who was filling the position as an interim arrangement whilst recruitment was underway for a full time person in charge. He had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge was a registered nurse in intellectual disabilities and held a certificate in management. He had more than seven years management experience. He was in a full time position but was also responsible for one other centre located nearby. The person in charge was found to have a good knowledge of the requirements of the regulations. The person in charge reported that he felt supported in his role and had regular formal and informal contact with his manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was

supported by a shift leader. The person in charge reported to the operational manager who in turn reported to the chief executive officer.

The provider completed an annual review of the quality and safety of the service and unannounced visits to review the safety of care on a six monthly basis as required by the regulations. A number of audits and other checks had been completed in the centre. Examples of these included, quality and safety walk around, medication practices, finance and infection control. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents in the house visited. At the time of inspection the full complement of staff were in place. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. However, there were a small number of staff overdue to attend some training. There was a staff training and development policy. A training programme was in place and coordinated by the location managers. There were no volunteers working in the centre at the time of inspection.

A record of all incidents occurring in the centre was maintained and these were notified to the Chief Inspector, within the timelines required in the regulations.

#### Regulation 14: Persons in charge

The interim person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents in the house visited.

Judgment: Compliant

## Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. However, there were a small number of staff overdue to attend mandatory training at the time of inspection.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review and six monthly unannounced visits in line with the requirements of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

The residents living in the house visited, appeared to receive care and support which was of a good quality, person centred and promoted their rights. However, some improvements were required to the maintenance and up keep of the centre.

Overall the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Personal support plans in place reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. There was evidence that person centred goals had been set for a number of the residents and there was evidence that progress in achieving the goals set were being monitored. However, evidence that a personal plan review for two of the residents completed in the last 12 months as per

the requirements of the regulations was not available.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for the residents had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences.

Suitable precautions were in place against the risk of fire. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the house visited. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident.

There were procedures in place for the prevention and control of infection. A COVID-19 contingency plan had been put in place which was in line with the national guidance. As outlined above at the time of inspection, the centre was emerging from a significant outbreak of COVID-19 but all those affected had recovered. The provider's infection control team had completed a post outbreak review. The inspector observed that areas in the house visited were clean. However, worn surfaces and chipped paint in areas meant that these areas were difficult to effectively clean from an infection control perspective. 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. Staff and resident temperature checks were being taken at regular intervals on all entries and exits from the centre. Disposable surgical face masks were being used by staff whilst in close contact with residents in the centre.

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately reported and responded to. The provider had a safeguarding policy in place. Intimate care plans were on file for residents and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and their assessed needs were appropriately responded to. Support plans were in place for residents as required and provided a good level of detail to guide staff. A register was maintained of all restrictive practices used in the centre and these were subject to regular review. There was evidence that alternative measures were considered before using a restrictive practice and that the least restrictive practice was used for

the shortest duration.

### Regulation 10: Communication

Residents' communication needs were met. There was a policy on communication. Individual communication requirements were highlighted in residents' personal plans. There were communication tools, such as picture exchange and object of interest in place, to assist residents identified to require same, to choose diet, activities, daily routines and journey destinations.

Judgment: Compliant

### Regulation 17: Premises

The centre was an older style building but found to be comfortable and homely. However, it was observed that there was chipped paint on walls and woodwork in a number of areas, broken padding on handrails in bathroom, worn work surfaces in the kitchen and worn floor surfaces.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected.

Judgment: Compliant

### Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. However, there were a number of worn surfaces which were difficult to clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions
Suitable precautions had been put in place against the risk of fire.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Overall, resident's well-being and welfare was maintained by a good standard of evidence-based care and support. However, evidence was not available on the day of inspection that an annual personal plan review for two of the residents had not been completed in the last 12 months.
Judgment: Substantially compliant
Regulation 6: Health care
Residents healthcare needs appeared to be met by the care provided in the centre. Registered staff nurses formed part of the staff team to support residents healthcare needs.
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents were provided with appropriate emotional and behavioural support.
Judgment: Compliant
Regulation 8: Protection
There were measures in place to protect residents from being harmed or suffering from abuse.
Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were promoted by the care and support provided in the centre. There were a good range of communication aids available to support residents identified to require same to communicate their choices for food and activities. There were good levels of staffing in place to support residents to engage in individual activities of their choice.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	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 Poplars OSV-0001994

Inspection ID: MON-0031028

Date of inspection: 09/12/2020

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Organization training schedule in place for 2021.</p> <p>Gap analysis will be conducted to identify training needs for staff in this location.</p> <p>Staff will be booked into all required training.</p> <p>Staff will be up to date with all required training by the 31st of March 2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All issues identified will be remedied by the 30th of April 2021</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p>	

All infection prevention maintenance issues identified will be remedied by the 30th April 2021.

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:  
All service users reviews will be in date and appropriately documented by the 15th February 2021.

## 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	31/03/2021
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	30/04/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	30/04/2021

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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	15/02/2021