



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:	Announced
Date of inspection:	14 January 2022
Centre ID:	OSV-0001994
Fieldwork ID:	MON-0027199

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. A range of local amenities are within a short distance from the centre. Poplars has three 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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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
Friday 14 January 2022	09:00hrs 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 each of the four residents living in the centre. Warm interactions between the residents and staff caring for them was observed. One of the residents was unable to tell the inspector their views of the service but appeared in good form and comfortable in the company of staff. Another one of the residents told the inspector that staff were very good to them and it was evident that they were proud of their home and various items of furniture and soft furnishings that they had purchased. This resident spoke with the inspector about a mini car wash business they had established with the purchase of his own power washer. 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 three separate units. This included two self contained apartments adjacent to the main building with one resident living in each. The main house was home to two residents.

The centre was an older style building and was found to be comfortable and homely. However, it was observed that there was chipped paint on walls and woodwork in a number of areas, rust on the radiator in the bathroom, stained and missing tile grouting and broken surfaces on some furniture, e.g. desk and filing unit in staff office. It was noted that some refurbishment work had been completed since the last inspection, including painting and new flooring in areas. A schedule for works identified to be completed was in place. 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. Two of the residents had their own self contained apartments. This promoted residents' independence and dignity, and recognised their individuality and personal preferences.

There was 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.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including visits to the centre, video and voice calls. All visiting to the centre had been restricted in line with national guidance for COVID-19 but had recently resumed. 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. However, with the lifting of the national restrictions there was evidence that residents were re-engaging with 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. One of the residents had chosen not to return to their day service programme with the lifting of restrictions and appeared to be enjoying individualised activities from the centre. Activities were led by each of the residents. Examples of activities that residents engaged in included, walks to local scenic areas, drives, swimming, eating out in restaurants, arts and crafts, board games, listening to music, computer games and use of sensory items. The centre 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. However, some key issues identified on this inspection had not been highlighted in a range of infection control audits completed by the provider.

The centre was managed by a suitably qualified and experienced person who was filling the position as an interim arrangement whilst the person in charge was on unexpected extended leave. He had a good knowledge of the assessed needs and support requirements for each of the residents. The interim person in charge held the title of Operations manager for the wider service. He was suitably qualified and experienced and had a good knowledge of the requirements of the regulations.

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 interim person in charge was supported by a shift leader. He reported to the chief executive officer.

The provider completed an annual review of the quality and safety of the service. However, it did not include evidence of consultation with residents and their representatives as per the requirements of the regulations. It was reported that feedback from family had been sought and collated but this was not reflected in the report. Unannounced visits to review the safety of care on a six monthly basis as required by the regulations had been completed. In addition, 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. However, there were some deficits identified in this report relating to infection control which were not appropriately assessed within the infection control audits, i.e. most recent infection control audit reported 100 percent compliance despite evident issues with the upkeep of the premises which negatively impacted infection control arrangements. 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. Staff supervision was not being undertaken in line with the timelines proposed by the provider. 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. The full complement of staff were in place.

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. Staff supervision arrangements required improvements as not all staff were being supervised within the timelines proposed by the provider.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. However, the provider's annual review of the quality and safety of care did not include evidence of consultation with residents and their representatives as per the requirements of the regulations. Some key issues identified on this inspection had not been highlighted in a range of infection control audits completed by the provider.

Judgment: Substantially 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

Regulation 34: Complaints procedure

There was a suitable complaint management process in place and evidence that complaints were appropriately managed in line with the provider's policy.

Judgment: Compliant

Quality and safety

The residents living in the centre, 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. Each residents' health, personal and social care needs had been assessed within the last year as per the requirements of the regulations. However, an annual review to assess the effectiveness of the personal plans in place had not been adequately completed in line with the requirements of the regulations.

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 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. The inspector observed that areas appeared 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 medical grade 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, rust on the radiator in the bathroom, stained and missing tile grouting and broken surfaces on some furniture, e.g. desk and filing unit in staff office.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

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 and broken surfaces in the centre. This meant that these areas were more difficult to clean from an infection control perspective.

Judgment: Not compliant

Regulation 28: Fire precautions

Suitable precautions had been put 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. 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.

Judgment: 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, an annual review to assess the effectiveness of the personal plans in place had not been adequately completed in line with the requirements of the regulations.

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. Individual health plans, health promotion and dietary assessment plans were in place. There was evidence residents had regular visits to their general practitioners (GPs).

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same. A behaviour token system was being used with one of the residents which it was reported was working well. A restrictive practice register was in place which was subject to regular review.

Judgment: Compliant

Regulation 8: Protection

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.

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 so wish. There was information on rights and advocacy services available for residents. There was evidence of active consultations with residents regarding their care and the running of the centre. All interactions on the day of inspection were observed to be respectful. Residents were provided with information in an accessible format which was appropriate to their individual communication needs. There were a good range

of communication aids available to support residents to communicate their choices for food and activities.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not 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-0027199

Date of inspection: 14/01/2022

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: All training will be up to date for each staff member prior to the end of June 2022.</p> <p>Supervision meetings for each staff member will be completed prior to the end of June 2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual review of the quality and safety of care in 2022 will include further evidence of consultation with residents and their representatives.</p> <p>Internal audits on infection control will be updated to reflect additional considerations prior to the end of February 2022.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All maintenance issues will be addressed prior to the end of December 2022</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: All maintenance issues related to infection control will be addressed prior to the end of September 2022.</p>	

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: An annual review to assess the effectiveness of the personal plans will be documented prior to the end of July 2022 for each person in this location.	

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	30/06/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2022
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	31/12/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to	Substantially Compliant	Yellow	31/12/2022

	in subparagraph (d) shall provide for consultation with residents and their representatives.			
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.	Not Compliant	Orange	30/09/2022
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	31/07/2022