



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

## Issued by the Chief Inspector

Name of designated centre:	Kare DC18
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	30 October 2024
Centre ID:	OSV-0008185
Fieldwork ID:	MON-0036354

## About the designated centre

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

Kare DC18 is a designated centre registered to provide full-time residential support for up to five adults with an intellectual disability. The centre consists of three premises in Co. Kildare. The first location is a two-storey, single occupancy house in a residential estate, the second is a single-occupancy bungalow in a rural area, and the third is a two-storey detached property registered to accommodate three people. Each resident has a private bedroom and suitable living room, bathroom, kitchen and outdoor areas. The residents of this designated centre have exclusive use of two cars for community access. Residents are supported by a team of social care workers, with access to nursing support as required.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
--	---

## 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
Wednesday 30 October 2024	09:30hrs to 17:20hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector spoke with two of the three residents in this designated centre and discussed their activities, plans and current support objectives with them or with their support staff. The inspector also observed how personal, social and recreational goals were monitored and observed the home environment and interactions, to indicate the lived experience for people living in Kare DC18. In the main, the inspector observed that residents were happy and relaxed in their home, and participated in their community in line with their preferences.

Residents had been offered to complete written surveys ahead of this inspection, and two of the three residents filled responses to these, with generally positive comments on the staff, house and community supports, routines and meals in the house. One resident showed the inspector a folder which contained information about them such as what they liked to do in their day, what they did not like, and how best to support them when they were not having a good day. The resident told the inspector their news and some of the things that were on their mind. The resident commented that they felt safe with their staff team and that if something was bothering them they could speak up and be listened to. The inspector reviewed a sample of minutes of house meetings which included reminders on how to stay safe, and understand how to report abuse or mistreatment. The minutes also included news such as changes to the house or planning for upcoming birthdays and holidays.

Following previous regulatory inspections in this centre, changes had been made to the living arrangements which had had a positive impact on residents' lives, including attaining accommodation more suitable for residents' assessed needs and addressing risks related to peer relationships in the centre. Shortly before this inspection there had been a bereavement affecting residents and staff, and the inspector observed evidence to indicate that residents were supported to understand and express themselves during this difficult period.

Each resident had a private bedroom which was furnished and decorated in line with their preferences, with suitable kitchen, bathroom and external areas. Where required, visual aids, ramps, rails or support equipment were provided to support accessibility and safe navigation in the centre. The provider had exclusive use of two cars for use by residents of this centre, and the inspector observed evidence that the resident in the setting without an assigned car had access to it as and when required to participate in their community. During this inspection, residents were supported to go shopping, for lunch or to the hairdresser, and to watch movies, read comics, do jigsaws and listen to music in their home. The inspector observed that residents lived in a restraint-free environment which did not utilise physical, environmental or rights-based restrictions, and residents were observed to have access to their kitchen to get food or make hot drinks, offering the inspector tea or coffee as a guest in their house.

The week prior to this inspection, one resident had moved into this centre on a temporary basis, with a plan to transition to a permanent home in another centre in early 2025. This resident was looking forward to the move, and had been involved in selecting their furniture, decor and paint colours for their new living space. They were looking forward to when the new build was far enough along that they could visit in person. While in this temporary location, their core support staff team had moved with them from their previous location to join this centre's staffing complement. The resident liked the house, though would prefer living in a location with more to do in the local area. They were looking forward to exploring options in the local area of their new home.

Another resident in this designated centre had moved internally to a different house which had recently been added to the premises of this centre. The inspector observed evidence that they had been consulted on the transition, to ensure they were satisfied with the move and that their personal belongings moved with them. The resident had also been advised on local amenities in walking distance, such as parks, pubs, shops, cafés and bus and train transport links in the area, as this resident wished to live in a busy and active environment in which they could socialise and participate in their community. The provider advised that one of the two cars belonging to this centre would be primarily located at this house to support ready access to further-away locations. The inspector did not meet this resident as they were away with family on a holiday break. However, through their written survey response the resident commented positively on staff supporting their choices and keeping them apprised of updates relevant to their life and their home.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

## Capacity and capability

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013) and to inform a decision to grant an application to renew this centre's registration. The inspector found this service to be appropriately resourced with staff, equipment and vehicles, and had progressed quality improvement plans related to providing a safe and suitable living environment for residents.

The inspector observed that residents who were in the process of transition between houses, both in this designated centre and in other services, had been supported to do so in a manner which included their wishes and consultation. Residents had retained some of their front-line staff to mitigate the impact on support by familiar personnel during these transitions. The inspector observed that resident contracts required revision to ensure that any changes to the terms and fees associated with the residents' support were kept up to date.

The staff team had recently been reorganised to reflect the changes to the centre premises and service users, and the inspector observed the number and shift patterns to be suitable based on the current residents' assessed needs. Governance and accountability structures were under review to ensure that they were suitable to retain oversight of the designated centre following these recent changes.

### Regulation 15: Staffing

The inspector was provided evidence on the most recent revisions on staffing complements and observed that the provider was sufficiently resourced to provide 1:1 staffing ratio for residents per their assessed needs in each of the locations. In the main staff demonstrated a good knowledge of residents' personal, health and social care needs and the inspector observed a good rapport between residents and staff.

The inspector reviewed a four week sample of worked rosters in this centre. These records clearly indicated when the person in charge was on duty and when front line staff began and finished their shifts, as well as indicating a small complement of relief personnel to ensure familiar staff cover during annual leave and other absences.

Judgment: Compliant

### Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

This designated centre was observed to be suitably resourced based on the number and the assessed support needs of the current service users. The provider was in the process of rearranging the governance and reporting structure of this centre following a recent reconfiguration of the staff team and management personnel.

The provider supplied a written report on the safety and quality of care and support in the centre from an audit carried out in August 2024. This report identified findings and actions related to five regulations, and where required, areas requiring development, such as ensuring the views of the residents contributed to service

reviews and reports. Actions following audits or incidents were collated in an action plan for the designated centre, which set out responsible persons and deadlines for matters to be addressed.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The inspector was provided written service agreements and contracts with the service provider which were signed by the resident or their representative. This laid out the terms and conditions associated with living in this designated centre. The inspector reviewed two of the three residents' agreements alongside records of payments made to the service provider. In these records, the inspector observed additional payments made to the provider which were not described in the contract. In addition to needing to update agreements to reflect new living arrangements, it was also required to ensure that all fees associated with living in this service were clearly accounted for in these signed agreements.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose contained information required under Schedule 1 of the regulations, and this document had been updated to reflect changes to the centre premises which had taken place in 2024.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed records of incidents, accidents and adverse events, and found that the provider had reported matters to the Office of the Chief Inspector in accordance with the requirements of this regulation.

Judgment: Compliant

## Quality and safety



The inspector found evidence through speaking with residents and staff, reviewing documentary evidence and observing routines that residents were safe and were supported in their choices. The provider had addressed risks related to compatibility of service users in a shared setting, and for residents who had moved into new locations, plans were in place to optimise their community access and support residents to personalise their space.

Residents were facilitated to manage their finances as they wished and in line with their assessed capacities. Where staff were responsible for protecting residents' money and cards, this was subject to protective audits. Residents were protected from potential or actual abuse from others through suitable risk management and safeguarding plans.

Residents commented that they felt safe, respected and listened to in their home, and were reassured of the progress of upcoming changes to their home. The inspector was provided information on new opportunities being explored for residents who enjoyed shopping, meeting friends and engaging in recreational or sensory activities.

## Regulation 12: Personal possessions

All three residents had a financial account in their own name, into which their income was received, and for which the resident had debit cards and cash which they were being supported to use and manage themselves. Bank statements were received to the residents' homes, which staff reconciled with receipts to ensure residents' money was being protected and used as they wished.

All residents had sufficient storage for their clothing and personal belongings, and were supported to decorate and furnish their homes as they preferred.

Judgment: Compliant

## Regulation 13: General welfare and development

The inspector was provided evidence of what the residents had enjoyed in the community, with recent examples including going out for dinner, visiting a farm and engaging with animals and sensory gardens. One staff member provided evidence to the inspector of how they were monitoring progress in providing music therapy for a resident on their dementia journey who loved to dance. Residents were supported to maintain links with friends and family and supported to go on holidays and short trips.

Judgment: Compliant

### Regulation 17: Premises

The inspector walked around all three premises, and observed them to be clean, bright, spacious and in a good state of maintenance. Residents who had recently moved into new living environments had been supported to decorate and personalise their spaces to make it their own. Where required, ramps and design features were in place to aid safe access and navigation. Residents had unrestricted access to suitable bathroom, kitchen and external areas.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

One of the residents in this service had recently moved house to a different premises within the designated centre. The inspector was provided evidence to indicate that the resident had availed of opportunities to visit their new house, make decisions on decoration and furniture, and ensure that they had access to local amenities in line with their preferences and interests.

Another resident was planned for discharge from this designated centre to another service in this provider group in the coming months. The resident told the inspector that they were looking forward to the move, had picked out their paint colours and furniture choices for their new home, and were looking forward to seeing it when its construction was further along.

Judgment: Compliant

### Regulation 28: Fire precautions

During the walk of the premises, the inspector observed fire rated internal doors, automatic closure mechanisms, emergency lighting, fire fighting equipment and fire evacuation maps to be in place, with equipment subject to routine checks and servicing.

Each resident had a personal evacuation plan which detailed what supports were required to ensure a safe and efficient egress in an emergency. Records of practice evacuation drills indicated that staff and residents would exit the premises promptly and without delay.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector reviewed practices related to the prescription, administration and storage of medicines with two members of staff in the centre. The inspector reviewed administration records for residents, which indicated that they received their daily medicines in accordance with their prescriptions. Staff were provided instruction and training on the use and purpose of each medicine.

Judgment: Compliant

### Regulation 6: Health care

The inspector was provided written evidence that residents were attending appointments with relevant health and social care professionals as required for their assessed needs, and that, where relevant, referrals for clinical review were submitted. Records were clear on when residents had received vaccinations against illnesses such as seasonal flu and COVID-19. Evidence was provided of when eligible residents had been facilitated to avail of the checks and tests offered through the national screening service.

Judgment: Compliant

### Regulation 8: Protection

The inspector reviewed the provider's policy on safeguarding people at risk of abuse, residents' personal and intimate care plans, financial audits and ledgers, and documentation relating to safeguarding concerns which had been notified to the Chief Inspector.

Residents' personal and intimate care plans were found to be detailed to guide staff practice. Language used in these plans was person-centred and found to promote residents' rights to privacy and dignity, and to identify where residents did not require support.

The inspector reviewed a sample of suspected or reported abuse incidents in this centre, and observed that the provider was notifying the required agencies within appropriate time frames and identifying where there were grounds for concern.

The provider had composed a safeguarding plan to support and protect a resident where required for a specified safeguarding concern, and set out risk controls which would ensure the resident was safe and comfortable to continue with their plans or to stop if they wished.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector observed examples of how residents' choices and aspirations were taken into account in the service operations, and how residents had been consulted on decisions made in their lives. This included residents who were involved in transitions to new living environments and new communities. The inspector observed interactions between staff and residents to be respectful, patient and friendly, and residents were supported and encouraged to express when something was bothering them. Social stories were used where relevant to support residents to understand new or changing aspects of their daily lives and routines.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	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
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kare DC18 OSV-0008185

Inspection ID: MON-0036354

Date of inspection: 30/10/2024

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  The service agreements for the three residents will be reviewed by the team in this location and updated to reflect the additional payments, including all fees associated with living in this service, and will also reflect the new living arrangements by the end of December 2024. Learning will be shared across the organization by the 31st January 2025.	

## 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 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	31/01/2025