

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
Centre ID:	OSV-0001984
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
Provider Nominee:	Anne Coffey
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 May 2015 13:00	05 May 2015 19:30
06 May 2015 10:00	06 May 2015 13:15

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of this designated centre operated by KARE, which took place over two days. As part of the inspection, the inspector met with residents, family members and staff, along with the person in charge and the assistant manager. The centre comprised of a detached dormer bungalow located in a quiet housing estate, and could accommodate 3 residents on a full time basis, with 1 room available to provide respite to a small number of residents throughout the year.

Overall the inspector found a high level of compliance across all 18 outcomes inspected, and determined that residents received a good quality service, which was

ensuring residents lead the lives of their choice. Feedback from family questionnaires expressed satisfaction with the manner in which the centre was run, and showed that they felt residents' needs were met in the designated centre. Residents expressed satisfaction with their home, and the supports offered to them to ensure their goals and aspirations were achieved. The inspector spoke with staff who demonstrated a good understanding of the support needs of residents, the policies, procedures and planning documentation. Staff expressed to the inspector that they enjoyed working in the centre, and were supported to access training and education. Staff recruitment was found to be carried out in line with best recruitment practices.

The inspector found that the person in charge was suitably qualified, skilled and experienced to manage this designated centre. Staff felt there was strong leadership in place from the person in charge, and the management systems were working effectively as evidenced through the high level of compliance with the Regulations and Standards.

The positive findings of this inspection are laid out within the body of the report. No areas of improvement requiring an action were identified at this inspection.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that residents were consulted with and took part in the running of the centre as far as possible. There was evidence of regular house meetings to gather residents' opinions and decisions on the coming week or to discuss any changes in the centre. The inspector observed residents taking part in a house meeting during the inspection. Minutes of the meetings were available on the residents' notice board in easy read format with pictures and photos. Residents were aware of their care plans and personal goals, and their input, if given was evident in the documentation. The inspector read a job description that had been completed in consultation with a resident seeking a new staff member through a community employment scheme.

The inspector determined that residents' privacy and dignity was respected in the centre, through observations of positive and respectful interactions between staff and residents, and the safe storage of personal information. Each resident had their own bedroom decorated to suit their individual tastes and interests. Residents had keys to their bedrooms if they wished, with some residents choosing to lock their rooms when they went out of the house. Two residents had their own individual post boxes at the front of the house, to ensure their privacy. Residents also had their own presses in the kitchen to keep personal items, and could choose to have a key to these if they so wished. The inspector spoke with residents who expressed that staff treated them well, and it was evident that there were good relationships between staff and residents in the designated centre.

Residents exercised choice and control over their daily lives and explained to the inspector how they decide upon their daily routines and goals. For example, deciding to

have a day off from local service and stay at home, or deciding to go away for a weekend with friends.

Residents were supported to value and protect their belongings and possessions in the centre. There was a policy in place with regards to protecting residents' finances and belongings. Each residents' file had an inventory list of their possessions which was kept up to date. There was a transparent system in place in relation to residents' finances. Accounts were securely kept, and well managed. Residents could access their money, and were encouraged as much as possible to take responsibility for their finances. Any fees and rent charged was clearly outlined in the signed written agreements. Residents were aware of the rent and contribution to be paid, and what this covered.

Each resident had a key worker who acted as a key person in ensuring they were reaching for goals, and their needs and rights were being met. There was information on how to access an external advocate should a resident require additional support in this area. Residents were aware of who their key worker was, and how they supported them. Residents had been supported to ensure they were on the voting register, and some residents expressed that they would be voting in the upcoming referendum.

There was a complaints policy in place in the designated centre, which guided staff in supporting residents. There was a easy to read version of the process on display in the designated centre, and residents were aware of how to make a complaint, and who they would go to. The inspector reviewed the complaints log, and found a low number of complaints, anything that had been raised had been resolved locally.

Overall, the inspector was satisfied that residents' rights, privacy and dignity were promoted, and that residents were consulted and involved in their care and the running of the designated centre in so far as possible.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that residents were supported to communicate freely in the designated centre. There was an organisational policy in place to guide staff in promoting a total communication approach, which was evident in practice in the centre.

For example, the use of choice boards, photographic weekly timetables and photographic menus.

Each resident had a care or support plan in place if necessary to outline the supports necessary for communication. The inspector also found personal profiles in place which explained how residents' expressed themselves. Each care plan to tackle health or social issues began with information on how residents' communicate their needs. Along with the examples listed above, the inspector observed residents using tablet devices during the inspection to assist with communication. Residents had their person centred plans available to them in a accessible format. For example, easy to read language with the use of photographs.

The inspector found that residents had access to media, television, radio, internet and information on local events.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that families were encouraged to be involved in residents' lives in the centre.

Each resident had a family communication plan in place, along with clear information in their files of the people who made up their support network. The inspector found evidence that residents were supported to return to their family home to spend time with their relatives, sometimes for day visits or for overnight stays. The inspector found evidence of family involvement in the planning process, along with achieving of goals for residents along with the staff in the centre. Families spoken to expressed that there was good communication between the staff and themselves, and that they were encouraged to be involved. Residents informed the inspector of the plans for a family day in the centre in the coming months.

The inspector found that relationships, friendships and links with the community were supported in the centre. For example, supporting residents to keep in contact with friends or partners, and there was evidence of good access to the local community which will be further discussed under outcome 10.

Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector reviewed residents' files and found that there were signed written agreements in place which clearly outlined the terms and conditions of their residence, what care and support would be delivered, and any costings associated with all aspects of care. The inspector was satisfied that these agreements clearly detailed the services to be offered to residents.

There was a policy in place in the organisation, as required by Schedule 5 in relation to the admission, discharge and transfer of residents. This was also outlined in the centre's Statement of Purpose. At present, two residents lived permanently in the designated centre, with one resident transitioning into full residential placement. The inspector found that this was being done in a staged and planned manner. There was one bedroom available for respite breaks. The inspector was satisfied that residents living in the centre were content with this arrangement, as there was a very small pool of people who availed of the respite service and residents spoke of this in a positive manner, and enjoyed having these residents visit the designated centre.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector reviewed residents' files, spoke with residents and family members and determined that residents' social care needs were being met in the designated centre.</p> <p>The inspector found that there was a comprehensive assessment and planning system in place to capture the health, personal and social care needs of residents. For example, each resident had a personal profile, a needs review assessment, and care planning for any identified need or risk. Each resident also had a person centred plan which outlined goals and aspirations and visions for the future. The inspector found that residents' were fully aware of their plans, and had accessible version. The inspector found that residents' plans were reviewed regularly, following any incident or event.</p> <p>The inspector found that residents had access to meaningful activities in the designated centre, often guided by their goal setting exercises, and incorporated into their daily routines. Residents spoke with the inspector about the various community based activities they enjoyed and groups that they attended such as art classes. The inspector found that these were community focused. For example, one resident showed the inspector a motor bike social group that he was a part of, this resident went to various events and meet ups with the group, often travelling around the country to attend. The inspector determined that residents were encouraged to be as social as possible and participate in their community and areas of interests.</p>
<p>Judgment: Compliant</p>

<p>Outcome 06: Safe and suitable premises <i>The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that the design and layout of the designated centre was suitable for</p>

its stated purpose, and met the needs of residents.

This centre is a large dormer style bungalow with four resident bedrooms and a staff sleep over room. There is a sitting room, and large kitchen cum dining room overlooking the large back garden. The inspector found the centre to be clean and decorated to the tastes and interests of the residents. For example, there was art work created by a resident on display, as well as photographs of residents and friends around the house. Residents expressed to the inspector that they liked their home, it was comfortable and they had enough space for their belongings.

The inspector determined that the designated centre met the requirements as set out in Schedule 6 of the Regulations.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The inspector reviewed policies and procedures and found that the documentation as required by the Regulations were in place. For example, health and safety policies, guidance on infection control, a fire safety policy and emergency and evacuation plans.

The inspector reviewed documentation in relation to fire, and spoke with staff and residents and found that regular fire drills were undertaken to ensure all residents and staff understood what to do in the event of a fire or needed evacuation. The inspector found there to be an evidenced system of checking and servicing of the fire detection and alarm system along with the emergency lighting. Fire extinguishers were in place in the centre, and evidenced as serviced routinely by a relevant professional. Each resident had a personal evacuation plan drawn up, which staff and residents were aware of.

The inspector found there to be a risk management policy and accompanying procedures in place which met the requirements of the regulations. For example, these policies detailed the specific risks as required, the process for identifying, assessing and managing risk, emergency planning and dealing with adverse events. In the centre, a local risk register was maintained, which outlined all the risks relating to the building. Each resident had written risk assessments in place also where a risk had been

identified. For example, risk of skin breakdown or risks associated with accessing the community. Overall the inspector found an effective system in place which was identifying and managing any risks in the centre.

The inspector reviewed the accident and incident log, and found that the policy in relation to this was implemented in practice. For example, any adverse event was logged on the online system, reviewed by the person in charge, and closed off by a "closing the loop" committee to ensure all learning gained had been applied.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were systems in place to protect residents from being harmed or suffering abuse in the designated centre.

There were organisational policies in place on the prevention, detection and response to abuse, which offered guidelines for staff on how to identify and report suspicions or allegations of harm or abuse. The inspector spoke with staff members and found them to be knowledgeable in the policy and in how to respond and report any concerns. From reviewing the training records, the inspector found that all staff had received training in the safeguarding and protection of residents. Staff confirmed that they had attended this training. The inspector spoke with the person in charge and found that the policy guided staff on how to investigate any allegations, and who would be involved in such an investigation and the time frames associated. Residents spoke with the inspector and expressed that they felt safe living in the centre.

The inspector spoke with the person in charge, and reviewed residents' care plans and found that residents did not require any specific supports in relation to behaviours that were challenging. There was a policy in place to support staff on support behaviours that may prove challenging, should it be needed. The inspector found that residents had access to psychology and psychiatry services where required.

The inspector reviewed the policy on restrictive practices and found it to be in line with best practice. When restraints had been considered in the centre, a clear process of risk assessment had been put in place. For example, on considering the use of a bed rail for a resident, a risk assessment was carried out and deemed not suitable as the risk of use outweighed the risk of falling from the bed. The inspector found that a restraint free environment was promoted in the designated centre.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector determined that there was a clear record of all incidents, accidents and near misses maintained in the designated centre. Where required these had been notified to the Chief Inspector within the outlined time frame. All quarterly notifications had been submitted to date as necessary.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that residents had opportunities for social participation, training and

employment where desired. As discussed under outcome 5, the inspector found that residents were encouraged to try new things, and to be as social as they wished. The inspector spoke with residents, and found that some were in paid employment roles. For example, working in a local bar / restaurant. The inspector found that any formal training or education that had been undertaken was documented on residents' files. The inspector found evidence of skills teaching across all aspects of daily living in the centre to encourage residents to be as independent as possible. For example, a skills teaching programme to assist a resident to care for their dog.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector determined that residents' health care needs were assessed, planned and promoted in the designated centre. The person in charge of the designated centre was a registered nurse, with additional nursing support available if required from an area nurse.

The inspector found residents needs were assessed using a needs review, and subsequent care plans were in place to address any identified need or risk. For example, diabetes management plan, and skin care plans. The inspector reviewed documentation and found that residents had their own General Practitioner (GP) and timely access to other allied health care professionals if assessed as necessary. For example, access to psychiatry, speech and language therapy (SALT), occupational therapy (OT), physiotherapy, chiropody and dietetic services. Referrals had been sought for residents who required specialist input, and any advice given was implemented into residents' care plans. For example, following a swallow assessment by SALT.

The inspector observed weekly menus on display, along with photo boards of meals for choice making. On discussion with residents, the inspector found that residents had choice and control over the food that they ate in the centre, and were promoted and educated on healthy choices and nutritional meals. For example, guidance was given to residents on a fat reducing diet, or a diabetic diet. The inspector was invited to join residents for their evening meal and found it to be a social and unhurried occasion. All residents had a validated assessment tool completed yearly to assess for any risks associated with poor nutrition, and referrals to a dietician were evident for any resident

who required such input.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that residents were protected by safe medication management practices in the designated centre. There were medication management policies in place, along with local procedures and protocols. For example, local guidelines on medication management specific to the resident's needs. The person in charge was a registered nurse, and also had support from an area nurse for certain aspects of the medication management cycle. For example, the witnessing of transcribing.

The inspector reviewed the systems in place for prescribing, ordering and storing medication in the centre, and found them to be adequate. Medication was stored securely, and was administered by social care staff. The inspector found evidence staff had received training in the safe administration of medication, and this updated routinely. Two staff who had not received this training were booked in to attend in the coming week, and this was documented and shown to the inspector.

The use of PRN (as required) medications was clearly documented, including rational for use, and the maximum dosage to be given in a 24 hour period. The inspector found that no chemical restraints were in use in the designated centre.

Overall the inspector determined that residents were protected by safe medication management practices in the designated centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that there was a written statement of purpose in place in the designated centre. The inspector determined that this document clearly outlined the services and facilities on offer to residents living in the centre. Over the course of the two days of inspection, the inspector found that the care and support offered to residents, was a true reflection of the Statement of Purpose. For example, weekly house meetings.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the quality of care and experience of residents was monitored and developed on an ongoing basis in the designated centre. For example, there was a system of audits and reviews undertaken throughout the year in areas such as medication management, complaints, health and safety and care planning. These audits were found to be routinely completed, and had brought about positive changes, with actions clearly identified and completed. For example, since the most recent audit on medication and health care needs, each resident had an up to date assessment completed on the risk of malnutrition. Along with this ongoing system of audits, the inspector found that both an unannounced provider inspection, along with an annual review had taken place, as is required by the Regulations. The findings of these were available to residents and families.

The inspector found there to be a suitably qualified, skilled and experienced person in charge of the designated centre, who worked full time and had a good understanding of her Regulatory responsibilities. The person in charge was found to be involved in the operational management of the designated centre on an ongoing basis. There was an evidenced system of staff meetings and staff performance appraisals available in the centre, and staff expressed that the person in charge provided clear leadership to the staff team. The person in charge was supported in her role by an assistant manager, and the wider management team. There were clear lines of reporting and accountability in the designated centre and the organisation as a whole. Staff, residents and family members were fully aware of the management structure and the different roles and responsibilities held by each person.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were arrangements in place to ensure effective governance in the absence of the person in charge. There had been no absence of longer than 28 days at the time of the inspection, and the person in charge and staff deputising in her absence were fully aware of the requirements to notify the Authority of any such absence.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the designated centre was adequately resourced to support residents to achieve their individual personal plans, and to meet residents' needs. The inspector found there to be adequate staffing available in the centre, access to suitable transport and the provider was ensuring residents had suitable premises and facilities to meet their needs. Residents expressed that they felt there was enough staff to help them to achieve their goals.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there was an adequate number and skill mix of staff to meet residents' needs in the designated centre, and to help them to achieve their personal plans.

The staff team consisted of social care staff, with access to an area nurse if any advice or guidance was required in relation to medication or health care needs. There was a maintained planned and actual roster in place to show the inspector the staffing levels over the course of the week. Residents felt there was enough staff to help them to achieve their daily routines. One resident had returned from a hotel overnight stay with her keyworker as part of her goal setting exercise, and the inspector found other such instances where residents were supported to attend events and trips with the support of the staffing team. The person in charge managed the roster in such a way to facilitate these events.

The inspector reviewed the training files, and found that staff had access to ongoing training. For example, all staff had received training in fire safety, prevention, detection and response to abuse and first aid. There was a system in place to identify when training was in need of updating, and plans set in advance to ensure this was

undertaken and refreshed in line with policy. Staff discussed the training available to them and confirmed attendance with the inspector.

As mentioned under outcome 14, there was an evidenced system of performance management in place, with all staff accessing this with the person in charge on a routine basis. Goals identified through staff performance meetings were linked to improving residents' experiences. For example, to assist a resident to compile a photo book.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. Documentation in relation to the care and support offered to the resident was well organised, and ensured that identified needs or risks were clearly addressed and met. Documentation was easy to retrieve, clear and up to date. Information was accessible and residents had accessible version of their plans.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff, as required by Schedule 5 of the Regulations. Staff were aware of the content of the Schedule 5 policies, and how to access them if needed. For example, how to deal with a complaint or allegation.

The inspector reviewed a sample of staffing records on a separate day across all 14 designated centres operated by KARE and found that they were maintained as required and outlined under outcome 17 Workforce.

The inspector found that appropriate insurance cover was in place for the designated centre, with evidence submitted as part of the application to Register.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
Centre ID:	OSV-0001984
Date of Inspection:	05 May 2015
Date of response:	

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Theme:

The is failing to comply with a regulatory requirement in the following respect:

Action Required:

Under Regulation you are required to:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

Proposed Timescale: