



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

Issued by the Chief Inspector

Name of designated centre:	Kare DC20
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	10 October 2024
Centre ID:	OSV-0001982
Fieldwork ID:	MON-0036828

About the designated centre

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

This designated centre is a bungalow in a rural location on the outskirts of a town in Co. Kildare. The house accommodates two adult residents and contains a living room, a kitchen and dining area, utility room and four bedrooms, and two bathrooms with shower and toilet facilities. There is a lawn with shrubs to the front of the house and a patio area with large garden space to the back of the house. The person in charge of this service, who splits time with one other designated centre, leads a team of social care staff employed by the registered provider. A vehicle is available to drive residents to and from different activities and the local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 10 October 2024	10:20hrs to 15:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

From what residents told the inspector and based on what they observed, this was a well-run centre and residents were receiving good quality of care and support. This inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The findings were positive, with the majority of regulations reviewed found to be compliant during the inspection. The inspector of social services found that the provider was aware of areas where improvements were required, and for the most part had improvement plans in place.

The designated centre is a large house in a rural setting close to a large town in Co. Kildare. The premises is a one-storey bungalow and consists of two residents bedrooms, two staff bedrooms, large sitting room, exercise room, utility room, kitchen and dining area and a large garden that surrounds the premises. The centre had a large garden to the rear of the property which had garden furniture, storage and a number of outdoor sports for residents to avail of. Each residents' bedroom was nicely decorated and had ample space for them to store their belongings. The house was clean and warm, and nicely decorated which created a homely atmosphere. The provider had identified a number of works that were required for the centre including refurbishment of the kitchen, which was due to take place by the end of October 2024.

The house layout was suitable for the number and needs of residents and furnished in line with their personal preferences. Some areas of the house were in need of repair, updating or redecoration, in particular the main bathroom. The inspector found the bathroom decor to require internal painting, cold and with loose or small scuffs in the plaster around the walls. The provider had identified the need for a bathroom refurbishment, however, the inspector found that this plan was still in an early stage with the person in charge seeking funding for the work to be commenced.

There were two residents living in the centre and there were no vacancies at the time of the inspection. The inspector had the opportunity to meet with all residents during the course of the inspection. Some residents told the inspector what it was like to live in the centre, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of other residents. Some residents spoke with the inspector about living in the centre, while others smiled and observed the inspector communicating with support staff and the person in charge. Staff were observed by the inspector to be very familiar with residents' communication preferences and warm, kind, and caring interactions were observed between residents and staff throughout the inspection. Residents in the centre communicated using speech, gestures, facial expressions, body language and social stories. The inspector was supported by staff to gain a better understanding of each residents lived experience in the designated centre.

On arrival to the house, the inspector met with one resident who was relaxing in the living room of their home. The resident greeted the inspector and returned to listening to music while support staff discussed some of the activities that the resident like to take part in both at home and in the community. Support staff discussed that the resident had great family support and would often welcome visitors to their home. The person in charge discussed the changes made to the designated centre with the assistance of physiotherapists and occupational therapists to make the centre more accessible for one resident following a change in their assessed needs. These changes included raising furniture and tables in the house to increase a residents spatial awareness. Due to the changing needs of one resident the person in charge and staff team had identified the need for a more accessible vehicle for the centre. The inspector found that the purchase of this vehicle had increased the residents confidence in accessing the local community.

Support staff and the person in charge discussed that residents had an opportunity to take part in a number of activities in their home and the local community. Residents had identified goals that were being worked on with the support of staff and identified key workers. Residents and key workers were meeting regularly to discuss an overview of how goals were being achieved and if any barriers had been met during the process. Communication systems were also in place in order to further enhance residents experience and to support the achievement of goals. One resident was currently in paid employment two days a week, enjoyed attending the gym and swimming and visited family each weekend. One resident was in receipt of a individualised style day service support from the designated centre. The inspector observed a number of activities that the resident enjoyed including cinema trips, meals out, walks, bowling. preparing for bowling competitions, visits to Dublin Zoo, Wild Lights experience, festive markets, shopping and visits from families.

The inspector spoke to one resident who was taking time at the computer space in the kitchen. The resident greeted the inspector and spoke about things they like to do in their home. The resident told the inspector that their family are very important and that they go home regularly to visit and that family will also come to DC 20 to visit them. The resident discussed that they have parties in their home that family will come to. The resident told the inspector that they currently work two days a week and regularly go to the gym with support staff. Staff discussed that the resident has a number of goals in place and one of them is to become more independent within their home. The resident spoke to the inspector about spending time alone in the house without support staff and how they would contact staff if they needed support. The resident has a keen interest in wrestling and rugby and told the inspector that these interests make up part of their goals for the coming year. Throughout the course of the inspection residents spoke to the inspector and offered cups of tea and biscuits while they were a guest in their home. The inspector spoke to residents about who they would talk to if they had a concern or a complaint to make. One resident told the inspector that they would tell a staff member or their family. The resident also discussed that they have regular house meetings were complaints are discussed along with a number of other things they want for their home.

To gain further insight into the residents' lived experiences in the centre, the

inspector reviewed feedback which they had given to the provider as part of the annual review. These indicated that residents enjoyed a large variety of activities and were happy in their home and the service that was being provided. The inspector found that this was mirrored by families and representatives views of the service. Families discussed that the centre always insured that there was clear lines of communication and that milestone events were celebrated with residents and their families.

In summary, this inspection had positive findings. It was evident that the residents were happy and comfortable in their homes, and that they were supported to have a good quality of life.

The next two sections of the report present the findings of the inspection 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 ongoing levels of compliance with the Regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and supervision records for all staff were maintained in the designated centre. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had

completed an annual report of the quality and safety of care and support 2023, which included consultation with residents, their families and representatives.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge was responsible for the management of one other service, in addition to the designated centre, and the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

Residents were observed to be very familiar with the person in charge and appeared comfortable and content in their presence. Staff members who spoke with the inspector was also complimentary towards the support they provided to them.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the designated centre.

The person in charge maintained planned and actual staff rosters. The inspectors reviewed the planned and actual rosters for the months of July, August and September 2024, and found that regular staff worked in the centre during these months, ensuring continuity of care was maintained for residents. In addition, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector spoke to four members of staff, and found that they were knowledgeable about the support needs of residents and about their responsibilities

in the care and support of residents.

The inspector observed staff engaging with residents in a respectful manner and it was clear that staff had knowledge of each residents assessed needs. Staff spoken to discussed residents current goals and their past achievements over the last year.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for eight staff in the centre. Each staff had completed training listed as mandatory in the provider's policy including, fire safety, safeguarding, food safety, manual handling, and IPC training, and managing behaviour that is challenging. In addition, staff had also completed additional trainings in line with residents assessed needs, for example, dysphagia training. The inspector observed a training matrix for the centre and found that the person in charge was reviewing training on a quarterly basis or through the process of identified changing needs for residents.

Residents meetings were held monthly and the minutes of eight meetings for 2024 were reviewed by the inspector. The agenda items were found to be resident focused and varied. Examples of agenda items included, residents rights, choice, news from the organisation, staffing, health and safety, fire, complaints and IPC.

Furthermore, the inspector found that staff meetings were occurring in the designated centre every six to eight weeks with the information from residents meeting being presented to staff to ensure shared learning of residents goals and support plans.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evident that there was regular oversight and monitoring of the care and

support provided in the designated centre and there was regular management presence within the centre. Monthly staff meetings were taking place in the designated centre, the inspector reviewed seven staff meetings and found that the agendas were resident focused and varied. Minutes of the staff meetings highlighted incident and accident reviews, residents' support needs, feedback from goal planning for residents, complaints, risk and shared learning for the staff team.

An annual review of the quality and safety of care had been completed for 2023, which consulted with residents, their family, and staff. In addition to the annual review, a suite of audits were carried out in the centre including six-monthly unannounced visits report, incident and accident reviews, and health and safety, medication management, fire safety, and infection, prevention and control (IPC) audits.

The inspector reviewed the action plan from the provider's most recent six-monthly unannounced visit, carried out in June 2024, which identified a number of recommendations with time frames for completion. The inspector found that the provider had identified a number of works to be completed in relation to Regulation 17: premises and for the most part had set time bound plans for the completion of the works.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated to reflect changes in the designated centre's management and staffing ratio.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a record of incidents that occurred in the centre over the last year and found that the person in charge had notified the Health Information and Quality Authority (HIQA) of adverse events as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy. The inspector reviewed a sample of residents meetings from February, March, April, May, June, July, August and September 2024 and found residents were given the opportunity to raise concerns or complaints to the provider during this forum.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern. At the time of the inspection there were no open complaints in the centre, however, residents and their representatives had access to support in order to make a complaint if required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies were available in the centre for staff to refer to. The inspector viewed a sample of the policies and procedures, including those on the safeguarding of residents from abuse, provision of intimate care, admission of residents, behavioural support, the use of restrictive procedures and restraints, communication with residents, risk management, medication management, and complaints. The policies had been reviewed within the previous three years.

The inspector observed that policies and procedures were regularly reviewed at staff meetings and the content of policies were also discussed during staff meetings and with residents.

Judgment: Compliant

Quality and safety

Overall, the findings from this inspection demonstrated that residents' well-being and welfare were supported by a good standard of evidence based care and support. The inspector found that residents had opportunities to have their say in how their home was run and that they felt part of the local community. However, improvements were required in relation to Regulation 17: Premises. The inspector found that residents lived in a warm, clean and comfortable home, however, some areas of their home required essential maintenance works which were taking away from the homeliness of the premises.

There was a comprehensive assessment of need in place for each resident, which identified their health care, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Staff were knowledgeable with regard to residents' eating and drinking support needs and implemented any recommendations from specialists in this area.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was an up-to-date policy on risk management available, and risk assessments had been prepared to support residents' safety and wellbeing.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs

and could describe in detail the supports that residents required.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre. The inspector observed that there was information available to each resident to support their communication including a visual activity board and menu plans. The inspector observed clear documentation in relation to residents chosen form of communication. For example, some residents like picture format to help with goal development but declined the use of pictures as part of a communication tool. This choice was respected by support staff and the team had developed alternative aids to support residents.

The inspector spoke with staff during the course of the day and observed that staff were familiar with residents communication needs and were guided by both verbal and non verbal cues including: body language and gestures. The inspector found that there was a consistent staff team in place which promoted each residents communication style.

The provider had ensured that residents had access to media sources and technology. Residents had televisions, tablets and laptop devices, and there was Wi-Fi available in the centre. Residents were also supported to use video technology to keep in contact with loved ones.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

The provider had identified a number of works required for the centre including the refurbishment of the kitchen, a date had been set for end of October 2024 for this work to be completed. However, the inspector found that a number of works that had been identified by the provider had no time frame for commencing or completion. These minor premises issues had been identified by the person in charge and support staff and had been escalated to the provider. These works included refurbishment of the main bathroom, and areas of the centre that required painting.

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which were decorated to their individual style and preference. There was ample communal space for residents to meet family and friends. The person in charge and staff team had requested support from the providers multidisciplinary team in order to enhance the accessibility of the

environment to meet the needs of one resident. For example, elevating the level of furniture within the setting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans. The inspector reviewed one FEDS care plan and found that there was guidance regarding the resident's mealtime requirements, including the appropriate food consistency, and their food likes and dislikes.

Menu planning was an agenda item at residents' meetings and there were menu boards with pictures available for some residents to support them to make meal choices. The inspector found that food presses, fridges and freezers were well stocked. There was fresh fruit and vegetables and a variety of drinks and snacks available in each of the houses. Residents had opportunities to be involved in food preparation in line with their wishes. For example, the inspector observed one resident preparing drinks and snacks with the assistance of support staff. The inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available in the centre. The fridge and storage presses were well stocked with a variety of different food items.

In each of the houses there were colour-coded chopping boards and clean areas for food preparation. The date of opening and use by dates were clearly labelled on food items in the fridge

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

There was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. These were trended on a monthly basis by management to ensure that any trends of concern were identified and actioned. The inspector found evidence of monthly meetings between the person in charge and senior management where concerns in relation to the quality and care in the centre were escalated and met in a timely manner.

The provider also had risk management assessments in place to assist in addressing

any known or potential safety concerns. These risk assessments were found to be robust in nature and they were reviewed on a regular basis

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. A cleaning schedule was in place and staff had attended appropriate training and were knowledgeable about infection control arrangements.

The person in charge and staff team had completed monthly audits in relation to protection against infection and the inspector found that the findings of these audits were shared amongst the staff team through staff meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment. During the course of a walk through of the designated centre, the inspector carried out a manual check of each of the fire doors and found them to be in working order.

There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when manually checked by the inspector during the course of a walk through of the designated centre.

There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills had taken place on a routine basis in the designated centre. The inspector reviewed fire drills completed in the centre in March, June, July, August and October 2024 and found that each fire drill incorporated shared learning. For example, one resident had recently requested to be able to spend time in his home without staff. In order to enhance residents' safety during this time the staff team had incorporated a number of fire drills which incorporated each step of a fire drill including a simulated call to the emergency services and the staff team.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' assessments of needs , and found that they were comprehensive and up to date. The assessments were informed by the residents, their representatives and multidisciplinary professionals as appropriate.

The assessments informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on the following:

- Education and training
- Rights
- Communication
- Feeding, eating, drinking and swallowing
- Healthy eating and nutrition
- Diabetes supports

The inspector also reviewed two residents' personal plans, which were in an accessible format and detailed their goals and aspirations for 2024, which were important and individual to each resident. For example, the goals included: attending the gym and swimming, going to a wrestling show, to stay home alone, attend rugby matches and develop friendships In addition there was evidence of residents achieving their goals from 2023 and evidence of review of how the goals for 2024 were developing with resident and keyworker support.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible. The inspector reviewed the minutes of staff team meetings and found that restrictive practices and possible reductions in the use of some restrictions were a monthly agenda item.

It was clearly demonstrated that restrictive practices were required for the management of specific risks to the residents. Where a restrictive practice was in

place it was noted they had been assessed and with an accompanying risk assessment to further provide rationale for their use. For example, security padlocks were in place to the side gates of the designated centre at 22:00 and removed at 07:00, this was deemed a safety mechanism due to the location of the centre in relation to road side safety at night time.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff and there was evidence that residents were supported to choose their daily routines and engage in activities they liked and enjoyed. Residents had access to advocacy services if required, and were listened to with care and respect by staff.

Residents were consulted with about decisions that impacted them and were involved in their personal plans and goals. Education and training was promoted with residents in relation to their rights. For example, pre recorded videos were played for residents during meetings in relation to the providers policies and procedures and what this meant for residents. Residents were aware of the complaints process and who to talk to if they had a concern in relation to their home or any aspects of their care.

Residents were also involved in the running of their home and participated in weekly resident house meetings. Items on the agenda included; menu planning and grocery shopping, activities, human rights, fire safety, complaints, goals, finance, supported decision making and health and safety.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kare DC20 OSV-0001982

Inspection ID: MON-0036828

Date of inspection: 10/10/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The kitchen in this location was planned to be replaced by the end of October. The replacement was completed in full by the 17th of October 2024.</p> <p>As part of the next stage of works:</p> <ol style="list-style-type: none">1. The refurbishment of the main bathroom and smaller shower room2. The replacement of the kitchen floor3. And internal painting of the small kitchen area <p>Have all been scheduled for completion before the 6th of December 2024. The contractor has provided this date and is confident at this point this work will remain on track to meet the completion dates outlined.</p>	

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 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	06/12/2024
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and	Substantially Compliant	Yellow	06/12/2024

	inconvenience to residents.			
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