



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

Issued by the Chief Inspector

Name of designated centre:	Abbey Park / The Grove
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	17 May 2023
Centre ID:	OSV-0003422
Fieldwork ID:	MON-0038432

About the designated centre

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

Abbey Park/The Grove comprises two homes located in the same housing estate within walking distance to a town in Co. Kildare. Abbey Park is six bedroom bungalow that can accommodate five residents. The Grove is also a bungalow that can accommodate two residents. All residents have their own bedroom, access to bathrooms, living areas, kitchens and gardens. The homes provide full time residential support to a maximum of seven residents over the age of 18 with a diagnosis of an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in the house. Residents are supported by a social care leader, social care workers and care assistants. Staff provides support as required during day, evening and at weekends, including a sleep over each night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 17 May 2023	10:30hrs to 18:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations. The designated centre comprises of two houses, each of which were visited by the inspector of social services during the course of the inspection. There were seven residents living in the centre, five in one house and two in the second house at the time of inspection, with no vacancies. The inspector had the opportunity to meet with five of the residents who lived in the centre and observe interactions in their home during the course of the inspection. The inspector used these observations, in addition to a review of documentation, and conversations with support staff to form judgments on the residents' quality of life. Overall the inspection found high levels of compliance with the regulations and that residents were in receipt of a good quality and safe service.

On arrival to the first house in the centre, the inspector saw that residents were supported to engage in activities of their choosing for the day. Two residents had left to attend day service and activities of choice, either traveling independently or with support, as per their assessed needs. Another resident had gone for a walk in order to introduce a new staff member to the local community and amenities in the local area. Two residents chose to remain in the centre. One was engaged in their preferred activity with support of staff while another had chosen to have a lie-in that morning. The inspection was facilitated by support staff that explained that some residents had retired from employment and day services, plans were made each week and changed as requested in line with residents choices. Residents had a range of choices available to them including day service and activities in the local community including swimming, bowling, snooker, concerts, wrestling shows and local disco.

The inspector met with one resident who was being supported by staff to engage in activities of their choice. The resident communicated with the inspector through one word answers, staff supported the resident to communicate their likes and dislikes. It was clear that staff knew the resident well and were able to respond to and advocate for them. The inspector observed throughout the course of the inspection that residents appeared at ease in the presence of staff, with an atmosphere warmth created in the centre.

One resident told the inspector that they had recently moved to the centre and were "getting used to the house". The resident told the inspector that the staff had been very helpful to them during a recent illness and had "really helped get me back to myself again" and that staff were helping with money management and finding things they enjoyed in the local community and the centre. The resident noted that this house suited them more than their previous centre and were happy with the people they were living with.

The inspector had the opportunity to meet with one resident on their return from

their day service. The resident spoke to the inspector about the social club they would be attending that evening. They attend the club each week and it differs from discos, bowling and snooker but other activities can also be included, the resident spoke of how they do not like the cinema so will choose to remain home those evenings. The resident told the inspector that they work two days a week and has great pride in their employment. The resident informed the inspector that they love their home and that the staff have been there for a long time. The resident told the inspector that they know who to talk to if they are not happy but they have not needed to do this. The resident discussed that they would make plans with staff during the week and change them if something else came up that they liked, for example that afternoon the resident decided they wanted a haircut so staff had organised and made a plan together around times and transport ensuring a timely return for the social disco in the evening.

Another resident in the house spoke to the inspector briefly as was their wish. They told the inspector that they were happy in their home and had plenty of space to relax. The resident had just returned after spending the afternoon with staff using local amenities.

In the second house, the inspector had the opportunity to meet with one of the residents living in the centre. The resident informed the inspector that they have been living in their home for over ten years and they greatly enjoy everything it has to offer. Resident enjoys a range of activities within the wider community and always has a staff to help them. The resident spoke of their love of movies especially scary movies and going out for lunches to try new menus. The resident discussed that they got on well with the other resident in the house and they often went out together. The inspector did not have the opportunity to speak to the second resident in the house as they were out for the evening with a member of their family, having attended their day service and swimming prior to this.

The inspector had the opportunity to meet with a number of staff during the course of the inspection, staff informed the inspection that they felt supported in their roles and that they were a strong sense of team in the centre. The inspector found that staff had a strong knowledge of residents and their needs and had a person-centred approach to care.

The inspector completed a full walkthrough of both houses with support staff. Each resident had their own bedroom which were decorated in line with their wishes and preferences. The centre had a multitude of private spaces where residents could chose to relax, watch television, write in their journals or meet with family and friends. All interior spaces were found to be clean, however the centre was in need of necessary maintenance work to be completed, this will be discussed further in regulation 17.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations. The inspector found that this designated centre met and in some areas exceeded the requirements of the regulations in many areas of service provision.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently monitored. The provider had systems in place to review the quality of services such as unannounced visits to the centre and an annual review of the quality and safety of care. The person in charge had implemented a number of additional auditing systems, which in turn was delivered to the staff team to promote a culture of shared learning.

The centre had a clearly defined management structure, which identified lines of authority and accountability. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster available and maintained in the centre. At the time of the inspection there was one whole time equivalent staff vacancy in the centre, however a recruitment process had been completed with a new staff start date identified.

A review of the staff training matrix identified that staff had access to mandatory and refresher training. The provider had completed specific additional training in areas specific to residents' assessed needs. Staff spoken with told the inspector that the pandemic had been a difficult time for both residents and staff, however they felt supported in their role and were up-to-date with current national guidance.

The centre's statement of purpose was reviewed. It was found to have been subject to regular review and contained all the information as required by Schedule 1 of the regulations.

Regulation 15: Staffing

The centre had sufficient numbers of suitably qualified and experienced staff members to meet the assessed needs of residents. The inspector found that staff were knowledgeable to the individual needs of residents. The person in charge maintained a planned and actual roster for the designated centre. Planned leave, staff vacancy or absenteeism was mainly covered from within the permanent staff, or familiar relief staff to ensure continuity of care and support for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training in areas determined by the provider to be mandatory, such as fire safety, safeguarding and safe administration of medications. Refresher training was available as required and staff had received additional training in areas specific to residents' assessed needs. The person in charge arranged for regular staff team meetings, with set agendas and clear action plans.

Judgment: Compliant

Regulation 23: Governance and management

Arrangements for the governance and management of the centre were robust and effective, staff spoken to were aware of their roles and responsibilities and of how to escalate any risks or concerns. The person in charge had implemented a number of auditing systems to ensure the service was monitored and that quality and safe care was provided to residents. The provider had completed unannounced visits to the centre.

The provider had carried out an annual review of the quality and safety of the centre, the annual review included consultation with residents, families and staff members and identified areas done well, and plans for the year ahead.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A written and signed agreement between the registered provider and the residents and their representatives had been completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations. The statement of purpose had

been recently revised and was readily available to residents and their representatives.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. Overall, the inspector found that the day-to-day practice within this centre ensured that residents were safe and were receiving a good quality and person-centred service. However, improvements were required with regard to the premises in both houses in the designated centre.

The designated centre was located in a residential area with easy access to public transport, shops and community facilities. Both houses in the centre had their own allocated transport which was available to support residents as per their needs and wishes. The centre was found to be designed and laid out in a manner which met residents' needs. Both houses had large garden spaces that were equipped with furniture, residents were observed enjoying time in the garden throughout the course of the inspection.

The provider had ensured that a comprehensive assessment of need had been carried out for all residents, and this assessment was updated at regular planned intervals and in line with identified changing needs. Personal plans were created through a person-centred approach and goals were identified through consultation with residents and their representatives. Goals were found to be centred around each resident's personal interests and hobbies, examples such as wrestling events, bike rallies, independent transport to community events and foreign travel with family. Residents spoken to on the day of the inspection were aware of their goals and there was evidence of regular review meetings.

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 found to be detailed, comprehensive and developed by an appropriately qualified person. Residents' positive behaviour support plans were supported through a number of communication systems such as choice boards, social stories and PECs boards. There were a number of restrictive practices in place in the designated centre. These were recorded and regularly reviewed and there was evidence of removal and reduction of restrictive practices in the centre. Staff spoken to by the inspector had a clear understanding of the restrictive practices in use and measures that had been attempted to reduce restrictive practices in the centre.

A review of the safeguarding arrangements in the centre found that residents were protected from the risk of abuse. Staff had received appropriate training and there were established procedures in place to manage and respond to any safeguarding concerns in accordance with the national policy. There were systems in place to

promote the rights of the residents and to ensure their individual choices were respected. Residents participated in regular house meetings and were actively involved in the running of their home. Residents were aware of the complaints procedure and had made complaints in regard to certain aspects of the premises. The provider had measures in place to address these complaints and had kept residents up-to-date in line with process.

Regulation 12: Personal possessions

Residents were supported to maintain control over their belongings and finances in accordance with their assessed level of capacity and understanding. The inspector found evidence to demonstrate how the person in charge and key working staff were working with residents to establish greater financial understanding and control.

Judgment: Compliant

Regulation 17: Premises

Some areas of the centre required painting and kitchen presses in both houses were in need of repair or replacement. There was insufficient storage in the bathroom area of the centre which resulted in clutter.

The tress in the back garden in one of the house required cutting as they had become over grown.

There was a number of maintenance repairs logged from the centre requiring completion including:

- Painting was required throughout the house including a number of residents bedrooms
- The kitchen cupboards required painting and some cupboard doors to be replaced.
- Bathroom toilet in one house required replacement flush

Judgment: Not compliant

Regulation 26: Risk management procedures

The person in charge maintained risk assessments which were reviewed on a

regular basis. The centre's risk register was reviewed and found to be an accurate reflection of the known risks in the designated centre. Individual risk assessments were available for each risk, with risks specific to individuals, such as falls risks, had also been assessed to inform care.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, the person in charge and staff team were adhering to current national guidance and practices implemented were reflective of guidance. The centre was maintained in a clean and hygienic condition throughout. Hand washing and sanitising facilities were available for use, infection control information and protocols were available to guide staff, and staff had received relevant training. The person in charge and the infection protection control lead meet on a monthly basis to review hygiene standards and guidance.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of need was available on residents' files, which identified their healthcare, personal and social care needs and had been reviewed on at least an annual basis. Personal plans had been developed for each resident, which were written in a person-centred manner and clearly described how staff should support residents' to achieve these plans. There was evidence of resident consultation throughout the personal planning process.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had knowledge and skills to appropriately respond to behaviours of concern from residents. Staff completed positive behaviour support training to support their effective delivery of care. Positive behaviour support plans were developed where required with evidence of regular review by the relevant clinician and staff team and were available to guide staff practice.

There were a number of restrictive practices in place in the designated centre. These were recorded and regularly reviewed and there was evidence of removal and reduction of restrictive practices in the centre.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. Staff spoken to on the day of the inspection were aware of their responsibilities in this regard. Staff had received training in safeguarding vulnerable adults. Residents had intimate care plans to outline the supports they required with personal care, and these were respectful of the residents, wishes and preferences while promoting autonomy and independence.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Abbey Park / The Grove OSV-0003422

Inspection ID: MON-0038432

Date of inspection: 17/05/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Painting on coving on ceiling in one location will be complete by end of November 2023. Painting in required locations will be completed by the end of November 2023. Painting in the other location will be completed by the end of November 2023. Kitchen presses in both houses will be updated by the end of November 2023. Storage in the bathroom area will be rectified when the new bathroom is being installed in this location prior to the end of September 2023. The landscaping contractors will complete necessary works on trees in the back garden by the end of August 2023. Bedroom furniture will be assembled by the end of July 2023. Bathroom toilet in one house repaired on the 23rd of May 2023.</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.	Not Compliant	Orange	30/11/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2023