

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kingsriver Community
Centre ID:	OSV-0002410
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Kingsriver Community Holdings Limited
Provider Nominee:	Pat Phelan
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 November 2016 10:30 To: 09 November 2016 19:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to Inspection:

This was an unannounced inspection in order to access on-going compliance with regulations. The centre last had a registration inspection in November 2014 where three minor and one moderate non compliance were found.

The action plan submitted after that inspection was accepted by the Health Information and Quality Authority (HIQA).

This monitoring inspection found that the centre had maintained good practice with regard to meeting the health and social care needs of the residents. However, some non compliances were found in safeguarding and risk management.

Overall this inspection found that residents received a good quality of care and feedback directly from residents informed the inspector that they liked living in their home and felt safe there

Feedback from family members was also very complimentary of the service and staff were found to be respectful in supporting the individual needs of each resident living in the centre.

How we gathered our evidence:

The inspector met and chatted with all six of the residents that lived in the centre at

regular intervals over the course of the inspection and spoke directly with one resident for a short period of time.

That particular resident informed the inspector that they felt safe in their home, they had access to a range of supports to assist them with any issues they may have, they could talk to either management and/or staff at any time if they needed and they liked living in the house.

All residents were positive about the service in general, were comfortable in speaking with the inspector about their home and reported that they liked living there and viewed it as their home.

Feedback from family members via questionnaires was also viewed as part of this process and the inspector found that it was very positive overall. Comments included 'residents are treated very well', 'staff are excellent', 'the care is excellent', and 'residents are encouraged to reach new goals in their lives and to personally develop'.

The provider nominee, the person in charge and deputy person in charge were also spoken with at length over the course of this one day monitoring inspection. All were found to be responsive to the process and were aware of their statutory remit to the regulations.

Policies and documents were also viewed as part of the process, including a sample of social and health care plans, support plans and safeguarding documentation.

It was also observed that residents appeared very much at home in this centre and management, staff and volunteers were observed to consult and converse with all residents in a respectful and dignified manner at all times during the inspection process.

Description of the Service:

The centre comprised of a large detached two storey house which had the capacity to support four residents both male and female. There were also two apartments in close proximity to the centre for two residents that lived semi-independently.

It was located in a rural setting in County Kilkenny however, transport was provided so as residents could access local villages and towns where they had access to a range of amenities such as shops, restaurants, churches, health centres, cafes and hotels.

Some residents also chose to travel independently using local public transport facilities.

Overall judgment of our findings:

This inspection found good levels of compliance across three of the seven outcomes assessed. Social care needs, health care needs and governance and management were found to be compliant.

Moderate non-compliances were found in safeguarding and risk management and minor non compliances were found in medication management and workforce.

These are further discussed in the main body of this report and in the action plan at the end.

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 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.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the care and support as described by the person in charge, deputy person in charge and documentation viewed was consistent and sufficient in meeting the residents' assessed needs and wishes.

The inspector reviewed the policy and procedures for supported independent living which provided staff and volunteers with guidelines on promoting best practice in delivering a service based on best practice and facilitating residents to learn new skills.

This policy was complimented by a policy on access to training and education. The purpose of this policy was to ensure that residents were provided with opportunities for training and education so as they could reach their full potential and make a valued contribution to society.

The inspector observed a small sample of person centred plans and found that they were developed and reviewed in line with policy and with the involvement of the resident, family members, staff and multi-disciplinary professionals.

For example, as part of their person centred plans residents were being supported to be part of their community, develop relationships and learn new skills.

Some residents were supported to have jobs independent of the service and to volunteer in their local community centres.

Other residents had been supported to attend college and achieve accreditation in courses such as advocacy and leadership. One resident was also part of a local advocacy

group.

Another resident had requested the opportunity to explore a more independent living arrangement as part of their person centred plan.

The inspector observed that in order to pursue this goal, the service was supporting the resident to learn and develop life skills required to make such a transition. For example, the resident was learning assertiveness skills, how better to manage money and cooking skills.

The centre also had access to a nearby workshop where opportunities to engage in meaningful learning and skills development was offered.

For example, residents that were interested in arts, crafts and woodwork were facilitated and supported to develop and progress those interests.

The residents were delighted to show the inspector some of the work they had completed such as sculptings, paintings and photography which were on display in the centre.

The residents also had a book published in 2016 on the various pieces of art that they had completed and were very proud of this achievement.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted in the centre and there were adequate policies and procedures in place to support the overall health and safety of residents. However, some elements of risk assessment required further review to ensure all hazards were being identified and assessed appropriately.

There was a Health and Safety Statement in place which was specific to the centre and updated in 2014. The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management available in the centre. The risk management policy informed the inspector that the service was committed to the protection and well being of all people that used the service and to provide a safe environment.

The inspector observed that the centre had plans in place to address and manage risk for each individual living in the centre.

For example, where a residents assessed needs had changed a risk assessment was developed and adequate supports put in place to address the risk. This included the implementation of a falls risk assessment and providing one-to-one support as required.

However, the outside environment required review as some potential hazards had not been assessed adequately. For example, the inspector observed that there was insufficient lighting outside of the centre and there were also uneven walking areas which were not visible when dark.

The provider nominee and person in charge were aware of this situation and assured the inspector it would be addressed as a priority.

There was a major emergency plan in place which had been developed specific to the centre. Critical areas covered in this plan were how to respond to an emergency such as a fire, loss of power, flooding and gas leak.

The inspector observed that there was a list of contact names and numbers provided to residents that lived semi independently so as they could seek support in the event of an emergency occurring.

The inspector saw that a fire alarm system was in place. Regular fire drills were carried out and any issues identified were documented and personal evacuation plans updated as and when required.

A sample of the fire log was viewed and the inspector saw that fire drills were carried out as required by regulations.

Regular checks of escape routes, fire extinguishers and emergency lighting were also carried out and from a sample of files viewed, all staff and residents had attended a fire training course in the centre.

The inspector also saw that the fire equipment was being serviced on a regular basis by an external fire consultancy company. The last service being completed in September 2016.

There were policies and procedures in place for the management of infection control in the centre. The inspector observed that there was adequate warm water and hand sanitizing gels throughout the centre. Some staff had also undertaken courses in hand hygiene and food hygiene.

Judgment:

Substantially 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that adequate measures were in place to protect residents being harmed or suffering abuse in the centre however, one restrictive practice in use required further review and one staff member required refresher training in positive behavioural support.

There were policies and procedures in place with regard to the safeguarding of the residents. This was to ensure all residents who used the service had their rights protected and they were safe and protected from any form of behaviour that could violate their dignity. The centre was also committed to a 'zero tolerance' approach to abuse and neglect.

From a sample of files viewed it was also found that all staff had up to date training in the safeguarding of vulnerable adults.

There was a policy in place guiding the management of positive behavioural support. The purpose of this policy was to ensure that each resident would have access to professional behavioural supports as and when required.

The inspector was satisfied that where required, residents were provided with emotional, behavioural and therapeutic supports.

Residents had access to behavioural support professionals and to psychology supports as and when needed. Social work support services were also provided as required. However, the inspector observed that one staff member required refresher training in positive behavioural support.

The inspector spoke directly with this staff member and was satisfied that she knew the needs of each resident residing in the centre at an intimate level and was able to speak

knowledgeably on all positive behavioural support plans in place.

She was also aware her training required updating (she brought it to the attention of the inspector) as was actively engaged in addressing this issue.

There was a policy in place for the use of restrictive practices. The policy informed that restrictive practices were only ever used as a last resort following an assessment of risk, safety and welfare of the residents.

It was observed that one restrictive practice was in use however, it was also observed that it was used to ensure the dignity and comfort for a resident with complex support requirements.

This practice was not subject to adequate review and there was no input from a medical practitioner or other allied health care professional as required by the policy of the service.

When this was discussed with both the provider nominee and person in charge they informed the inspector that they would review the situation as a matter of urgency, with reference to the policies and procedures of the organisation.

There was an intimate care policy in operation in the centre. The inspector found that it was informative on how best to provide personal care to residents while at the same time maintaining their dignity, privacy, respect and confidentiality.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' health needs were being regularly reviewed with appropriate input from multidisciplinary practitioners as and when required.

The inspector saw that each resident's general health and well being was being provided for. Where required GP visits were facilitated as were visits to the dentist, optician, audiologist if required, physiotherapist and occupational therapist.

The inspector also observed that there were checklists available to record residents' weights, blood pressure (if required) and the centre kept an account of all medical appointments attended by each resident.

Special conditions were also being provided for. For example, where a resident had epilepsy a comprehensive care plan was drawn up in order to support that resident. Residents' mental health was also supported and where and when required residents had access to psychology and/or psychiatry supports.

Where a recommendation was made by an allied health care professional the inspector observed it was being implemented.

For example, a physiotherapist recommended a programme of exercise for one resident to be carried out on a daily basis. The inspector observed the resident engaging in this programme of activity during the inspection process.

The inspector was satisfied that residents' nutritional needs were being met to an acceptable standard. There was a policy on food and nutrition which informed that the centre would provide healthy and nutritious meals to the residents in a family style setting.

The residents invited the inspector to have lunch with them and it was observed that the meal was homemade and nutritious.

Mealtimes were also a social and relaxed occasion. Both staff and residents dined together and over the course of the meal staff and residents chatted to each other in a friendly and person centred manner.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the proposed medication management policies and procedures were satisfactory and for the most part safe. However, the way in which some medicines were stored in the centre required review.

The centre had a medication management policy in place which was reviewed 2016. The aim of the policy was to ensure the safe ordering, transporting, storage and administration of medication for all individuals living in the centre.

The inspector reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, ordering, dispensing, storage, administration and disposal of medications.

The policy was also informative on how to manage medication errors. (However the inspector observed that there had been no recent medication errors on file in the centre).

The deputy person in charge explained to the inspector that all residents were independent with regard to self medicating. Each resident had been risk assessed to self medicate and also engaged in a training programme to ensure safe self medication.

However, while the bulk of medications were stored securely under lock and key in the centre (as required by policy), the inspector observed that in some instances, medications kept in individual residents bedrooms were not stored securely.

Both the person in charge and the provider nominee assured the inspector that this situation would be reviewed and addressed as required.

From a sample of files viewed the inspector saw that any staff member who handled medication had undertaken a medicines management training programme.

Audits were also undertaken to ensure all medications could be accurately accounted for and that all required documentation was correctly completed and up to date.

Judgment:

Substantially 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The last inspection identified issues with regard to documentation related to planning compliance in the centre. The inspector was satisfied that this had been addressed and the quality of care and experience of the residents was being monitored and developed on an ongoing basis.

Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The inspector was also satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service.

She was directly supported by the provider nominee and by a full time deputy person in charge who was a qualified social care worker.

It was observed that at all times either the person in charge, provider nominee or the deputy person in charge were present in the centre 24/7 so as to ensure the volunteers had adequate management support as and when required.

This inspection found that all three were knowledgeable about the requirements of the Regulations and Standards.

The person in charge and deputy person in charge were also committed to their own professional development having participated in education, training and development courses relevant to their roles.

The person in charge informed the inspector that arrangements were in place for an annual review of the quality and safety of care in the centre. Arrangements were also in place for audits to be carried out in the centre.

The inspector viewed the annual review for 2015 and a sample of audits carried out in 2016. It was observed that both the review and audits were highlighting areas of compliant practice and areas that required review.

For example, the annual review identified that up skilling was required for all staff that handled medication. By the time of this inspection all staff with a remit to medicines management had undertaken a course of training in medication management.

An audit also identified the need for professional supervision to be provided to the person in charge. This process had commenced on completion of that audit.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The last inspection found that some staff files were not compliant with schedule 2 of the Regulations however, this had been addressed at the time of this inspection.

This inspection found that while there were qualified staff with different skill sets in place in the centre, the staffing arrangements required review to ensure that the assessed health care needs were being met for one resident in particular.

There was a policy in place regarding the training and professional development of staff and volunteers working in the centre.

The policy informed that the service was committed to the continuous professional development of their staff and volunteers and would provide relevant training to enhance their skills.

The inspector observed that staff were provided with mandatory training and with other additional training so as they would have the skills to further enhance the quality of life and care to each resident.

The person in charge told the inspector that staffing levels were based on the assessed needs of the residents. However, it was observed that one resident's needs were changing and additional supports, particularly at night time were required.

While the person in charge, the deputy person in charge and the provider nominee had addressed this situation in part, the inspector found evidence that further intervention and support was required to ensure that the assessed needs of the resident were met in full.

The inspector saw that supervisory meetings were held with each staff member and volunteer on a regular basis.

From a sample of files viewed the inspector saw that these meetings provided an opportunity for staff to meet with management, discuss any issues they may have and to agree plans of action going forward.

Judgment:
Substantially 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:

Raymond Lynch
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 Kingsriver Community Holdings Limited
Centre ID:	OSV-0002410
Date of Inspection:	09 November 2016
Date of response:	05 December 2016

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.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Some environmental risks had not been adequately identified and/or assessed which in turn meant that plans of action had not been put in place to address them.

1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated

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

centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Outside lighting - two bulbs which had blown have been replaced. These lights in particular supply lighting to the pedestrian areas of the house. We have also contracted an electrician to install extra lighting including continuous lighting of the entrance road between residence and day centre. The uneven surface which is the speed ramp, will also be lit and have reflective cats eyes installed.

Proposed Timescale: 10/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

One restrictive practice in use was not reviewed in line with the organisations policies and procedures

2. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

A "onsie pyjamas" is worn at night by one resident for his dignity and comfort. The Public Health nurse assessed the use of the onesie pyjamas and discussed this with her manager for Carlow/Kilkenny. Manager advised that the Incontinence nurse will come to Kingsriver to assess the onesie pyjamas and her recommendations will be followed. A Risk Assessment review will also be undertaken. Family of resident have approved of resident wearing the onesie pyjamas at night as it is for the resident's dignity and comfort.

Proposed Timescale: 31/12/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One staff member required refresher training in positive behavioural support

3. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Staff member is booked in for refresher training in Positive Behavioural Support on 08-12-2016

Proposed Timescale: 08/12/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In some instances medicines were not stored securely in the centre.

4. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Residents self-administer medication and are provided with secure medication storage in their rooms. One Resident was found to have left the key in the door of their medicine cabinet and is now currently receiving re-training with an emphasis on the importance of locking medicine cabinet door and storing keys in the appropriate secure place. Staff are monitoring compliance with self-administration of medicine training.

Proposed Timescale: 20/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Due to the changing needs of one resident the staffing arrangements in place required review particularly at night time.

5. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

A review meeting was held on 09-09-2016 where the resident's changing needs were addressed with a representative from the HSE, family members and staff.

A written urgent request will be sent to the HSE requesting their funding commitment to put in place the employment of night time staff, to be activated when required for our resident. This commitment to be furnished by end of February, 2017.

Proposed Timescale: 28/02/2017