

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Kingsriver Community Holdings Ltd
Centre ID:	OSV-0002410
Centre county:	Kilkenny
Email address:	kingriver@eircom.net
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Kingsriver Community Holdings Ltd
Provider Nominee:	Pat Phelan
Lead inspector:	Ide Batan
Support inspector(s):	Kieran Murphy
Type of inspection	Announced
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 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 May 2014 10:00 To: 20 May 2014 17:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

Summary of findings from this inspection

This was the second inspection of this centre. The purpose of the inspection was to review the action plan from the previous inspection and to evaluate the level of compliance by the provider and person in charge in certain areas with the requirements of the Health Act, 2007, Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Inspectors met with a resident, person in charge and staff. Inspectors observed practices and reviewed documentation such as care plans, medical records, staff files, policies and procedures.

The inspectors found that progress had been made in relation to compliance with the Health Act, 2007, Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The previous inspection identified 58 areas of non compliance that required attention. The inspectors found that many of the clinical issues identified were remedied; however, many other areas remained partially unresolved. Inspectors also acknowledge that time scales for completion of some actions had not yet elapsed. These will be discussed throughout the report and the degree of compliance

acknowledged. The main areas of risk identified on this inspection included the premises, fire safety and medication management.

The action plan at the end of this report sets out the actions necessary to comply with the Health Act , 2007, Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

It was identified on the previous inspection that residents did not have timely and appropriate access to allied services as residents had to wait long periods of time which does not maximise opportunities for continuity of treatment for residents. Other areas of non compliance on the previous inspection included:

- the assessment and planning process used gave direction and coordination to care delivered to residents who had multiple care needs.
- not all personal plans were revised on a yearly basis
- there was very limited input from multidisciplinary professionals
- the personal plans did not contain the names of those responsible for pursuing that the outcomes for residents were met.

The inspectors reviewed a selection of personal plans which were personalised and detailed resident's specific requirements in relation to their social care and activities. There was evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments.

There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. It was documented which key workers were responsible for pursuing objectives in conjunction with individual residents in each residents' personal plan and agreed time scales and set dates in relation to identified goals and objectives.

Inspectors saw that there was documented evidence that residents had access to allied services. In the sample of care plans reviewed inspectors saw that residents had seen

their general practitioner (GP) recently. Residents had also been referred to speech and language therapy, public health nurse, occupational therapy and physiotherapy. All residents had a dental review.

Residents' health and social care needs were assessed using a support intensity scale. Care needs were set out in personal care plans that were revised following review. Inspectors saw that personal plans were revised on a yearly basis and review had taken place for residents with the exception of two. Inspectors saw that evidence based assessment tools were now being used for nutrition, skin integrity, behaviours or incontinence care.

Judgment:

Non Compliant - Minor

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Issues identified on the previous inspection included:

- The design and layout of the premises were not fit for its stated purpose. The main house was cold, all windows were due for replacement. The old building adjacent to the main house was in dire need of repair
- the premises were not clean or suitably decorated. The floor of the shower in the bathroom of the main house was noted to be unclean. The soap holder in the shower area was rusting. the freezer in the main building was unclean and in need of defrosting. The fridge used by staff was observed to be unclean. The wall paper in the office area in the main house was peeling from the walls and was not in an adequate state of repair
- the railing of the stairs was noted to be unsteady on the turn of the stairs in the main house the wooden floor was observed to be in need of repair
- the light in the upstairs corridor in the main house was broken. Many of the light shades were made of paper which is a fire hazard
- parts of the wall at the entrance to bedroom one of the coachhouse were missing
- the door to this bedroom did not open or close properly and there was a large piece of wood at the entrance which was a trip hazard

- numerous bags of wood were stored inappropriately on the ground floor in bedroom one of the coachhouse and this ground floor was cold and damp. Poor lighting on the stairs of this apartment was a significant trip hazard
- the door of the sleeping quarters did not close properly. On entering and exiting bedroom 2 of the coachhouse there was a significant risk of injury by striking one's head against the door frame as it was so low.

Issues that remain unresolved include:

The main house was cold and all windows were due for replacement. Reconstruction of the building adjacent to the main house.

The stairs in the main house and the wooden floor was observed to be in need of repair.

Issues relating to the coachhouse were still outstanding:

- parts of the wall at the entrance to apartment one of the coachhouse were missing
- the door to this apartment did not open or close properly and there was a large piece of wood at the entrance which was a trip hazard
- ground floor was cold and damp
- poor lighting on the stairs of this apartment was a significant trip hazard
- the door of the sleeping quarters did not close properly
- on entering and exiting bedroom two of the coachhouse there was a significant risk of injury by striking one's head against the door frame as it was so low.

The principal hazard identified in the last inspection report was the ruin of an old building and inspectors had recommended that a building survey be undertaken. A structural engineering assessment had since been completed and this identified that the old building was in "a dire state of imminent collapse". The structural engineer also identified the proposed building works that needed to be undertaken to make the building safe. These remedial works had not commenced at the time of inspection and the person in charge told inspectors that it would be completed by the end of June 2014. The building was located on the banks of a river and since the last inspection a fence had been erected to prevent access to the river. The person in charge had not erected warning signage around the river or provided life buoys as she felt that this would encourage people to enter the river.

Further along the river bank the fire assembly point had been cleared of trees that had fallen on the pathway. The person in charge outlined a plan to move the fire assembly point to a more accessible location in the car park adjacent to the main living accommodation. The person in charge had also removed a piece of chimney identified on the previous inspection that had been lodged in the guttering of the main house. There was an outstanding action relating to an open drain adjacent to the coachhouse. The person in charge outlined that this would be remedied in the schedule of building works been undertaken in the coachhouse.

While some of the issues identified in the previous inspection report in relation to the internal premises were addressed, many of the actions remained outstanding. Issues remedied included new posts being added to the stairs to make the railings more secure and the light in the upstairs corridor was now working. However, the floor on the stairs still required repair. The windows in the main house had not been replaced but a quote had been received and the person in charge outlined that these would be replaced by

the end of July 2014. During the previous inspection, the coachouse required substantial repair and building and fire safety work had commenced at the time of this inspection.

Improvements had been made in relation to the cleanliness of the premises. The downstairs bathroom had been completely refurbished and was now a "wet room". It was fully accessible for all residents and the person in charge outlined that grab rails would be introduced to facilitate residents with reduced mobility. The previous inspection identified a hallway space adjacent to four bedrooms on the ground floor being used as an office. This space had also contained a storage freezer and a fridge. Due to fire safety precautions this space had been reconverted to a hallway and both the fridge and freezer had been removed. Peeling wallpaper was still seen in this area. However, this wall was to be removed, thereby enlarging the existing bedrooms of two residents.

In relation to the provision of safe and suitable premises improvements had been noted, particularly in relation to the new wet room downstairs. The person in charge outlined plans for improvements to the main bathroom on the first floor also which was due to be completely refurbished. In addition one resident was going to be moved into a newly renovated bedroom on the first floor and extra storage units were to be purchased in collaboration with residents. These developments in addition to the renovations in the coachouse would ensure that each resident had adequate space for personal use. The installation of new windows will ensure adequate ventilation and heating for residents in all parts of the premises.

Judgment:
Non Compliant - Major

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Issues identified on the previous inspection included:

- The risk management policy did not include arrangements for the identification, recording and investigation of and learning from, serious incidents or adverse events involving residents
- there was not effective arrangements in place to identify and manage risk
- the risk management policy did not meet the requirements of legislation. It did not cover the unexplained absence of a resident

- the risk management policy did not include the measures in place to prevent accidental injury to residents, staff or visitors
- the risk management policy did not include the measures in place to prevent accidental injury to residents, staff or visitors
- the risk management policy did not include the measures and actions in place to cover self-harm
- failing to ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority
- there were not effective fire safety management systems in place
- there were not adequate precautions in place against the risk of fire
- there were not adequate arrangements in place for maintaining means of escape, building fabric and building services
- provide adequate means of escape, including emergency lighting
- there were not adequate systems in place for detecting, containing and extinguishing fires
- there was no evidence that all staff had received suitable fire training
- failing to ensure that fire drills take place at suitable intervals.

Many of the issues in relation to risk management and fire safety are not yet resolved. However, inspectors acknowledge in some instances time scales had not yet elapsed and work was in progress and ongoing.

Since the last inspection both the provider and person in charge had received training in risk assessment. There was evidence of recently completed hazard identification for issues in relation to clinical and non-clinical risk. Each resident file now included risk assessments for manual handling, self medication and activities in the community. However, there still was not an overarching risk management policy that outlined the arrangements in place to identify and manage risk.

In relation to infection control disposable hand towels were now available in all bathrooms. Each resident had been given their own supply of bed linen, face cloths and towels. Communal laundry baskets had been removed from the bathrooms and each resident had a basket in their own room.

At the last inspection it was found that there was not an adequate fire safety management system in place and inspectors had advised the provider to contact the local authority fire officer to ensure compliance with all fire safety regulations. The person in charge outlined that the fire officer had undertaken a review and that remedial works had commenced on his recommendations.

A fire risk register had been introduced which outlined the responsibilities of the provider and person in charge in relation to fire. Fire training had been provided for staff and certificates of attendance were also available for a number of residents. A schedule of fire drills was available and these included review of response times of residents and staff to the fire alarm. Fire evacuation maps were visible throughout the main premises and the person in charge outlined that these would be provided in the coachhouse also.

Emergency lighting was due to be installed in the coachouse as part of the overall renovation of that building. All escape routes were clear including the corridor upstairs in the main building. Adequate means of escape had been enhanced by the removal of the office area on the ground floor.

Judgment:
Non Compliant - Major

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:

Issues identified on the previous inspection included:

- Failing to ensure that all staff have up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour
- failing to ensure that where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in line with national policy and evidence based practice
- there was no evidence to suggest that all residents were protected from abuse
- there was no evidence that all staff had received training in the prevention, detection and response to abuse.

These issues had been resolved. Inspectors saw that all staff had received recent training in adult protection. On the previous inspection inspectors had concerns in relation to the lack of risk assessments in identified areas of vulnerability where individual safeguards were not in place. However, inspectors were satisfied that adequate safeguards were being implemented where areas of vulnerability were identified. Inspectors saw that risk assessments were in place for residents.

There was a policy on challenging behaviour being drafted and inspectors saw that staff had received training in the management of challenging behaviour. Inspectors saw that behavioural support plans were in place for residents. There was evidence of psychiatric referrals and follow up appointments.

There were no restrictive practices in place on this inspection. The person in charge said that all policies and procedures in relation to restraint will be updated following training. Training in risk assessment and management has been scheduled for the end of June 2014.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

Issues identified on the previous inspection included:

- Failing to ensure that residents have appropriate and timely access to allied health professionals
- there was no evidence to suggest that residents were supported to prepare and cook their own meals
- there was no evidence that residents were offered choice at meal times
- there was no evidence to suggest that meals were consistent with each resident's individual dietary needs and preferences. These issues had been resolved.

As outlined under Outcome 5 there was multidisciplinary input now facilitated for residents. The person in charge said that residents had access to a GP of their choice. There were medical records kept on site and inspectors could see frequency of medical reviews

There were no referrals for dietetic reviews as the medical practitioner had not deemed it necessary according to the person in charge. There was access to the speech and language therapist and swallow care plans were in place for some residents. The person in charge informed inspectors that she trained the staff in relation to using modified diets and thickened fluids. There was evidence that the malnutrition universal screening tool (MUST) was completed for all residents and formed part of the resident's health assessment. The inspector saw that nutritional supplements were prescribed by the GP.

Inspectors saw that residents' weight was monitored. There were no menus displayed in the centre which offered choice. However, the person in charge told inspectors that picture enhanced communication had been trialled in relation to menu choices. Residents did not like this system and reverted to the old method. Minutes of house

meeting concurred with this. The person in charge told inspectors that if residents would like something different to eat that they could write it on a post it and it would be facilitated.

Minutes of house meetings indicated that if resident's wished they could participate in cooking the meals. The person in charge said that there was only one resident who liked cooking and to date she had not participated.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Issues identified on the previous inspection had been partially resolved and progress was being made in relation to safe medication management practices.

- There was no evidence to suggest that a pharmacist was readily available to residents
- failing to ensure that appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines were in accordance with best practice and regulatory requirements
- there were no risk assessments to suggest that residents were encouraged to take responsibility for his or her own medications.

Inspectors saw that all residents had met with the local pharmacist and were happy with the arrangements in place. Inspectors saw that one month's supply of medication was dispensed from the pharmacy for each resident in blister packs. As the pharmacy was off site references and resources were not readily accessible for staff to confirm prescribed medication with identifiable drug information which should include a physical description of the medication and or colour photograph of the medication which would be essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

The administration records remain inadequate as they did not:

- distinguish between routine and once-off medicines
- record any allergies to medicines

- clearly outline the date of medicine initiation and discontinuation
- chart medicines according to their generic name.

Inspectors noted that medicines were no longer kept in the fridge where food was also stored. There were no medicines that required refrigeration being dispensed on this inspection. There were no records available in relation to dispensed medications from pharmacy which does not meet best practice in overall medication management.

There was a medication management procedure available. However, it required review in order to meet legislative and best practice guidelines. No staff member had completed any medication management training. There was no evidence available that medication management audits were being completed. These practices increase the risk of potential harm to residents and do not meet legislative requirements.

Inspectors saw in the person-centred plans that staff promoted the resident's understanding of his/her health needs relating to medication. Risk assessments had been completed. There were no residents self medicating on this inspection.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Issues identified in the previous inspection included:

Failing to ensure that the statement of purpose contained all the matters as set out in Schedule 1. This is resolved. Inspectors were satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service provided.

The statement of purpose was kept under review by the provider and had been updated in April 2014.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Issues identified from the previous inspection included:

- It was not evident to inspectors that the person in charge had the required skills to manage the service having regard to the statement of purpose and needs of residents
- failing to ensure that all of the documents specified in Schedule 2 were available for the person in charge
- failing to ensure that the service provided to residents was safe, consistent and effectively monitored
- there were no unannounced visits carried out by a person nominated by the registered provider as there were no reports available
- put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

The person in charge was engaged in the operational management of the house. The person in charge acknowledged her own limitations on the previous inspection. However, based on interactions with the person in charge during this inspection, she had adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The person in charge had engaged an external company to provide training and informed inspectors that this company would also carry out unannounced audits of the centre. Staff training on the regulations had taken place in April 2014. Risk assessments in relation to clinical and non clinical risk had been completed in many areas as outlined throughout the report.

Systems had been put in place to manage risk as outlined in detail under Outcome 7. The training plan for staff was in the process of being developed. The person in charge said that she was currently sourcing a template for supervision which would include performance management of staff. Personal mentoring and supervision, independent of

the centre was in place for all voluntary staff as observed by inspectors. Staff Appraisals for all other staff was in progress and scheduled for completion by December 2014

All of the documents specified in Schedule 2 were still not available for the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Issues identified on the previous inspection included no systems in place to support the person in charge in any planned or unplanned absence. This remains non compliant. The person in charge said that if she is not on site the provider is on site.

The person in charge also stated that it was a priority for the board of management at their next scheduled meeting to recruit a suitable deputy on a long term basis.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Issues identified on the previous inspection included:

- There was no evidence of any nursing care input for residents
- failing to ensure that there was a planned and actual rota indicating staff on duty over a 24 hour period
- failing to ensure all of the documents and information as specified in Schedule 2 were available
- failing to ensure that staff had access to appropriate training, including refresher training as part of a continuous professional development programme
- there was no evidence to suggest that staff were appropriately supervised
- failing to ensure that all staff had copies of the Act and any regulations made under it
- failing to ensure that staff were issued with any relevant guidance by statutory or professional bodies.

These issues were partially resolved. Inspectors reviewed a sample of staff files and noted that all were not compliant Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Inspectors noted that improvements had been made to the format of the files. All staff had applied for a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Inspectors were still not satisfied that the numbers and skill mix of staff available during inspection was appropriate to meet resident's needs. The person in charge was the only staff member with experience in intellectual disability to cater for residents' needs.

There was evidence of the public health nurse attending to residents' needs when required. The staff training programme in relation to continued professional development was being developed. Statutory training in adult protection, manual handling, fire training and drills had been completed. The person in charge said that she supervised staff daily as she lives in the house. Arrangements were being put in place to have formal documented supervision.

There was a planned and actual rota in place indicating staff on duty over a 24 hour period. The person in charge said other relevant guidance was available to staff. The inspector saw guidance documents in the house in relation to health and safety and risk management.

On this inspection an issue arose regarding a visitor who was staying in the centre. This visitor was well known to the person in charge and the person in charge said that the visitor would help with chores. Inspectors saw personal references from two employers and also there was evidence that he had applied for police clearance in his own country. However, there was no evidence available that there was adequate supervision and support available as required by legislation.

Judgment:
Non Compliant - Moderate

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:

Ide Batan
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 Ltd
Centre ID:	OSV-0002410
Date of Inspection:	20 May 2014
Date of response:	15 July 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Theme: Effective Services

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

Not all personal plans were revised on a yearly basis.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

Four of six PCPs have been completed within the annual timeframe. Two outstanding PCPs are awaiting 1) responses from day-care service and 2) HSE Social Worker.

Proposed Timescale: 25/07/2014

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

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The main house was cold and all windows were due for replacement.

The stairs in the main house the wooden floor was observed to be in need of repair.

Issues relating to the coachhouse were still outstanding:

- Parts of the wall at the entrance to apartment one of the coachhouse were missing
- the door to this apartment did not open or close properly and there was a large piece of wood at the entrance which was a trip hazard
- ground floor was cold and damp
- poor lighting on the stairs of this apartment was a significant trip hazard
- the door of the sleeping quarters did not close properly
- on entering and exiting bedroom two of the coachhouse there was a significant risk of injury by striking one's head against the door frame as it was so low.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

New windows are being installed resolving all ventilation and heating issues.

1) Windows

A grant application has been made to SEAI (Collaborative Energy) to cover 50% of window replacement costs. The grants are expected to be awarded in mid-July with estimated completion of installation by end of August (work cannot commence before official grant approval). Should our grant application not be successful we will immediately start work ourselves on receiving notification from SEAI, for completion by end of August, 2014,

2) Stairs

Stairs and landings and hall floor are being fitted with industrial carpet. Completion end of July

3) Coach House

The Coach House is currently in process of complete renovation. Walls have been insulated, plastered and painted including ground floor. The building has been rewired with additional lighting and sockets, fire detection system and emergency lighting. The entrance hallway to the second floor has had ceiling height increased to give a continuous head clearance height of 6' 8" in this area. All doors are being replaced with self closing fire doors. The entrance doors, ground floor doors and windows are being re-fitted with new PVC doors and windows. All first and second floor windows will have new double glazing fitted. The entrance to the second floor will have a new door fitted. All building work, fire detection system, emergency lighting and fire doors to be completed end July. PVC doors and windows (part of SEAI application) finished by the end of August.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

The works to ensure the safety of the old building had not yet commenced. There were no warning signs about the dangers of the river. There were no accessible life buoys in the event of a resident, staff or visitor falling into the river.

There was an open drain plainly visible on the footpath outside the coachhouse which was a significant risk to residents, staff or visitors

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Kingsriver Board of Directors have allocated €25,000 to ensure that the old building structure is safe. A construction company has been employed to knock and remove the old sections of the building. They will install a steel structure to secure the remaining walls (not required to make safe) and these walls will be capped and weather proofed. A letter will be provided by the structural engineer stating that the building is safe and protected from the weather. Work on the old building will be divided into two phases.

Phase 1 will make the structure safe by taking down the western section. Work will begin on this on the 14 July 2014 and will be completed by the end of July. Phase 2 will complete the work installing steel and weather proofing. This will be completed by end August. Life buoys and warning signs will be installed by mid July. The open drain to be closed off and covered by a footpath by mid July.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

The wall paper in the office area in the main house was peeling from the walls and was not in an adequate state of repair.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Hallway and resident accommodation downstairs is undergoing refurbishment. The wall (with the peeling wallpaper) is being taken down and replaced with a new wall approximately one metre away, increasing the bedroom sizes. This wall will be plastered and painted and will have two self-closing fire doors fitted. Work to be completed mid-July. New window to be installed by end of August. Re-painting completed end of August.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Failing to ensure provision for matters as set out in Schedule 1:

- Adequate space and suitable storage facilities for personal use of residents
- ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents
- baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The ground floor has two separate toilet facilities. One is also fitted with a shower. This toilet/shower area is shared by two residents and two volunteers /staff. Upstairs has two bathrooms. One bathroom with bath/shower, sink and toilet and is shared by one resident and three volunteers/staff. Two bedrooms here have a sink in the bedroom.

A second bathroom with shower sink and toilet is primarily female use by one resident and use by female volunteers/staff.

New windows are being installed resolving all ventilation and heating issues. Storage facilities have been upgraded. The Coach House bedrooms are being fitted with new storage cabinets and additional units with sliding door wardrobes.

Proposed Timescale: 31/08/2014

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:

There was not effective arrangements in place to identify and manage risk.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

- 1) Comprehensive training in risk management has been undertaken by key staff.
- 2) Risk Management including hazard identification and assessment of risks is in hand throughout the centre and listed in a risk register.

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

The risk management policy did not include arrangements for the identification, recording and investigation of and learning from, serious incidents or adverse events involving residents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

- 1) Risk management policy has clear arrangements for identifying and recording any serious incidents with residents.
- 2) We have received training in investigating incidents in order to review and learn from such incidents.
- 3) Current policy is being updated to reflect all aspects of risk management.
- 4) Risk register is updated to include most recent events (from 2011).

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

The risk management policy did not meet the requirements of legislation. It did not cover the unexplained absence of a resident.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

Risk management policy covers the unexplained absence of a resident in the appendices.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

The risk management policy did not include the measures in place to prevent accidental injury to residents, staff or visitors.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

- 1) There is a comprehensive safety statement covering all actions in place to control accidental injury to residents, visitors or staff.
- 2) Training is undertaken annually on health and safety awareness including safety statement and risk assessments.
- 3) Policy on risk management will be updated to reflect this

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The risk management policy did not include measures in place to control violence and aggression.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

1) There is a comprehensive policy in place on challenging behaviour and positive behavioural support. Included in this document is an aggression management procedure. This will also be included in the risk management policy.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to cover self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Risk management policy will be updated to include measures and actions covering self-harm.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

Failing to ensure effective fire safety management systems are in place.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Comprehensive fire safety management systems are being put in place in accordance with the fire safety management plan of the Chief Fire Officer for Co. Kilkenny. This is being completed for the main residence in accordance with the stipulated time frame. The Coach House is currently being refurbished to include all fire safety management systems stipulated by the Chief Fire Officer and in accordance with the time scale.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

There were not adequate precautions in place against the risk of fire.

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Comprehensive fire safety management systems are being put in place in accordance with the fire safety management plan of the Chief Fire Officer for Co. Kilkenny. This is being completed for the main residence in accordance with the stipulated time frame. The Coach House is currently being refurbished to include all fire safety management systems stipulated by the Chief Fire Officer and in accordance with the time scale.

Guardian Fire have been contracted to provide equipment, maintenance, periodic testing and training.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

There were not adequate arrangements in place for maintaining means of escape, building fabric and building services.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

Comprehensive fire and safety management systems are being put in place in accordance with the fire safety management plan of the Chief Fire Officer for Co. Kilkenny. This is being completed for the main residence in accordance with the stipulated time frame.

The Coach House is currently being refurbished to include all fire and safety management systems stipulated by the Chief Fire Officer and in accordance with the time scale.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Failing to ensure that there is adequate means of escape including emergency lighting.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Comprehensive fire and safety management systems are being put in place in accordance with the fire safety management plan of the Chief Fire Officer for Co. Kilkenny. This is being completed for the main residence in accordance with the stipulated time frame.

The Coach House is currently being refurbished to include all fire and safety management systems stipulated by the Chief Fire Officer and in accordance with the timescale.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

There were not adequate systems in place for detecting, containing and extinguishing fires.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

1) Comprehensive fire safety management systems are being put in place in accordance with the fire safety management plan of the Chief Fire Officer for Co. Kilkenny. This is being completed for the main residence in accordance with the stipulated time frame. The Coach House is currently being refurbished to include all fire safety management systems stipulated by the Chief Fire Officer and in accordance with the timescale.

2) a) An L1 (X) detection system has been installed in the main residence and b) a similar system is being installed in the Coach House. Both systems will be connected.

3) Guardian Fire have been contracted to provide equipment, maintenance, periodic scheduled testing and training.

Proposed Timescale: 1) 02/04/2014 – 30/06/2015 2a) completed 2b) 30 August 2014
3) completed

Proposed Timescale: 30/06/2015

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:

Failing to ensure that appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines were in accordance with best practice and regulatory requirements.

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:

A complete and comprehensive review of medication management has been undertaken. Training in medication management systems has been undertaken by key staff. A new medication management policy has been written up and new procedures have been put in place and are being monitored for effectiveness.

Proposed Timescale: 25/06/2014

Theme: Health and Development

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

Medication administration records were not adequate.

Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

A complete and comprehensive review of medication management has been undertaken. Training in medication management systems has been undertaken by key staff. A new medication management policy has been written up and new procedures have been put in place, including documentation, and are being monitored for effectiveness.

Proposed Timescale: 23/06/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Failing to ensure that all of the documents specified in Schedule 2 were available for the person in charge.

Action Required:

Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

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

- 1) Garda Clearance management has been agreed through Camphill Communities of Ireland and is currently in process.
- 2) Garda Clearance currently in process
- 3) Job descriptions for all residential personnel are being drawn up.

Proposed Timescale: 30/09/2014

Theme: Leadership, Governance and Management

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

There were no unannounced visits carried out by the person nominated by the registered provider as there were no reports available.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

An external organisation is being contracted to carry out unannounced visits at least once every six months. The first unannounced visit is expected in the next six months.

Proposed Timescale: 30/11/2014

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

There was no deputy person in charge to assume responsibility and accountability for the provision of service in the absence of the person in charge.

Action Required:

Under Regulation 33 (1) you are required to: Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.

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

In the event of the absence of the person in charge the registered provider assumes responsibility and accountability of the person in charge. A current member of relief staff who is competent, has principles of supervisory management training, social care degree qualifications and more than two years experience, is being trained to support the deputy person in charge.

The Board of Management at their meeting on 16 June 2014 discussed extensively the recruitment of a deputy on a long term basis. The Chief Inspector will be notified in writing of the arrangements in place.

Proposed Timescale: 31/08/2014

Theme: Leadership, Governance and Management

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

There was no deputy nominated on behalf of the person in charge.

Action Required:

Under Regulation 33 (2) (c) you are required to: Give notice in writing to the Chief Inspector of the name, address and qualifications of the person who will be or was responsible for the designated centre during the absence of the person in charge.

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

- 1) In the event of the absence of the Person in Charge the registered Provider assumes responsibility and accountability of the Person in Charge.
- 2) A current member of relief staff who is competent, has principles of supervisory management training, Social Care degree qualifications and more than 2 years experience, is being trained to support the deputy Person in Charge.
- 3) The Board of Management at their meeting on 16th June 2014 discussed extensively the recruitment of a deputy on a long term basis.
- 4) The Chief Inspector will be notified in writing of the arrangements in place.

Proposed Timescale: 2) 31st August, 2014 4) 30th June 2014.

Proposed Timescale: 31/08/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Failing to ensure that the qualifications and skill mix of staff was appropriate to the assessed needs of residents.

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:

The current skills mix of staff ensures that there is at least one other member of staff present with experience in intellectual disability to cater for residents' needs.

Proposed Timescale: 04/07/2014

Theme: Responsive Workforce

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

Failing to ensure all of the documents and information as specified in Schedule 2 were available.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

- 1) Garda Clearance management has been agreed through Camphill Communities of Ireland and is currently in process.
- 2) Garda Clearance currently in process
- 3) Job descriptions for all residential personnel are being drawn up.

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

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

There was no evidence to suggest that staff were appropriately supervised.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Confidential personal mentoring (supervision), independent of the centre is in place for all EVS staff. Supervision for direct care senior staff is being sourced and will be in place by the 30 August 2014. Records will reflect supervisors put in place. These records will also demonstrate that the person in charge is providing regular supervision to staff.

Proposed Timescale: 30/08/2014

Theme: Responsive Workforce

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

Ensure that all staff had copies of the Act and any regulations made under it.

Action Required:

Under Regulation 16 (2) (a) you are required to: Make available to staff copies of the Act and any regulations made under it.

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

All staff have received copies of the Act and regulations made under it. Documentary evidence (email acknowledgement) is present.

Proposed Timescale: 04/07/2014

Theme: Responsive Workforce

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

Ensure any volunteers have a written agreement in place and that there is adequate supervision and support available.

Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

All volunteers will have a written agreement in place that includes adequate supervision and support.

Proposed Timescale: 31/08/2014