## Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Kingsriver Community Holdings Ltd</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0002410</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Kilkenny</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:kingriver@eircom.net">kingriver@eircom.net</a></td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Kingsriver Community Holdings Ltd</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Pat Phelan</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Ide Batan</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Kieran Murphy</td>
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<tr>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
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<td><strong>Number of vacancies on the date of inspection:</strong></td>
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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.
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: 13 August 2014 10:30  
To: 13 August 2014 18:00

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

|-------------------------------|----------------------------------------|-------------------------------------------------|-----------------------------------|-------------------------------|----------------------------------|-------------------------------------|-------------------------------------|---------------------|

**Summary of findings from this inspection**

This follow up and monitoring inspection was the third inspection carried out by the Authority. As part of the monitoring inspection, inspectors met with residents, person in charge, nominated provider and staff. Inspectors reviewed documentation such as the centre’s statement of purpose, person centred care plans, medical records, arrangements with regard to meal preparation, activities, staff training records, staff files, policies and procedures, fire safety records and the premises.

The purpose of the inspection was 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 also found that many of the actions from the previous inspection were remedied. However, some remain partially unresolved. Inspectors acknowledge that time scales for completion of some actions had not yet elapsed.

This inspection primarily focused on staffing, health and safety, governance, risk management and the robustness of clinical supervision systems in place to ensure the quality and safety of care being delivered to residents.
Inspectors observed that progress had been made in some areas, there remains a notable deficit in core areas, fundamental to the quality and safety of care provided to residents such as medication management practices, fire safety, infection control, health and safety and risk management.

The findings of the inspection are set out under nine outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspectors found that the service was significantly non compliant 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, contraventions included:

- Medication management practices
- Health and safety and risk management
- Staff training and development
- Staff files were not adequate
- Infection control
- Premises
- Governance
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was evidence that opportunities for education, training and development were provided. Inspectors saw that all residents were attending day services on site to maintain and develop life skills. In conversation with one resident the inspector heard how much the resident enjoyed working in the workshop and doing voluntary work in the local village.

Each resident had an assessment of their health, personal and social care needs. There were arrangements in place to meet any identified needs of an individual resident, for example, multi-disciplinary input was sought where required. Support plans had been completed for each resident and included other specific plans, including risk assessments, health plans and intimate care plans. Inspectors saw that evidence based assessment tools were now being used for nutrition, skin integrity, and incontinence care.

Each resident had a written personal plan, in an accessible format. There was evidence of multi-disciplinary input in the personal plan. There was evidence that residents had been reviewed by the general practitioner (GP), psychiatric, neurology and occupational therapy. The personal plan named the person responsible for pursuing objectives in the plan within specific time frames. The personal plans were reviewed annually with multi-disciplinary team and participation of the resident was ensured.

Family members were given advance notification of the review meetings and invited to attend. Review meetings included an evaluation of the residents’ needs, choices and preferences and whether goals had been met for the previous year. Goals were set for the following year.
Many residents did their own laundry and participated in household chores as observed by inspectors. The centre had its own transport. Residents told inspectors that they often went on trips with staff. Some went out to the local pub in the evenings. Some residents went on holidays also.

The inspector spoke with the person in charge relating to the transfer of residents within the service or to a new service should the dependency needs of residents’ change. The person in charge said that this issue had not arisen. However, the person in charge told inspectors of the planned supports in place for any resident that may be required to move to alternative accommodation to ensure that any moves were planned for in a safe manner. No residents had been discharged from the service since the previous inspection.

**Judgment:**
Compliant

**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:**
The principal hazard identified in the previous two inspection reports was the ruin of an old mill and inspectors had recommended that a building survey be undertaken. A structural engineering assessment had since been completed and this identified that the mill 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 mill safe. These remedial works had commenced at the time of this inspection and were due for completion at the end of August. Inspectors requested that a report be provided to the Authority upon completion ensuring the safety of the remaining parts of the mill.

The community 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 provider had erected warning signs around the river and provided life buoys. An open drain adjacent to the coach house had now been closed off mitigating the trip hazard.

While many of the issues identified in the previous inspection report in relation to the internal premises were addressed, some issues remained outstanding. New posts had
been added to the stairs to make it secure. However some parts of this floor on the stairs still required repair as timber boards were loose and posed a risk of a resident falling. The windows in the main house had not yet been replaced. However, the provider said these would be replaced. Inspectors agreed a time scale with the provider on inspection. There still remains a risk of striking one’s head against the door frame of the coach house as the door frame is very low. This was in the process of being addressed as observed by inspectors.

During the previous inspection, the coach house required substantial repair and building work had commenced and was near completion at the time of this inspection. Inspectors saw that the refurbishments improved quality of life for the residents that lived there. These developments in addition to the renovations in the coach house ensured that each resident had adequate space for personal use. A resident who lived in the coach house told an inspector that he really liked having the extra space.

The previous inspection identified a hallway space adjacent to four bedrooms on the ground floor being used as an office. Inspectors saw that this wall had now been removed, thereby enlarging the bedrooms of two residents. The downstairs bathroom had been completely refurbished. The person in charge said that the stairs and landing were going to have carpets put down the following week.

Substantial improvements were required in relation to the cleanliness of the premises. The bathroom on the first floor was not fit for purpose and was unclean. Inspectors saw many other areas of the premises were not clean such as shower trays, toilets and sinks. Inspectors observed cobwebs with dead flies trapped in the downstairs lounge area. Other parts of the main house that required maintenance work included exposed pipes in an upstairs bathroom seals and grouting around a bath required attention. Some ceiling light fittings were exposed.

**Judgment:**
Non Compliant - Major

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**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:**
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.

Policies and procedures for risk management and health and safety were available. However, the health and safety statement had not been updated since 2010. The person in charge said that an external company were going to conduct a health and safety audit later that week. However, improvements to all risk management systems in place and in particular to manage emergency situations were found to be required. There was no emergency plan to direct and guide staff in response to any major emergency such as power failure, flooding or other form of emergency was not available.

The risk management policy remains generic. Information for staff to inform their practice such as actions and controls in place in for managing risk such as assault, self harm, violence and aggression and accidental injury was not available. The risk management policy was not sufficiently detailed to provide guidance to staff and did not address all the matters specified in the regulations. For example, the arrangements in place for the identification, recording, investigation and learning from incidents or adverse events were not outlined nor the actions or controls in place to manage the risks as outlined in the Regulations.

Review of protective measures in regard to some hazards was required, as there was potential for accidental injury to some residents:

- A residents bed was placed against a radiator which could potentially increase the risk of burns
- latex gloves were inappropriately stored in the dry food store
- medication was left in an office area which anyone could use.

Written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with is still not available. Progress has been made in relation to fire safety. However, inspectors were still not satisfied that there were effective fire safety management plans in operation. In the coach house the fire detection system was installed and the emergency lighting system was completed.

In the main house the fire detection system has been installed. However this system needs to be interlinked with the coach house. The emergency lighting still needs to be installed in the main residential house along with fire doors. Inspectors saw that the provider has an agreement in place with an external fire company to provide alarm testing, training and maintenance of fire fighting equipment. However, inspectors saw that staff had not received fire training and staff who spoke with inspectors did not know what to do in the event of a fire. There was no evidence of any recent fire drills. The fire emergency plan was not signed or dated by the management team.

Practices in relation to the prevention and control of health care associated infections remained poor. While there was a policy on infection control inspectors did not observe staff routinely washing their hands as they carried out different chores. In a shared bathroom there were no disposable paper towels. There were no hand sanitizers either in the main house or the coach house. The practice of communal towels in bathroom persists even though the person in charge said it had ceased. As outlined under
outcome 6 the centre was unclean.

Inspectors did not observe manual handling practices on this inspection. However, newly recruited staff still required to be trained in this area.

**Judgment:**
Non Compliant - Major

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**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

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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**

While policies and procedures were in place for the prevention, detection and response to abuse staff with whom inspectors spoke were not knowledgeable in relation to abuse. Inspectors found that there was a lack of understanding of the particular vulnerability of people with disabilities to abuse.

There were records available which indicated that some staff were trained in abuse detection and prevention as required by legislation. However, not all staff had been trained. Inspectors discussed with the person in charge any barriers that may prevent residents disclosing abuse. The person in charge stated that she was confident that residents would disclose any information to her.

Inspectors saw in some person centred plans that residents had also attended abuse training. There was a policy on challenging behaviour and inspectors saw that some staff had received training in the management of challenging behaviour. Inspectors saw that behavioural support plans were not in place for residents who may exhibit challenging behaviour. The person in charge said that this was work in progress.

However, there was evidence of psychiatric referrals and follow up appointments. Inspectors saw that residents were supported to develop skills to protect themselves also through training. A resident told an inspector that if there was a concern that he would report it. The person in charge outlined to inspectors the procedures that were in place should an incident occur. There have been no allegations of abuse notified to the Authority.
Inspectors saw that residents managed their own monies and had bank accounts. The person in charge said that they did not hold monies on behalf of residents. There was a restrictive procedure policy in place which was reviewed in February 2014. Risk assessments had been completed in relation to residents receiving any prescribed chemical restraint. There were no physical restrictive practices in place on this inspection.

**Judgment:**
Non Compliant - Major

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

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 training had been provided for 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 health assessment. The inspector saw that nutritional supplements were prescribed by the GP. Inspectors saw that residents had routine ophthalmology and dental checks. Staff told inspectors that meals were nutritious as most produce was home grown.

Inspectors saw that all staff and residents had their meals together. A resident told an inspector that he was very happy with the food. Inspectors did not observe refreshments or snacks being provided outside of meal times. However, on a previous inspection the person in charge said that residents could access whatever they wished from the store room. There were ample stocks of fresh food and larder stores to facilitate snacks.

Inspectors saw that residents' weight was monitored. There were no menus displayed in the centre which offered choice. 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 or if they wished to have a particular meal cooked on that day it was
facilitated. Inspectors saw that there was no choice available on the day of inspection.

There was no end of life care being provided on this inspection. However the person in charge told inspectors that they would always endeavour to provide end of life care that meets the needs of residents.

Judgment:
Non Compliant - Minor

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:
Evidence that the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation were not found and systems were not in place for reviewing and monitoring safe medication practices.

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.

There was a medication management procedure available. However, it required review in order to meet legislative and best practice guidelines. No staff member apart from the person in charge had completed any medication management training. The person in charge had completed a half day of training. There was no evidence available that medication management audits were being completed.

The person in charge described the process of secondary dispensing or “potting out” of medications from the blister packs to be administered in the evening time after the morning medications had been administered. The evening/night medications were then stored in a locked cabinet and given to residents at their request when they wished to go to bed.

This practice increases the risk of potential error and do not meet legislative requirements as the medication has been removed from the blister pack before the time of administration. The member of staff administering the medicines does not refer to the blister pack with the label to ensure that each resident receives the right dose of the right medicine at the right time, as prescribed.
Risk assessments in relation to medication management were completed and self administration assessments had also been completed for some residents. However, there were no residents self medicating on this inspection. There were medication error forms available. The person in charge said that there has only been one near miss which was in 2012. Inspectors saw that medication administration records had improved. Signatures of staff administering medication were legible and there was identifiable drug information available which included a picture of the medicines.

Inspectors saw in person centred plans that staff promoted the resident’s understanding of his/her health needs relating to medication. Inspectors saw that therapeutic blood levels were monitored on a routine basis for residents taking certain medications.

Judgment:
Non Compliant - Major

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:
The person in charge was engaged in the operational management of the house. The person in charge acknowledged her own limitations in relation to regulation on previous inspections. However, based on interactions with the person in charge during this inspection, some gaps remain in her knowledge of the relevant legislation as evidenced throughout the report.

The provider had engaged an external company to provide training in health and safety and this company would also carry out an audit of the centre following the inspection. A further external audit was also to take place following inspection in relation to compliance with the Regulations. Therefore no annual review of quality and safety of care has taken place to date.

Some 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 working on a template for supervision of staff. There
was no evidence that the quality of care and experience of residents was monitored and developed on an ongoing basis.

Inspectors did not observe that there were effective systems in place to performance manage all staff members. The person in charge acknowledged that she did not receive supervision from the registered provider.

**Judgment:**
Non Compliant - Major

### 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:**
This action remains outstanding. The person in charge told inspectors that they are in the process of training a deputy who works in the centre to support the person in charge. However, there are still no robust systems in place to support the person in charge in the event of any planned or unplanned absences.

**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
Findings:
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 saw in staff files that it was not possible to comprehend some references or police clearance as it was written in the language of the country of origin. However, inspectors had concerns in relation to this recruitment practice as both staff and residents lived together in the main house and the coach house. These practices also place residents at risk due to lack of robust recruitment procedures.

The inspectors were not satisfied that the skill mix of staff available during the inspection was appropriate to meet residents' needs. Inspectors formed this judgement through observation, review of documentation and speaking with staff. Inspectors observed that there was a high turnover of staff. The person in charge remains the only staff member on a full time basis with experience in intellectual disability to cater for residents' needs.

Some staff members who were predominantly known as volunteers by the community had very little experience of working with people with disabilities. The person in charge said the volunteer role was predominantly to support residents with various activities. There were job descriptions available on this inspection. Even though staff are referred to as volunteers they receive a small amount of monies, bed and board for supporting residents. However, staff were unaware of the policies and procedures related to general welfare and protection, the Regulations and Standards.

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 of all staff members therefore records of any supervision were not consistently maintained. There was a programme of induction in place. A staff member who had recently joined the community told an inspector that she was working her way through this programme.

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 not been completed for all staff members. It was found that a training needs analysis would be of benefit to ensure all staff were provided with up to date evidenced based training in order to meet the assessed needs of the current resident profile.

There was a planned and actual rota in place indicating staff on duty over a 24 hour period which included the on call night arrangements.

Judgment:
Non Compliant - Major
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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Kingsriver Community Holdings Ltd</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002410</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>13 August 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19/09/2014</td>
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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 06: Safe and suitable premises

Theme: Effective Services

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

The floor on the stairs still required repair. The windows in the main house had not yet been replaced. Other parts of the main house that required maintenance work included exposed pipes in an upstairs bathroom seals and grouting around a bath required attention. Some ceiling light fittings were exposed.

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.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The stairs will be carpeted completely and the hallway from the downstairs toilet through to new lobby area (old office) and floors of the two adjacent resident’s bedroom floors will have a new floor covering applied. Exposed pipes/seals will be covered and plastered. The upstairs bathroom will have a new sink installed. Once the new window is fitted in this bathroom the entire room will be tiled and a new ceiling installed. All light fittings (including new emergency lights) will be checked by electrician.

**Proposed Timescale:** 15/10/2014

**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 mill were still ongoing.

**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:
These works are now completed and a report from the engineer will be forwarded to the inspectorate.

**Proposed Timescale:** 19/09/2014

**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 were not effective arrangements in place to identify and manage risk.

**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:
Staff have received training in risk assessment and management. A second round of training has been arranged for the beginning of October. This training will focus on identification and how we investigate incidents involving our residents and how we record and learn from this. Additions or changes to our risk management policy will be effected should this be required.
**Proposed Timescale:** 15/10/2014  
**Theme:** Effective Services  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The current system in place for managing risk and responding to emergencies were not effective.

**Action Required:**  
Under Regulation 26 (2) you are required to: Put systems in place in the designated 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:**  
In our risk policy under review it says that we review risk assessments in the event of incidents, accidents and near misses. Amendments of the risk assessment are then undertaken if necessary. Where the event involves an individual their personal risk assessment will be reviewed by staff and management and changes put in place together with the person involved.

The October training will also focus on Regulation 26 (2) and will involve a review of the risk management policy and how we respond to emergencies. Our emergency plan is currently being reviewed and extended.

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**Proposed Timescale:** 30/10/2014  
**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 outline the actions and controls 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:**  
We had a health and safety Audit carried out on the 19 August 2014. Next audit will be in March 2015. The report on this audit will be forwarded to inspectors. The recommendations from this audit have been acted on and are being put in place. A new round of training in manual handling and safety awareness has been arranged in October.
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<td>Theme: Effective Services</td>
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**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:**
Regulation 26 (1) (C) (iii) will also be included in our training and we will follow up recommendations.
Kingsriver Community has a separate policy for challenging behaviour and positive behaviour support. All staff have received CPI/MAPA training. The new volunteers will have this training on 1 October 2014.
The policy includes guidelines to awareness and dealing with verbal and physical aggression, follow-up procedures, monitoring behaviour, reviewing it and positive behavioural support plan procedures. We will include this comprehensive policy into the risk management policy.

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<td>Theme: Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not include the actions and controls 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:**
We have a separate self-harm policy and procedures document, which gives staff clear guidelines what to do in this situation. It includes a self harm report form. We will also include this policy with the risk management policy.

<table>
<thead>
<tr>
<th>Proposed Timescale: 01/10/2014</th>
</tr>
</thead>
</table>
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Practices in relation to the prevention and control of healthcare associated infections remained poor. Inspectors did not observe staff routinely washing their hands as they carried out different chores. In a shared bathroom there were no disposable paper towels. There were no hand sanitizers either in the main house or the coachouse. The practice of communal towels in bathroom persists even though the person in charge said it had ceased. As outlined under outcome 6 the centre was unclean.

**Action Required:**
Under Regulation 27 you are required 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.

**Please state the actions you have taken or are planning to take:**
New volunteer staff have finished infection control training. Hand washing procedure was part of this. There are paper towels in the communal bathrooms. There is also disinfectant liquid soap. The use of hand sanitizers is not necessary as all residents are very healthy and lead normal active lives like the general population as in shopping, pubs, public transport, public toilets etc. and not at more risk of a healthcare associated infection. Residents share a bathroom with no more than three persons. Everybody has and uses their own towels which are colour coded.

**Proposed Timescale:** 19/09/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were not effective fire safety management systems 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:**
A fire safety management system is almost completed. The management system covers the following headings; passive fire safety measures, active fire safety measures, management fire safety measures, fire safety programme, emergency procedures, fire evacuation drills, regular fire safety inspections, maintenance and servicing of fire safety equipment, staff instruction and training, fire safety register, emergency planning.

**Proposed Timescale:** 15/10/2014
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received suitable fire training.

Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
Staff have received fire awareness training and fire marshalling in May 2014 and a new round of training of same will take place in October. The company contracted to maintain our fire fighting equipment will also carry out staff training in equipment use and will include fire control techniques on 23 September 2014. As part of our procedure policy we have decided that only one resident will participate in equipment use with the remaining residents trained to evacuate the buildings as quickly as possible. While everybody living in Kingsriver Community has a map of the building and the escape route(s) on the back of their bedroom door, (required by fire officer) we have instructed/trained residents to evacuate by the routes they are very familiar with. All Staff are aware where the fire alarm call points are and where the first aid fire fighting equipment is. The emergency lighting system in the main house is now installed and operating.

Proposed Timescale: 15/10/2014

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of fire drills taking place at suitable intervals.

Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Two fire drills have taken place in September and we plan to have at least two more in October. The time currently taken to evacuate the main house is under four minutes with a plan to bring this down to under three minutes. The coachouse is already under 3 minutes. An evacuation plan for two residents with slight mobility problems in the main house works well. One escape route which caused problems has been dealt with.

Proposed Timescale: 31/10/2014
### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors saw that behavioural support plans were not in place for residents who may exhibit challenging behaviour.

**Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
An extensive behavioural support plan is in place for a resident with challenging behaviour and this behaviour has greatly reduced since the implementation of this plan. Unfortunately on the day of inspection this resident refused the inspectors access to this plan. This resident has now agreed for his plan to be available to inspectors. The comprehensive plan/continually reviewed covers more than a four year period. Currently two other plans are being developed for two residents with minor challenging behaviour issues.

**Proposed Timescale:** 01/12/2014

<table>
<thead>
<tr>
<th>Theme: Safe Services</th>
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</table>

### The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training in safeguarding residents and the prevention, detection and response to abuse.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
All staff and volunteers received training in safeguarding residents and the prevention, detection and response to abuse. Currently we have an easy read version of our abuse policy almost ready and will start training residents in the next two weeks.

**Proposed Timescale:** 01/10/2014
<table>
<thead>
<tr>
<th>Outcome 11. Healthcare Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Health and Development</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Inspectors saw that there was no choice of food available on the day of inspection.

**Action Required:**
Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

**Please state the actions you have taken or are planning to take:**
Residents write each week a menu/meal of their choosing which is followed by the cook. We are actively promoting our residents in making this choice and writing in their preferred meal in the menu book. Residents help with the cooking of dinners. Residents also have an input in the shopping list and the shopping if they wish. In meetings residents have all stated to be very happy with the choice of food in Kingsriver. Residents recently competed a questionnaire confirming they are very satisfied with the choices they have regarding meals, food and snacks.

**Proposed Timescale:** 19/09/2014

<table>
<thead>
<tr>
<th>Outcome 12. Medication Management</th>
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<tr>
<td><strong>Theme:</strong> Health and Development</td>
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</table>

**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, storing, receipt, prescribing and administration of medicines were in accordance with best practice and regulatory requirements.

**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:**
On advice received and in consultation with our residents we are now putting in place a plan to allow our residents to self-medicate. This evolved from discussions with our residents who felt strongly that having to be supervised in a communal area, actually taking their medication was embarrassing for them.

The self medication plan/programme will contain a capacity assessment to evaluate the resident’s level of ability to self-medicate and to establish if the resident is capable of benefiting from a training programme in self-medication. The programme will also contain guidelines on follow up and monitoring.
**Proposed Timescale:** 15/10/2014

<table>
<thead>
<tr>
<th>Outcome 14: Governance and Management</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There was no evidence that an annual review of the service had taken place.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>We have contracted an outside organisation to do an annual review. We do not have a date for this yet.</td>
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</table>

**Proposed Timescale:** 08/12/2014

<table>
<thead>
<tr>
<th><strong>Theme:</strong> Leadership, Governance and Management</th>
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</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There were no unannounced visits carried out by the person nominated by the registered provider as there were no reports available.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>An unannounced audit was carried out and a written report written. An action plan was put in place and is currently being implemented. This report will be forwarded to inspectors.</td>
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**Proposed Timescale:** 19/09/2014
<table>
<thead>
<tr>
<th><strong>Outcome 15: Absence of the person in charge</strong></th>
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<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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**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:**
A deputy person in charge has now been employed. This person is currently employed on a 10 hours per week basis and is contracted annually to work full time eight weeks per year to cover holiday arrangements.

**Proposed Timescale:** 15/10/2014

<table>
<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
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</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Failing to ensure that all of the information and documents as required in Schedule 2 were available for all staff.

**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:**
Irish police clearances have been received for 4 of the 5 volunteers. One is still outstanding but has been applied for. Currently we are in the process of getting the police clearances from their country of origin and references translated.

We have made amendments in our volunteer recruitment policy. In addition to the usual recruitment process requirements, the following will need to be in the possession of Kingsriver prior to arrival of any volunteers; an English translation (by an approved translation Company) of volunteers home country Police Clearance, any relevant qualifications etc., and also Garda Clearance here in Ireland will already be in place.

**Proposed Timescale:** 15/10/2014
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not satisfied that the skill mix of staff available during the inspection was appropriate to meet residents' needs.

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:
Kingsriver has six residents, four of whom live in the main house and the other two live in the coachouse. The two residents living in the coachouse are semi-independent and require little supervision.
Kingsriver is currently engaged in a complete review supported by the Board of Directors of the residential staffing requirements. The review is covering the number, skill mix, hours required and what deputising needs to be in place to cover time off and holidays. Once completed the documents will be forwarded on to the inspectors.

Proposed Timescale: 31/10/2014

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:
Person in charge and provider will both undergo training in supervision. Deputy person in charge has done supervision training.
Supervision contracts have been made with all five volunteers and staff and supervision records are being kept.

Proposed Timescale: 31/10/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Failing to ensure that staff had copies of the Act and any Regulations made under it.
**Action Required:**
Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

**Please state the actions you have taken or are planning to take:**
All staff/volunteers have received a copy of the Act. Information sessions in relation to the regulations have already commenced and are ongoing.

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<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>31/10/2014</th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Responsive Workforce</td>
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</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A training needs analysis would ensure that all staff were provided with access to up to date evidenced based training in order to meet the assessed needs of the current resident profile.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
A training need analysis will be done to ensure that all staff will receive the training necessary to meet the assessed needs of the residents.

| **Proposed Timescale:** | 31/10/2014 |