<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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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002410</td>
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<td>Centre county:</td>
<td>Kilkenny</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Kingsriver Community Holdings Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Pat Phelan</td>
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<tr>
<td>Lead inspector:</td>
<td>Ide Batan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Maria Scally</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
18 November 2014 10:30 18 November 2014 17:00
19 November 2014 09:00 19 November 2014 14:00

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

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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was the fourth inspection of this centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspectors met with the residents, relatives and staff members. Inspectors reviewed documentation such as the centre’s statement of purpose, person centred care plans, medical records, arrangements with regard to nutrition, end of life care, activities, staff training records, staff files, policies and procedures, fire safety records and the residents' accommodation.
Kingsriver Community is a shared living community founded in 1986. The ethos of the Community is that vulnerable people with an intellectual disability live as part of the wider community. This is facilitated by staff, employees (also called volunteers) and their families sharing a home with people with a disability. It also provides residential and day care programmes for adults and young people with a variety of special needs on site.

As part of the application for application to register, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

The registered provider had made improvements internally and externally since the last inspection. The fitness of the person in charge and deputy person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes. It was found that they had adequate knowledge of their role and responsibilities under the legislation and adequate experience and knowledge to provide safe and appropriate care to residents.

The views of residents, relatives and staff members of the centre were also sought throughout the inspection. Inspectors also reviewed questionnaire feedback submitted by residents and relatives. The majority of feedback provided was very positive and complementary of the service provided and dedication of the provider, person in charge and staff.

The inspectors found both the person in charge and the staff to be very knowledgeable on the individual residents that they support. Interactions between residents and staff were warm and respectful, and staff demonstrated a great understanding of the residents and their needs. Documentation was easy to retrieve and of an adequate standard to ensure both the social and health care needs of residents were clearly assessed and planned.

Inspectors saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. Residents were consulted in the planning and running of the centre and in decisions regarding their own care, in so far as was possible.

Overall, the inspectors found that residents had a satisfactory quality of life in this designated centre which was clearly outlined in the centre's statement of purpose. There was evidence of compliance in 13 outcomes with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and this was reflected in a number of positive outcomes for residents.
Some areas were identified as requiring minor improvement across the other 5 outcomes, these were in relation to:
- revising the admissions policy
- staff files
- directory of residents
- premises
- governance and management.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Residents were consulted about how the centre was planned and run. Residents told the inspectors on this inspection and previous inspections that they were offered choice in their daily routine and they decided how they liked to spend their free time. Each resident was supported to pursue different training, interests and hobbies. Residents and relatives told inspectors that they would often go home. Residents had house meetings every Monday to discuss the running of the house and any other issues that may arise.

Inspectors saw that residents were responsible for making menu choices for each day of the week and residents were also involved in the grocery shopping. The person in charge had taken steps to ensure that all residents were registered to vote. They could choose to participate in the day to day activities in or outside of the centre or they could spend time privately if they so wished. Residents were supported to ensure involvement in the local community via having lunch out in local establishments or going to the local shops for items for the centre.

The person in charge told inspectors that all residents were facilitated to follow their own personal religious affiliations. Services were available locally and in the nearby city if required. Inspectors saw that residents had open access to televisions, mobile phones and computer devices.

Residents were supported and encouraged to have control over their own finances and were supported managing their money. Inspectors saw that staff assisted residents with budgeting skills. Each resident had their own bank account. Assessments was carried out to assess residents’ need for assistance with managing of finances.
The inspectors found a good culture of advocacy was in place for residents in the centre, especially for residents who were not able to speak up for themselves. Each resident had key people in ensuring they were reaching for goals, and their needs and rights were being met. The inspector found evidence of times when an external person had advocated on behalf of a resident in relation to money management. Inspectors saw that some of the residents had completed a course in advocacy and leadership in an Institute of Technology.

There was a policy on residents' personal property and records of residents property was observed in their files. Residents could keep control of their own possessions. Inspectors saw that there was adequate space for clothes and personal possessions. Residents had decorated their own rooms. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished. Some residents did their own laundry at weekends.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. These included voluntary work within the community, attending activation therapies such as baking, art, photography, literacy and computer work. Residents also engaged in other activities in the community such as attending the hairdresser, having coffee, swimming and one resident loved to go horse riding.

The complaints policies and procedure had been amended to promote understanding, through the use of simple language and photographs and pictures. The inspector was satisfied that there was an effective local complaints procedure in place. All complaints reviewed on the day of inspection where well documented and included follow up and learning gained. The inspector was satisfied that residents, their families or representatives were being listened to and responded to in regards to their complaints, with all documentation available for inspection.

**Judgment:**
Compliant

**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Inspectors saw that residents were assisted and supported to communicate at all times. There was a communication policy in place. The inspectors found that staff were aware
of the individual communication needs of residents and that residents' communication needs were being met by interpretation and support from the advocacy, social work and SALT (speech and language therapy) services as required.

The inspectors reviewed a sample of residents' files and reviewed communication plans. Plans of care outlined specific means of communication and were seen to be detailed, including information such as how residents' behaviour would change when expressing different emotions. The plans also outlined methods of communication to use to support relatives' contact with individual residents.

Residents had access to assistive technology where appropriate such as electronic handheld computer devices, music systems mobile phones and easy read booklets for information. The residents were part of the local community via visits to local cafes and restaurants and other relevant retail businesses. Residents used public transport and had access to local information about the local community through voluntary work and visiting neighbours.

Staff knew residents well and were observed communicating with them in a kind, calm and patient manner. Residents had access to communication devices and aids which met their individual assessed needs. The inspector saw some residents had access to a television in their bedroom and the communal sitting room. There was a portable telephones accessible to residents in the house.

**Judgment:**
Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Residents were supported to develop and maintain personal relationships and links with the wider community. Residents stated that their friends and families were welcome in the centre and were free to visit. Residents told inspectors that they would often have visitors or go home during the week or at weekends. Some residents told the inspector that they made their own arrangements to see friends on a weekly basis.

Residents and relatives stated that they had made friends both within the service and outside through work and other social activities. Residents said that they enjoyed meeting their friends.
Residents were facilitated to meet family and friends in private. Each resident had their own room and there was a sitting room area that residents were welcome to use if they so wished. The inspectors found that there was evidence that families were invited to attend annual personal care plan meetings.

Families were kept informed of residents' well-being and questionnaires that were returned to the Authority by family members prior to the inspection spoke very highly of the family, homely feel of the centre and how they were always made feel welcome when visiting the resident.

Residents told the inspectors that they felt safe and questionnaires returned by residents indicated that residents felt safe in the centre as they were supported by staff and had attended abuse training.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were informed by the person in charge that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors noted that there was an admission policy dated as reviewed in March 2014 and detailed preadmission arrangements, emergency admissions and the admissions process.

The policy did not take into account of the need to protect residents from abuse by their peers. However, the provider rectified this immediately following inspection. Inspectors reviewed copies of the written agreements in relation to the term and conditions of admission to the centre and noted that such contracts detailed the support, care and welfare of the resident and details of the services to be provided for that resident or where appropriate, the fees to be charged in relation to residents care and welfare in the designated centre as required by the regulations.

There have been no recent discharges from this service.
Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspectors found that residents were supported to live independent and fulfilling lives. The inspectors met residents and reviewed a number of personal plans. Residents described their preferred daily routines and their plans and ambitions and said that staff respected their wishes and preferences.

While there was a general routine to life in the centre with some level of activity in place; residents informed inspectors that they had a good choice of meaningful activities from which they could choose to attend or work in each day. Some residents also outlined how they enjoyed just relaxing in their room, sometimes watching television or listening to music.

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. Inspectors spoke with the behavioural support therapist on site and inspectors reviewed behavioural support plans for some residents.

From a selection of personal plans viewed inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges.

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.
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. Inspectors saw that evidence based assessment tools were now being used for nutrition, skin integrity, behaviours or incontinence care.

Residents also attended the local village shops and sporting events. During the inspection, inspectors noted all residents had activities scheduled and that residents participated in their own individual activities.

Residents also participated in woodcraft, gardening and furniture making in the training workshop centre which was on site. Inspectors viewed the training workshop and saw that residents participated in producing arts and crafts. Residents showed inspectors fine examples of their craft work. Residents to whom inspectors spoke detailed a number of other off-site activities they enjoyed including swimming shopping, holidays and outings such as going to the local cinema.

There was evidence that residents were supported moving between services and were given guidance in life skills required for the transition to more independent living. The person in charge told inspectors that if residents health needs increased they would in collaboration with allied services meet their needs providing higher support if required.

The person in charge told inspectors that some residents may move into the wider community with adequate supports in place. This transition was part of a strategic plan for some residents who would like to live within the local community. Residents told inspectors that they like to visit their neighbours and go into the local village. The inspectors saw that a resident cycled into the village to do voluntary work.

There were planned supports in place where a resident had to be admitted to hospital. The person in charge outlined that a staff member would stay with the resident for the length of hospitalisation. Similarly if a resident had to attend an out-patient appointment in a hospital a staff member would accompany the resident.

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

Findings:
Kingsriver Community was situated on approximately three acres adjacent to a stream, a tributary of the main King’s River. The residential facilities were situated to the rear of the day services. The residential facilities consisted of a main house and a subsidiary building called the coachouse. The main residential house accommodated four residents and the coachouse accommodated two residents the principal hazard identified in the last inspection report was the ruin of an old mill and inspectors had recommended that a building survey be undertaken. The structural engineer also identified the proposed building works that needed to be undertaken to make the mill safe. These remedial works were completed at the time of this inspection. A structural engineers report had also been sent to the Authority stating that the mill was safe.

On this inspection inspectors were satisfied that the premises were reasonably accessible, well ventilated, and had adequate heating. The premises were homely and generally met the needs of residents. In each premises there were televisions and radios available and in the main house a selection of books and board games were available. There were adequate showers and toilets with assistive structures in place to meet the needs and abilities of the residents. Each resident had their own bedroom and inspectors saw that their rooms were comfortable. Inspectors noted that many residents had personalised their rooms with photographs and personal memorabilia.

Inspectors saw that significant work had been undertaken in relation to the internal premises. 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. The floor on the stairs was repaired and there was a carpet on it. The windows in the main house had been replaced and the main house was much warmer. The installation of new windows ensured adequate ventilation and heating for residents in all parts of the premises.

During the previous inspection, the coachouse required substantial repair. Inspectors saw that works on the coachouse were complete. Inspectors saw that the renovations included insulating and plastering all external walls, building a wall by the stairs on the ground floor to completely exclude the remainder of the ground floor. All doors were replaced with fire doors. However, inspectors saw that there were some pipes exposed which could pose a potential risk of injury to residents. The windows were double glazed and emergency lighting had been installed. There was also a new front door installed going into the coachouse and resident had a key to the front door.

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. 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.
This area was still in the process of renovation as observed by inspectors. It required painting and other minor works to be completed such as skirting boards and door saddles to be installed. Inspectors saw that improvements had been made to the main bathroom on the first floor also which was completely refurbished. These developments in addition to the renovations in the coachouse ensured that each resident had adequate space for personal use.

**Judgment:**
Non Compliant - Minor

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

**Findings:**
Since the last inspection both the provider, person in charge and staff 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.

The centre had policies and procedures relating to health and safety. There was a health and safety statement in place which had been updated in September 2014. There was a risk management policy in place that met the requirements of the Regulations and hazards within the centre had been identified and risk assessed, these risk assessments were seen by the inspectors and overall were found to be adequate.

The inspectors saw evidence of fire drills taking place in September and October 2014 and both staff and residents participated. Residents and staff were able to tell the inspector what they would do if the fire alarm went off. The records of the fire drills which included checks of safety equipment and alarms and exits. Inspectors observed on visual inspection that all fire exits were unobstructed. As part of the centre’s policy in the event of a fire one resident would participate in equipment use while the remaining residents would evacuate the building.

The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. Emergency lighting had also been 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. The fire evacuation plans were posted clearly in a number of places throughout the centre.
There had been a health and safety audit undertaken in 2014 and all actions identified had been implemented. All staff had completed manual handling training. There was an emergency plan in place dated September 2014. It included the arrangements in place for manmade and natural emergencies. Inspectors saw evidence of staff and residents reading and signing off their understanding of the policy.

There was a system in place for incident reporting and investigation of same. The inspectors reviewed the incident logbook and found that it was completed as required and each incident signed off by a member of the management team with appropriate actions to minimise recurrence recorded. There was evidence of learning from incidents and audits as these were discussed at staff meetings. There were satisfactory arrangements in place for the prevention and control of infection. Staff had received training and demonstrated adequate knowledge of appropriate infection control practices such as hand hygiene procedures. The inspector observed that there were disposable paper towels available. Cleaning schedules were in place and these were completed on an on-going basis.

Vehicles were available to staff to transport residents to and from the centre for occupational and recreational purposes. There was documentary evidence available for inspection to support that the vehicle was insured, regularly serviced, roadworthy and equipped with appropriate safety equipment.

The maintenance log showed and inspectors observed that regular maintenance was conducted and suitable repairs recorded.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date
mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents.

Inspectors observed that staff were respectful and engaged positively with residents. Inspectors saw that residents interacted and responded well to staff members. There was a policy relating to delivery of personal care to residents. Inspectors saw that there was an easy read version of the abuse policy which residents had also been trained in. Residents who spoke with inspectors said that they felt safe in the centre.

There was a policy available on restrictive practices dated February 2014. A restraint-free environment was promoted and inspectors saw that restrictive practices were managed. There was a proactive approach to managing behaviours that challenge. Specific plans were put in place by the behavioural therapist to assist residents and staff in finding a satisfactory way of working with such challenges and the plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a good outcome. There was documentary evidence that the interventions put in place were effective, while at all times promoting a restraint free environment and protecting the privacy and dignity of the resident. There was evidence of psychiatric referrals and follow up appointments.

There was a policy on challenging behaviour and inspectors saw that staff had received training in the management of challenging behaviour. As outlined under Outcome 1 the inspectors reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable.

**Judgment:**
Compliant

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**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
The inspectors found that the person in charge was familiar with the process for recording any incident that occurred in the centre and familiar with the procedure for maintaining and retaining suitable records as required under legislation. The inspectors were satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.
Judgment: Compliant

### Outcome 10. General Welfare and Development
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
Residents had opportunities for new experiences, social participation, education and employment. Residents were encouraged to participate in education and training much of which was provided through the day services. It provides many programmes for residents which are structured, developed and delivered in line with individual needs and abilities.

Inspectors spent some time in the onsite training workshop where residents can follow a range of accredited Further Education Training Awards Council (FETAC) Level four courses and activities. These included woodwork, furniture making, craft, mosaic, weaving, gardening and horticulture.

Inspectors saw that communication, literacy, numeracy and engagement with other local organisations was also encouraged and facilitated. Inspectors saw that residents who lived in other residential services attended some workshops. A resident who lived in this centre told inspectors that he attended another day service as he had a slot on their radio station.

The person in charge told inspectors that residents would be facilitated to find employment if they wished. Currently one resident had expressed a wish to seek a part time job which the centre was sourcing. A resident also did some voluntary work in the local village.

Residents told inspectors that they were facilitated to go on holiday by staff if and when they requested. External activities were available and inspectors saw that residents participated in a range of activities such as swimming, horse riding, keep fit, hurling and football.

**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:

The inspectors saw that a comprehensive assessment was used by staff in conjunction with the resident and/or relative to assess each resident’s need. From the assessments, plans of care were devised. The plans seen by the inspector were detailed and indicated that there was a multi-disciplinary approach to care and the integration of recommended care interventions into the care plan. Staff spoken with were knowledgeable and informed as to each resident’s needs and requirements.

There was evidence of a health promoting ethos to care; for example, healthy lifestyle including diet and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided. Residents' weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified. Of a sample of care plans reviewed by inspectors all contained records of relevant monitoring with regard to nutrition and weight. The inspector saw that nutritional assessments were reviewed by staff.

As well as the personal plans, each resident had a file for all correspondence from medical personnel and the inspectors saw the referrals and the responses received in relation to residents care. Inspectors saw that the person in charge was actively promoting that residents would choose the meal of the day on a regular basis. Inspectors saw that residents wrote in a book what they wished to have for their main meal each day. Residents would assist with weekly grocery shopping and also with cooking if they wished.

Inspectors saw that questionnaires had been recently completed by residents which indicated that they were very satisfied with the choices regarding meals and snacks. The dietician and speech and language were available to lend support and guidance in the formulation of nutritional care plans. There was evidence of referral and access to the GP, psychologist, psychiatrist, dentist and optician. Where other specialist services were required such as ophthalmology, neurology chiropody, and alternative therapies such as reflexology these were facilitated.

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

**Findings:**
Since the last inspection improvements had been made in relation to safe medication management practices. Photographic identification was now available for each resident on the medication administration record to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines.

All residents with the exception of one were self medicating. Each resident had an individual medication plan. The person in charge told inspectors that this had evolved from discussions with residents who were embarrassed that they were supervised taking medications. The inspectors saw that each resident had a risk assessment and capacity assessment to evaluate the residents ability to self medicate. Residents had also completed a training programme in self medication.

Inspectors saw that medication was dispensed in blister packs on a monthly basis from the pharmacy. Records of receipt and delivery were kept. Each resident had a lockable box in their bedroom. There was evidence that the person in charge did a check at the end of each week to ensure that residents were taking the medication that they were prescribed.

The person in charge told inspectors that the system was working well and that there had been no errors or near misses. There were systems in place for reviewing and monitoring safe medication management practices. Inspectors saw that the pharmacist had completed an audit prior to inspection with some minor infringements noted. Four out of six staff had completed medication management training. Residents confirmed that the pharmacist was easily accessible to them.

**Judgment:**
Compliant
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:
The centre had an up to date statement of purpose that accurately described the services provided. It contained all of the information required by Schedule 1 of the Health act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

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

Findings:
The person in charge was engaged in the operational management of the house. Based on interactions with the person in charge during this inspection, she had 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.

Inspectors saw that there was a copy of the National Standards and the Regulations were available to staff in the house. Staff who spoke with the inspector said they had
regular team meetings and received good support from the person in charge. Inspectors saw that staff in the house received support and supervision from the person in charge.

The person in charge was employed full time and was found to have the qualifications, skills and experience necessary to manage the centre. As this was a life sharing community the person in charge was available to talk to residents at any time and this was clear during the course of the inspection. There was also a deputy person in charge who was also appropriately skilled and qualified.

The statement of purpose clearly defined the management structure and identified the lines of authority and accountability. There were regular team meetings as evidenced by inspectors.

The person in charge and provider had engaged an external company to provide training and this company had also carried out unannounced audits of the centre and an annual review of the service. Staff training on the Regulations had taken place. Risk assessments in relation to clinical and non clinical risk had been completed in areas as outlined throughout the report. The person in charge, provider and deputy person in charge had completed supervisory management training also.

Systems had been put in place to manage risk as outlined in detail under Outcome 7. A training needs analysis for staff had been completed. There was evidence that the quality of care and experience of residents was monitored and developed on an ongoing basis. Inspectors saw that feedback had also been received from residents and their relatives in relation to the service as part of the annual review which was complimentary of the quality and safety of the service.

However, written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with as required in the registration regulations has not been provided with the application to register the centre.

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):
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
There had not been an occasion where the person in charge was absent for 28 days or more. Suitable deputising arrangements were in place for the management of the designated centre in the absence of the person in charge.

The deputy person in charge is currently employed 10 hours per week and is contracted to work eight weeks annually per year to cover holiday leave. During inspection, inspectors conducted a fit person interview with the deputy person in charge. Inspectors formed the opinion that she was suitably skilled to assume responsibility and accountability for the provision of service in the absence of the person in charge.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources

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

**Findings:**
The inspectors formed the opinion that the centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There is an annual budget for the centre which is reviewed regularly. The accounts and budgets are managed by the registered provider who reports to the board of directors. The provider told inspectors that the centre was adequately resourced. The person in charge told the inspectors that all residents had agreed residential placements funded by the HSE in place.

The inspectors were satisfied that there was sufficient resources to support residents achieve their individual personal plans. This was evident from;

1) adequate space, heat and ventilation provided through the recent renovations
2) access to transport through the provision of vehicles
3) staffing levels and skill mix
4) the varied training, social and activity programme for residents
5) the good family involvement in the life of residents
6) the provision of an on-going training programme for staff.

**Judgment:**
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:
The inspector found that, based on the assessed needs of residents, there were sufficient staff to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the house.

The person in charge and her deputy were the only staff members with experience in intellectual disability to cater for residents' needs. The remaining staff were sourced through a programme called the European Voluntary Service (EVS). These staff members receive bed, board and a monthly allowance. However, the staff training programme in relation to continued professional development was robust. Statutory training in adult protection, challenging behaviour, fire training and drills had been completed.

There was evidence of the public health nurse attending to residents’ needs when required. The person in charge said that she supervised staff daily as she lives in the house. Formal documented supervision had taken place. Staff told inspectors that the person in charge would talk about the Regulations at the weekly house meetings.

Inspectors saw that interactions between residents and staff were warm and respectful, and staff demonstrated a great understanding of the residents and their needs. Residents told the inspectors that they felt supported by staff.

The management team demonstrated commitment to providing ongoing education and training to staff relevant to their roles and responsibilities. Further education and training completed by staff included safe medication management, restrictive practices and supervisory management. 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.

There was a policy on recruitment and selection of staff and there was evidence of an induction procedure in place as the staff sourced through EVS would change on a yearly basis. 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.

Omissions included no references on file for one employee photographic identification and a full employment history was missing for another employee.

There were no volunteers working in the residential service at the time of inspection.

**Judgment:**
Non Compliant - Minor

**Outcome 18: Records and documentation**
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspectors found that overall records were generally accurate, complete and maintained in a manner that allowed them to be easily retrieved by staff.

The inspectors reviewed the centre’s policies and procedures and found that all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 had been developed.

A Resident’s Guide was maintained in the centre and was made available to the inspector. This included:
- A summary of the services and facilities provided
- the terms and conditions relating to residency
- arrangements for resident involvement in the running of the centre
- how to access previous inspection reports
- complaints procedure
- arrangements for visits.

The inspectors were provided with a copy of an insurance certificate which confirmed
that there was up to date insurance cover in the centre.

A directory of residents was maintained in the centre. While this contained most of the requirements as set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, it did not contain the addresses of the resident’s next of kin, general practitioner (GP) or the address of any authority, organisation or other body, which arranged the resident's admission to the centre.

A small number of personnel files viewed by inspectors did not contain all of the items as listed in Schedule 2 of the Regulations. Items missing included: evidence of the person’s identity, including a recent photograph, two written references, a full employment history or details of the position the person holds at the centre including the work the person performs and the number of hours the person is employed each week.

**Judgment:**
Non Compliant - Minor

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**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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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002410</td>
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<tr>
<td>Date of Inspection:</td>
<td>18 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30 December 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The hallway area was still in the process of renovation as observed by inspectors. It required painting and other minor works to be completed such as skirting boards and door saddles to be replaced.

Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
construction and kept in a good state of repair externally and internally.  
Please state the actions you have taken or are planning to take:  
To be completed by 30 December 2014.

**Proposed Timescale:** 30/12/2014

### 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:**

Two documents as prescribed under the registration regulations in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration.

**Action Required:**

Under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 you are required to: Provide all documentation prescribed under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

In relation to fire compliance the following remain outstanding: Installation of a fireman’s switch on the external walls of the main house and the coachouse still remain. Our electrician was to do this before Christmas but unfortunately failed to do so. They will now be installed in the second week of January. Our fire consultant is negotiating with the Kilkenny Fire Officer in relation to the necessity/requirement of changing three exit doors currently opening inwards to opening outwards and also the painting of bedroom ceilings with intumescent paint. The local water scheme still have to test (newly installed) the water hydrant at the end of our lane. Some mattresses have to be replaced with fire retardant ones. All other outstanding issues detailed in the assistant Chief Fire Officers Report have been completed. We will be in a position to invite the fire officer to Kingsriver at the end of January.

We are still awaiting certificate of planning compliance from Kilkenny Co. Council.

**Proposed Timescale:** 27/02/2015

### Outcome 17: Workforce

**Theme:** Responsive Workforce

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

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.

Omissions included no references on file for one employee photographic identification and a full employment history was missing for another employee.

**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:
To be completed by 30 December 2014.

Proposed Timescale: 30/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents did not contain the addresses of the resident's next of kin, general practitioner (GP) or the address of any authority, organisation or other body, which arranged the resident's admission to the centre.

Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
This was completed following inspection.

Proposed Timescale: 30/12/2014

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A small number of personnel files did not contain all of the items as listed in Schedule 2 of the Regulations.

Action Required:
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
To be completed by 30 December 2014.

Proposed Timescale: 30/12/2014