Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Kinnegad Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	09 July 2019
Centre ID:	OSV-0005824
Fieldwork ID:	MON-0026259

About the designated centre

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

Kinnegad Centre 1 is a dormer bungalow located on a cul de sac approximately 2km from a town in Co.Westmeath. Kinnegad Centre 1 is a full time community house which is based on a social model of support. The building design is currently suitable for individuals with high support needs and can accommodate four individuals. There are five bedrooms, four downstairs and one upstairs. The bedroom upstairs is used as a staff sleepover room. Three bedrooms are en suite. One bedroom is equipped with a ceiling overhead mechanical hoist. There is a large entrance hall and wide corridors. There is a main bathroom with a fixed to ceiling overhead mechanical hoist. There is an open plan kitchen and dining, a utility, and a sitting room. To the rear of the house is a large fenced garden with patio area and a lawn area to the front of the house. All entrances are wheelchair accessible. Services are provided from the designated centre to both male and female adults. 24 hour support is provided by staff. The designated centre supports individuals with a moderate to profound intellectual disability and specific support needs in relation to behaviours of concern, autism, physical disabilities and mental health care. Residents are provided with support from both social care workers, a programme assistant and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
09 July 2019	09:30hrs to 18:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

The inspector spent some time with all four of the residents across the day of inspection. The four residents had recently transitioned into this new designated centre from another designated centre within the organisation. In the morning one resident was waiting on their bus to bring them to their day service. The resident seemed very eager to go to their day service and spent some time looking out the window. They told the inspector about the location of all the rooms in the home. Another resident sat and had a cup of tea with the inspector.

The communication needs of the residents varied and the inspector spent time observing the morning routine. Staff members were very familiar with the residents and spoke about how well the residents had transitioned to their new home. Residents appeared very comfortable in their home. Staff members spoke to residents in a respectful manner and encouraged them to take part in the morning routine in line with their wishes and assessed needs. In the afternoon a resident showed the inspector their bedroom. The resident seemed very pleased with their new room which contained many family pictures. With the help of staff the resident showed the inspector pictures of their family. The resident said they liked their new home and that they were happy.

Capacity and capability

The governance and management systems in place ensured that overall, good quality, person-centred care was being provided in the centre. The management structure was clearly defined and there was clear lines of accountability at the individual, team and organisational level. Due to the effective governance in the centre there were positive outcomes for residents. However, improvements were required across a number of regulations to ensure that the service continued to provide good quality care.

The person in charge facilitated the inspection, and the inspector found that they had the relevant qualifications, skills and experience to manage the centre. The person in charge was also responsible for two other designated centres within the organisation. It was evident that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge kept a log of when they were in the designated centre and this demonstrated that they visited the centre minimally twice per week. The person in charge had good knowledge of the residents

individual needs and preferences. There were good systems in place in terms of oversight of the centre when the person in charge was not in the centre, including a on-call system and comprehensive instructions on how and when to use this.

There were overall appropriate systems and processes in place that underpinned the safe delivery and oversight of the service. As this was a new designated centre the annual review and unannounced visits from the provider had not taken place yet. The person in charge had systems in place to monitor the quality of care and support for residents including a suite of audits which were completed regularly. The suite of audits included and were not limited to; medication, personal evacuation plans and finances. Mainly these audits were identifying areas for improvement and were impacting positively on residents' quality of care. Regular staff meetings were occurring where there was evidence of shared learning and the meetings were resident focused.

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. Respect, dignity and autonomy of the residents, was very much upheld by all staff which resulted in a very supportive environment for the residents. A lovely interaction style with residents was observed, which was considerate of the residents assessed needs and wishes. Residents received assistance and care in a respectful, timely and safe manner.

Although staff had received mandatory training in a number of areas some gaps in training were noted. Two staff members had not received specific training in relation to residents' specific health needs. Also there were some gaps in the refresher training as no staff had received refresher training in relation to positive behaviour support. Staff were receiving good quality supervision on a regular basis. Staff spoken too felt very supported in their role.

The centres' admission process considered the wishes, needs and safety of the individual and the safety of the other residents transitioning into the designated centre. A written contract for the provision of services was agreed on admission.

Regulation 14: Persons in charge

This was a full-time post. The centre was managed by a suitably skilled, qualified and experienced person in charge.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill mix were sufficient to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

A training schedule was in place for all staff however, some staff had not received training in relation to residents assessed needs. There were also gaps in the refresher training as no staff had completed refresher training in relation to positive behaviour support.

Judgment: Not compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe appropriate to residents needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a contract of care in place for all residents.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were endeavouring to ensure that the quality of the service provided for residents was person centred and suitable for the assessed needs of the residents. There were systems in place to keep the residents safe. The residents appeared very content and happy on the day of inspection. Staff were very familiar with residents as many of the staff team had transitioned with the residents to their new service. However, improvements were required across a number of

regulations; communication, individual assessment and personal plan, transitions and healthcare.

The home was very clean, warm, homely and decorated in line with residents' wishes. The premises met residents' needs and the design and layout promoted the residents' safety, dignity, independence and wellbeing. The premises was particularly suitable for any resident that required help with mobility. There was wheelchair access at each entrance of the home and large rooms and halls throughout the home. Each resident had their own bedroom which was decorated to their own taste and their preferred items and pictures were readily displayed.There was a large well kept garden, with a seating area.

The residents had just recently transitioned together from one designated centre within the organisation to this designated centre. The transition process was well planned and there was a transition plan in place for each resident. However, although families were consulted in the process it was not always evident on how the residents were consulted in the process. The residents did get the opportunity to visit the centre on a number of occasions but this was not always reflected in the residents transition plan. The transition process required that it was reviewed initially on a weekly basis for the first four weeks and then on a monthly basis for the next six months. This was not occurring for all residents. The gaps in the transition documentation did not result in a risk to the resident during this process. Residents appeared very happy in their new home on the day of inspection and staff spoke about how all residents had settled well into their new home.

The inspector found that residents were protected by appropriate risk management procedures and practices. There was a risk register in place and evidence that general and individual risk assessments were developed and reviewed as necessary. Risk control measures were relative to the risk identified.

All residents had a personal plan in place that enabled staff to deliver safe care to residents. On the day of inspection a sample of individual plans were reviewed. As the residents had transitioned from within the service, their personal plans continued from their previous centre. The personal plan was also available in an accessible format. Residents had access to a keyworker. There were gaps across all the documentation in health care needs, social care needs and personal goals. For example although social care needs had been identified and broken into achievable steps, the residents' progress with these goals had not been reviewed since they moved into the centre. The effectiveness of these goals was not monitored consistently and there was limited documentation in relation to the residents progress. The gaps in the documentation for communication and healthcare are discussed below.

In the morning the inspector observed staff and residents communicating. Staff spoke with residents in a respectful manner and were cognisant of individual abilities. However, on review of the residents personal plans in relation to communication, specific recommendations were not being used to facilitate the residents communication. Also some specific recommendations from speech and language therapists were not described in enough detail in the residents personal

plan. This would have been a barrier in relation to staff implementation of recommendations.

Although the majority of healthcare needs were being addressed appropriately and plans were in place to guide staff to deliver appropriate care there were gaps in the documentation process. Recent changes in some health care needs had not been documented in the personal plan. A professional had recently diagnosed a specific condition for a resident, however there was no associated plan of care in place for the resident and no way to monitor if specific recommendations were being effective. Some health care plans had incorrect details in terms of the frequency and type of professional input. Specific tools were being used to determine a risk in terms of health care needs, these had been filled out, however scored incorrectly. Following these assessments health care plans had not been updated to reflect this change in need.

All staff had received suitable training in fire prevention and emergency procedures and were able to discuss the same, on the day of inspection. The registered provider had ensured that all fire equipment was maintained and serviced at regular intervals. There was adequate means of escape, including emergency lighting. All escape routes were clear from obstruction and were sufficiently wide to enable evacuation, taking account residents' individual needs. The mobility and cognitive understanding of residents had been considered and appropriate emergency plans had been developed and reviewed regularly. Fire drills were reflective of possible fire scenarios, as drills were taking into account times were minimum numbers of staff were present.

Residents were protected by appropriate policies and procedures in relation to safeguarding. Staff were knowledgeable in terms of the safeguarding policy and could readily identify who to contact if they had any concerns. To date there were no incidents in relation to safeguarding in this designated centre.

Regulation 10: Communication

Interventions in place to support individuals were not implemented into practice.

Judgment: Not compliant

Regulation 17: Premises

The premises was warm, clean and decorated to a high standard. There was more

than adequate private and communal accommodation. Best practice was used to achieve and promote accessibility.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

While there were policies, procedures and appropriate practices in place there were gaps in the documentation process in terms of how the resident was consulted and the review process.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements for fire containment. The mobility and cognitive understanding of residents had been adequately addressed in the fire evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Safe care was being delivered by staff. All aspects of the personal planning documentation had gaps. There were gaps in the residents communication plan, health care plans and social care plan. For example the effectiveness of the goals identified for social care was not documented.

Judgment: Substantially compliant

Regulation 6: Health care

Some residents health care needs were not accurately reflected in the personal planning documentation.

Judgment: Not compliant

Regulation 8: Protection

The person in charge had ensured that all staff receive appropriate training in relation to safeguarding residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Not compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kinnegad Centre 1 OSV-0005824

Inspection ID: MON-0026259

Date of inspection: 09/07/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC has reviewed staff training records to identify gaps in training. Staff will be scheduled for refresher training in positive behavior support. Training will be scheduled for those staff who require specific training in modified fluids and foods.	
Regulation 10: Communication	Not Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: PIC has referred all individuals to the speech and language therapist for a review of their communication needs. Recommendations from the speech and language therapist will be cross referenced in each individual's personal plan and implemented by the staff team.	

Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: PIC has reviewed all Individual's transition plans to ensure they include all required information.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: PIC and keyworkers will review each Individuals personal plan to ensure it includes all identified health care plans and communication needs. All goals will be reviewed monthly by keyworkers and PIC.	
Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: PIC will review all Individuals health care needs and ensure a corresponding health care plan is in place.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Not Compliant	Orange	30/09/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/10/2019
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services	Substantially Compliant	Yellow	30/09/2019

	or leave residential services through:the provision of information on the services and supports available.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/09/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/09/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	30/09/2019