



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

## Issued by the Chief Inspector

Name of designated centre:	Kingfisher 2
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	24 February 2021
Centre ID:	OSV-0004838
Fieldwork ID:	MON-0032136

## About the designated centre

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

This designated centre is located in an established residential area just on the outskirts of the city and within walking distance of a range of facilities and public transport routes. The premises was significantly refurbished and upgraded by the provider as residents had expressed a preference to continue living in the house. A maximum of two residents live in the house, each resident has their own bedroom; sanitary facilities are provided on the ground and first floor, residents share communal, dining and kitchen space. There is a spacious garden to the rear of the house.

The house is staffed by one staff at any one time; the model of care is social and the staff team is comprised of social care workers directed by the person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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
Wednesday 24 February 2021	10:00hrs to 17:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

On the day of inspection the inspector had the opportunity to meet with the two residents residing in the designated centre. Both residents were well able to communicate verbally. One resident had a hearing impairment and it was difficult for them to communicate with the inspector but they said they were happy in the centre and looking forward to the move to their new home. The second resident spoke at length with the inspector and said how happy they were in the centre and how they enjoyed living with their house mate. The resident was very talented at building models of planes, ships and cars. The resident was very proud of their work and showed it to the inspector and explained how they donated pieces to different museums. The resident was excited about a move to their new house that is happening soon. However the resident explained that they were extremely unhappy with the poor manner in which the move had been communicated to them. They informed the inspector that they had made several phone calls to professionals and managers within the organisation to discuss this matter but still had no confirmed date for moving. This was a source of anxiety for the resident and caused them to seek assurance around the move continually. The resident did tell the inspector that they very happy in their home and felt safe. Both residents said that they received good support and said that the staff were very kind to them. Throughout the inspection the staff were very respectful of the residents and were very skilled at encouraging the residents to be independent.

The centre was warm and clean and was very homely. It was decorated with the residents belongings, personal items and photographs. There was a lovely atmosphere throughout the day and the residents were very welcoming to the inspector.

## Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe, appropriate to their assessed needs and consistently and effectively monitored. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre. The team leader had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the resident and with the statement of purpose. The

inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents assessed needs. For example a staff member had spoken to the resident in advance of the inspection to ensure the resident was fully aware and did not experience any anxiety around the inspector visiting.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training. It was noted by the inspector that there was significant training completed by staff in relation to protection against infection. The staff had completed Hand Hygiene Training, Breaking the Chain of Infection, Personal Protective Equipment and Infection Prevention and control Training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management, positive behaviour management and fire safety.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in August 2020 and a review of the quality and safety of service was carried out in March 2020. This audit included residents views and also reviewed staffing, quality and safety, safeguarding and an analysis of incidents. Some areas identified for review were: minor work to premises and to schedule regular resident meetings. Also one resident wanted the provider to do a review of their personal banking arrangements as they had restrictions on their online banking due to their bank placing safeguards on their account. These audits resulted in action plans being developed for quality improvement and actions identified had been completed.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were mostly resolved locally and were resolved to the satisfaction of the complainant.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

## Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge had an actual and planned rota which was in line with the statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training in line with regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were carried out.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The provider had ensured that there was a comprehensive needs assessment in place for the resident. The assessment of needs included review of the residents' behaviour support needs. The support plan gave clear guidance for staff on how to support the resident. The staff were able to tell the inspector of the supports and strategies put in place for the resident and how they were implementing such supports. For example a staff member had spoken to the resident in advance of the inspector visiting as the resident experiences anxiety around uncertain situations.

The behaviour support plan outlined clearly that one resident experiences anxiety around uncertain situations and that it is advisable to clarify matters with the resident as early as possible to reduce their anxiety. The resident was excited about a move to their new house that is happening soon. However the resident explained that they were extremely unhappy with the poor manner in which the move had been communicated to them. They said they felt excluded from the process. They informed the inspector that they had made several phone calls to professionals and managers within the organisation to discuss this matter and also made a complaint but still had no confirmed date for moving. This was a source of anxiety for the resident and caused them to seek assurance around the move continually. In this regard the provider had not ensured that the residents had the freedom to exercise control in their lives. While there was uncertainty around the move to the new house the team leader had taken the residents see a completed house and choose their furniture and which bedroom they would like have which was a positive experience.



The provider had ensured some communication supports were in place for the resident who had a hearing impairment however consistency around recommended communication supports such as sign language and picture exchange communication required improvement. The supports were used sporadically and not implemented consistently by the entire staff team. The residents had weekly video and phone calls with friends and work colleagues.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs and their wishes. The residents were very active in their local community. They utilised local shopping centres independently, public transport, local amenities and one resident had full time employment and travelled very regularly abroad with friends and staff.

Overall the health and well-being of the residents were promoted in the centre. Staff demonstrated a good knowledge of the residents health care needs and how to support them. For example the inspector noted one resident had recently had extensive dental work completed, had regular optical appointments and overall health checks carried out. The residents had access to a GP and other health care professionals.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The centre was clean and warm and personalised throughout with the residents belongings. One resident enjoyed making models of planes, ships and cars, these were seen throughout the house and the resident was very proud of their work. The centre was very homely and beautifully furnished.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. The person in charge had ensured that the risk control measures were proportional to the risk. In this sense the residents were still able to engage in activities such as walks and drives. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection. There was adequate supply of personal protective equipment in the centre and hand sanitizer while all staff were trained in infection prevention and control.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the resident could be safely evacuated in 30 seconds. Personal egress plans were in place for both residents. Fire doors were in place and the automatic magnetic closers were placed on doors.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the

team leader and a staff member regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns and were familiar with the safeguarding plan that was in place.

### Regulation 10: Communication

The provider had not ensured that the resident was fully supported to communicate in accordance with their needs.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

The provider ensured that the resident received appropriate care and support in accordance with assessed needs and their wishes.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the resident.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a assessment of the residents needs had been completed.

Judgment: Compliant

### Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured every effort was made to identify the function of behaviours that challenge and supports were provided where necessary.

Judgment: Compliant

## Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had not ensured that the residents had the freedom to exercise choice and control in their lives.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Kingfisher 2 OSV-0004838

Inspection ID: MON-0032136

Date of inspection: 24/02/2021

## 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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: <ul style="list-style-type: none"> <li>• Engagement has taken place with Senior SLT.</li> <li>• Referral document will now be completed in respect of resident.</li> <li>• Further action will be agreed following the review of the referral by SLT.</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ul style="list-style-type: none"> <li>• Resident was supported to send a formal complaint immediately following the inspection.</li> <li>• This complaint was responded to formally within 5 working days of the complaint being raised.</li> <li>• The resident is being kept up to date on progress with addressing his complaint</li> <li>• In future where a resident has a complaint they will be supported to raise a complaint as per the organisation's complaint procedure.</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/06/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/05/2021