



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

Issued by the Chief Inspector

Name of designated centre:	Kingfisher 6
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	26 May 2021
Centre ID:	OSV-0007919
Fieldwork ID:	MON-0032381

About the designated centre

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

Kingfisher 6 provides respite services for up to five adults with an intellectual disability. The designated centre can support long term respite services in extenuating circumstances. The designated centre provides care and support for each resident in a safe, homely environment which promotes independence and quality care based on their individual needs and requirements. The centre is located in a quiet residential area of a large town with access to local amenities such as shops and other social facilities. The centre is comprised of a large bungalow which has been renovated to support individuals with mobility issues. There is a large kitchen-diner area, sitting room, five individual bedrooms, two bathrooms, a staff bedroom/office, sun room, walled garden area to the rear of the property which residents can access and parking at the front.

Residents are supported by a team of support workers through a social model of care to meet the individual needs of residents and provide support with planned activities. Residents are supported during the day and there is a sleep over staff present during night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 26 May 2021	10:20hrs to 16:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with three residents. To reduce movement in the house as a result of the COVID-19 pandemic, the inspector reviewed documentation in the staff office in the designated centre. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

This designated centre opened in March 2021 and at the time of this inspection was supporting three residents with respite services. Two of the residents were in the designated centre since it opened in receipt of long term respite services due to extenuating circumstances. They were supported to transition to this house when the previous designated centre in which they were located closed.

On arrival the inspector was introduced to two residents. One resident had commenced their respite stay two days before the inspection. This was their first respite stay in the new house and they were still getting used to the layout. The inspector was informed that this resident had not attended any respite service since the beginning of the pandemic restrictions in March 2020 and had been supported at home by family members during that time. The resident was listening to music in the sitting room when the inspector met them and later in the day joined an on-line music class with peers in other designated centres. The resident went out for a walk during the day with staff and was observed to be enjoying a snack in the kitchen as the inspector was leaving the designated centre in the evening. The other resident was engaged with their preferred activity of creating structures out of building blocks when introduced to the inspector. Staff explained that the resident had a selection of different activities that they enjoyed completing which required fine motor skills and hand-eye co-ordination. The resident had their own table on which they laid out their structures. During the inspection staff were observed to respond to the resident when they required assistance and staff were very familiar with this resident's preferences. Staff spoke of how the recent move to this new house had a positive impact on this resident's mobility. The resident had more space to use their preferred mobility aid and was walking greater distances within the house without requiring staff support.

The inspector met the third resident after they had completed their morning routine. This resident spoke of how they really liked their new house and especially their new bedroom which they proudly showed to the inspector. There were "welcome home" balloons in the room which staff had purchased along with favourite treats to mark the recent return of the resident to the designated centre after a period of time in an acute hospital for the management of a medical condition and then a stay in an isolation unit as per public health guidelines. The resident told the inspector of how staff had recently supported them to re-arrange the bed and furniture in the room after they had fallen out of the bed. The resident spoke to the inspector about the bruise they sustained from this incident and how happy they were with the new

layout as their bed was now against the wall and they liked it being that way. The resident had their own smart television in the bedroom and demonstrated to the inspector how they could turn on their preferred music artist from the internet. They were still getting used to this device and staff supported the resident to complete the activity. The resident also informed the inspector how they enjoyed playing bingo with peers on-line. On the day of the inspection the activity had been cancelled but the resident proudly informed the inspector how they had won three days in a row. The inspector met the resident again later in the morning when they returned to the designated centre with an ice-cream treat which they enjoyed after having a walk in a local park in the sunshine. The inspector observed the resident decline an invitation to join the on-line music class in the sitting room in the afternoon but did start singing a well known song in the hallway so staff took the tablet device to the resident and the other participants started singing with the resident and chatted to the resident after they finished. The resident was observed by the inspector to be smiling as they responded to the group. The resident chatted with the inspector in the office and told the inspector that they would talk to the person in charge if they had any issue and knew how to make a complaint if they needed to. They liked to help out in the kitchen and spoke of the chores they completed which included setting the table for meal times. They also showed the inspector the fire assembly point located outside the front of the house and told the inspector what they would do if the fire alarm was activated.

The house had been renovated prior to the residents moving in and the person in charge spoke of plans to further enhance the garden areas with sun shade and sensory areas and additional garden activities to support residents. They also spoke of plans to create a sensory area inside the house where residents would be easily able to access. The inspector spoke to a family representative of one of the residents on the phone during the inspection. They outlined how the new house had a positive impact for their relative as there was no stairs and greater space for them to safely mobilise independently with their own mobility aid. The person described the house as bright and airy and suited the needs of their relative. They also spoke of how the ongoing communication from the staff team gave the relatives reassurance of the ongoing support provided to their relative. The family had also been kept fully informed of the transition plans for their relative. They felt they were listened to by the staff team if they had any issues to discuss which included securing full time residential care for their relative.

The staff team was comprised of a number of core staff, some of whom had worked previously with the residents in another designated centre and supported the successful transition of two residents into this designated centre when it opened. New staff since March 2021 were very familiar with the individual preferences of the residents and all staff spoken to during the inspection outlined some of the positive aspects for the residents which included more space for individuals to engage in their preferred activities without impacting on other residents. The staff also reported more positive interactions between the residents and there were no safeguarding concerns in the new designated centre. Staff were familiar with individual preferences and communication methods used by the residents in the designated centre and keyworkers spoke of re-adjusted goals that had been agreed with the residents while the pandemic restrictions remained in place. These goals

included takeaway hot drinks while going for spins to local amenity areas and maintaining contact with friends via telephone calls as per the resident's wishes. Staff outlined how the residents would be supported to engage in community activities such as going to restaurants and other social events when public health advice deemed it safe to do so. In addition, the staff spoke of how welcoming the neighbours in the surrounding residential area had been to the residents since they moved into the house; for example, taking the time to greet the residents and introducing themselves.

Capacity and capability

Overall, the inspector found that there was a good governance and management structure with systems in place which aimed to promote a good quality, safe and person-centred service for residents.

This newly opened designated centre was providing long term respite services to two residents and had commenced short stay respite breaks to other service users while ensuring the safety of all in line with public health guidance. The person in charge was based in this designated centre and had remit over one other designated centre approximately 10 kms away. They outlined the plans for the resumption of respite services to those who had not been able to avail of services during the pandemic. They were aware of individuals who required support as a priority and spoke of how families were finding it very hard to cope. The person in charge outlined that there had also been an increase in referrals for respite services in the designated centre. The person in charge ensured they had oversight by completing supervision of all the staff team, including staff providing support for day services in the designated centre. There were regular staff meetings for each shift. The person in charge outlined how they planned to have staff meetings for the whole team when public health guidelines allowed for same to take place. There was an audit schedule in place which included a monthly safety inspection checklist. Actions identified had been progressed and completed. In addition, they had ensured issues raised by staff were actioned; for example, the kitchen door was not staying open and this was identified during the weekly fire door checks in March 2021, the issue was rectified during the fire safety engineer's visit in April 2021.

At the time of the inspection the person in charge was unable to access some electronic records due to a planned upgrade of the computer system by the provider. The inspector was unable to review the electronic incident log or the transition plans for this designated centre during this inspection but all staff spoken too outlined the positive impact the new house had for the residents which had reduced incidents occurring. The person in charge had informed the inspector prior to the inspection of the curtailed access to electronic records but had ensured they provided as much documentation as possible for the inspector to review.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned roster in place. There was a consistent staff team appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured staff had completed all mandatory and refresher training in advance of training expiring, including on-line training courses in the absence of face to face training. A schedule of training for 2021 was also in place.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre ensuring the provision of good quality care and safe service to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and

contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Residents has been supported to raise any issues at regular house meetings and were aware of the complaints procedure.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent staff team to provide a person-centred service where each resident's individuality was respected.

The house was located in a tranquil setting and had been renovated to a high standard prior to the residents moving in. Exit doors had been fitted with keypads as part of the renovations to the property. These were not initially used when the designated centre was first opened. The person in charge outlined how these were being used at the time of the inspection due to the unplanned absence of one resident for a short period a few weeks after the residents moved in. The inspector spoke with the resident about this and they explained what they were doing on that day and who they had planned to meet. This information was consistent with what the person in charge had told the inspector. The use of the key pads had been reviewed in line with the provider's policy on restrictive practices, with fobs available to residents and staff to access the doors. The inspector was informed this restrictive practice to the rear garden area would be reviewed once the installation of gates to the side of the house were completed. Also, all residents attending the centre to avail of respite services would be risk assessed and offered the option to have their own fob if they wished.

The inspector reviewed three personal care plans and found that residents' personal and social care needs were assessed on admission and were subject to regular review for those in the designated centre for extended periods of time. Staff were actively supporting residents to achieve short term goals with detailed progression documented in one of the plans. For example, one resident wished to keep in contact with a peer, the dates this activity was offered to the resident was documented along with details if the resident participated or declined the activity. In addition, details of barriers to achieving goals were also documented such as

attending dancing and music events, but alternatives were provided which included on-line music with peers as already mentioned in this report. The staff also supported residents to avail of daily spins to local places of interest and get take away hot drinks while the pandemic restrictions remained in place. One resident had previously been supported to develop an information book about themselves in another designated centre and the inspector noted that all the current staff had reviewed and signed the booklet. The inspector was informed that the families of two of the residents had requested that full time residential care be provided to their relatives due to changed circumstances in the family home during the pandemic. The inspector was informed that the provider was actively seeking a solution to this but that no suitable placement has been located at the time of the inspection.

The inspector was also informed not all residents had access to their own finances and the provider was in contact with the family representatives to ensure residents were supported to manage their financial affairs. The person in charge outlined how some residents had declined to engage with the services of an independent advocate and the provider required family representatives input to create a personal care account for the residents.

Residents were also supported to have access to health care professionals, including consultants as required in addition to the multi-disciplinary team. In advance of a planned review of a behaviour support plan for one of the residents in June 2021, the behaviour support clinical nurse specialist had visited the resident and compiled a detailed behaviour support note which reflected ongoing issues for the resident and supports in place to ensure their ongoing safety at all times.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. The designated centre had a regular routine and record log of additional cleaning applied to regularly touched areas. Staff had undertaken training in areas of hand hygiene and the use of PPE. A COVID-19 folder was available in the designated centre with updated information and guidance. In addition, the residents displayed awareness of the importance of staying safe during the inspection. For example, the residents were supported to have good hand hygiene practices when they entered the designated centre. Some of the residents and staff had been vaccinated as part of the current government vaccination programme at the time of the inspection.

The provider had effective fire safety management systems in place which included a fire alarm, emergency lighting and personal emergency egress plans, PEEPs that were discussed with each resident. However, the night time evacuation plan for one resident required further review as the provider had identified that the resident could not be evacuated through the bedroom door in their bed and the personal evacuation plan required staff to place a duvet on the floor. The inspector was not assured that this evacuation plan would be effective in bringing the resident to a safe location.

It was evident that the residents were supported by a committed staff team that facilitated a good quality of life during each respite stay and provided residents the opportunities to engage in individual or group activities as per their wishes and

preferences while adhering to public health guidelines.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The provider had ensured residents could meet with visitors as per their wishes while adhering to public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge supported residents to have their own personal property and possessions. However, not all residents had access to their own finances.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider ensured the premises met the needs of the residents and was maintained in a good state of repair.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured a resident's guide for this designated centre had been

prepared and was available to all residents. Easy-to-read documentation was readily available for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual risk assessments were in place for residents who had been in receipt of services in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre..

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective fire safety management systems were in place in the designated centre. However, the evacuation procedures during night time /when residents were in bed required further review to ensure PEEPs would be effective in bringing residents to a safe location.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and support plans were in place which were reviewed at the beginning of each respite stay.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health with plans of care developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured all staff had up-to-date knowledge and skills to support residents with behaviours that challenge with input from behaviour support specialists. There were systems in place to ensure regular monitoring of the approach to behavioural support in the designated centre.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training and care plans for personal and intimate care which were developed in consultation with the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices and decisions during their respite stay which were listened to with regard to activities and personal goals. The registered provider ensured that each resident's privacy and dignity was respected at all times.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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	Compliant

Compliance Plan for Kingfisher 6 OSV-0007919

Inspection ID: MON-0032381

Date of inspection: 26/05/2021

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: <ul style="list-style-type: none"> • All documentation submitted to the bank to set up a Person in Care account on April 12th. Bank are currently changing their process therefore they have not confirmed when Person in Care account will be opened. As a temporary measure BOCSILR have applied to the Dept. of Social Protection to act as agent for the Person Supported by the Service (PSS) to have their DA paid into a Persons Supported Only account until such time as the bank has opened the Person in Care Account for the PSS. We will continue to link with the bank until this matter is resolved fully. • BOCSILR will support the PSS with her personal finances using this account ensuring her funds are safe and used for her benefit only. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • PEEP and Manual Handling Care Plan have been updated to reflect current practice of use of wheelchair for evacuation and the presence of fire doors in this designated centre. 	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/08/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	25/06/2021