



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

Name of designated centre:	Kingfisher 3
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	09 July 2018
Centre ID:	OSV-0004840
Fieldwork ID:	MON-0021913

About the designated centre

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

The Brothers of Charity Services stated aim, is to work with people with intellectual disability to claim their rightful place as valued citizens. In doing this, the organisation works with each individual, in order for them to have wide opportunities for self expression in home life, education, occupation and leisure. The organisation's vision is focused on "Love and respect in every action". This centre comprises of two houses, next door to each other, in a housing estate on the outskirts of Limerick city. Both houses are two-storey with bedroom accommodation at ground and first floor level. At the time of inspection, one house accommodated two residents and the other house accommodated three residents. Each house has a kitchen, dining area, sitting room, in addition to office and storage space. There is a large back garden in each house and space for car parking at the front of the houses.

The following information outlines some additional data on this centre.

Current registration end date:	06/12/2018
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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 2018	11:10hrs to 18:45hrs	Margaret O'Regan	Lead
10 July 2018	09:40hrs to 17:30hrs	Margaret O'Regan	Lead

Views of people who use the service

The inspector met with all five residents who resided in this centre. Residents generally communicated in a non-verbal manner. The inspector observed and interacted with residents and was satisfied all residents were comfortable and felt secure in their environment. The inspector was aware of the positive interactions that took place between residents and staff. The benefit of a low staff turnover was evident in the way staff were easily able to interpret each resident's signals, needs and preferences. Residents were seen to be relaxed in the company of staff and expressed their happiness by relaxing in the garden, happy to get ready to go out with staff and smiling at staff. There was a calm atmosphere in both houses throughout the two days of inspection. The inspector noted the positive change in this atmosphere from previous inspections, when greater numbers of persons were living in each house.

All residents completed questionnaires about their views of the centre. Some needed the assistance of their family to complete these and some required the assistance of staff. All questionnaires confirmed overall satisfaction with the service provided. Residents indicated they enjoyed the gardening activities, reflexology and walks. They indicated they needed assistance with their activities of everyday living and were happy with the approach of staff who assisted them.

Capacity and capability

The inspector was satisfied that the provider had the capacity and capability to deliver a safe and quality service. There were effective leadership, governance and management arrangements in place, with clear lines of reporting responsibilities.

The person in charge was an experienced professional with the skills to manage the centre. She displayed commitment, knowledge and enthusiasm for her role. She was involved in the operational management of the centre on a consistent basis. The person in charge was supported in her role by an area manager and a regular cohort of staff who were familiar with the individual needs of residents. In addition the person in charge had support from the senior management team.

The centre was adequately resourced in terms of appropriate facilities. Plans were in place for further upgrading in terms of painting and decorating. The inspector was assured a budget was allocated for this work and completion of the work was imminent.

There was a low staff turnover and there was a regular panel of relief staff who were familiar with residents' needs. This aided with consistency of care. The

provider had made extra staffing available at times when residents were in need of extra support.

The centre had an organised programme of staff training in place. This was organised by the person in charge who kept up-to-date records of such training.

Records and documentation was easy to retrieve and legible. Overall, complaints were welcomed and viewed in a non-judgemental way by staff and seen as a means of improving the service.

The provider showed a commitment to ongoing review and improvement. Learning took place from inspections to other centres operated by the Brothers of Charity Services and the learning was transferred to this centre.

Six-monthly unannounced inspections were carried out by the provider. Regular internal and external audits took place. The audits indicated the centre was operating in a responsible manner. An annual review was also carried out by the provider. There was good facilitation for staff to raise suggestions for improving the quality and safety of the centre. This was confirmed by staff and evident from the regard which local leadership was held.

Following the 2016 HIQA inspection, the provider undertook a service review to identify and address deficits in the service provided at that time. Several recommendations were made as part of this review and for many recommendations, actions were taken. One such recommendation was to carry out an assessment of need for each resident, primarily to identify appropriateness of their living environment. This was recommended due to the significant issues that had arisen around the appropriateness of placements. One such assessment was completed since 2016 and alternative accommodation organised for the resident concerned. Subsequently another resident transferred to an alternative placement. At the time of this inspection, another assessment of need was underway to determine the specific ideal living environment for one of the current residents. This was being conducted to identify the appropriateness or otherwise of another person moving into the house as much as the unlikely possibility of the resident moving out. This was in the context that there was a vacancy in the house. The provider explained to the inspector, that staff were assigned to this assessment task and that assessments of need were carried out on a priority basis. Residents transferring in or out of centres were given priority over those who did not fall into this category. However, the inspector was concerned that discussions had taken place about residents moving into this centre prior to the assessments referred to above being complete. This was primarily a governance issue rather than any day to day deficit in assessing and caring for the day to day needs of the current residents.

The provider representative confirmed to the inspector that no resident would be admitted to the houses or transferred to another centre without an assessment of need. It was acknowledged by the management and staff, and observed by the inspector, that the quality of life for the current cohort of residents was directly linked to the number of residents in each house. This quality of life had significantly

improved since the reduction in resident numbers. As part of this discussion, the provider representative confirmed that while the current registration is for nine residents and the current number living in the houses is five, the provider does not intend to accommodate more than six residents (three in each house) at any one time. The provider amended their application from nine to six to reflect this.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a completed application to register the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced professional with the skills and capacity to carry out her functions effectively. She was engaged in ongoing learning and professional development.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff numbers on duty. There was a low staff turnover which aided the consistency of care.

Judgment: Compliant

Regulation 16: Training and staff development

A log was maintained of staff training. Staff were supported to avail of training relevant to the needs of residents who they were providing support to.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was complete and complied with regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a culture of welcoming complaints. Complaints were seen to have been logged, followed up with and learning taken place from such matters. Overall there was a low number of complaints for this centre. Relatives confirmed with the inspector that they would have no problem approaching staff or management if they had an issue. For most families there never had been a reason to make a complaint. Staff acted on behalf of residents and logged complaints on their behalf when indicated.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was concerned that the needs of the current residents were not fully assessed, should it be considered that another resident could move in, as there were vacancies in both houses. The provider agreed to amend their application from nine to six to reflect this.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents of abusive behaviour between peers were documented. However, HIQA were not notified as required, of each incident.

Judgment: Not compliant

Quality and safety

The care provided to residents was appropriate to the nature and extent of residents assessed needs. Much effort was made to ensure residents had access to

occupation and recreation that interested them and utilised their skills. Significant improvements were made in this area since previous inspections. Since that inspection, staff were facilitated to focus on promoting and fostering independent living and teaching new skills to residents. For example, one resident had become sufficiently independent to walk in the park on their own, another had improved in their capacity to attend to personal hygiene, another had learned how to make a cup of tea. These improvements were brought about by the change in the cohort of residents living in the centre, a reduction in the number of residents in each house and a commitment by staff to support and advocate for a social model of care. Residents were engaged in gardening activities, nature walks, swimming amongst other activities. One resident attended a day service from Monday to Friday.

The approach to care was individual. Staff were respectful in their communication with residents, in how interventions were documented and in how they referred to residents. Staff displayed an enthusiasm and commitment to their work, and displayed support for the management systems in place.

There were detailed written assessments and plans in place. These plans were reviewed regularly. The plans were reflective of the resident's needs and the inspector met with all five residents.

The person in charge addressed issues impacting on residents safety and protection. There was evidence that when issues arose around safety matters they were risk assessed and risks escalated where needed.

Overall, there were good provisions for healthcare and good assessments of healthcare. A suite of services were available to residents in supporting their needs. These included services from the Brothers of Charity Services such as physiotherapy, occupational therapy, psychology and speech and language therapy.

Each resident's privacy was respected, with residents having their own rooms. These rooms were decorated according to individual preferences. There was flexibility in the centre and activities were largely dictated by the mood of residents on any given day.

There was good documentation in place around medication management and practices. Where corrective action was needed the inspector saw that such action was taken. There was frequent review of residents' medications. From discussions with staff, residents and from examination of the records, it was evident that a culture of examining alternatives to medicines was employed.

Residents had access to transport, a variety of activities and connection with their families.

The premises was suitable for the needs of residents. It was generally well-maintained, albeit painting and redecoration was needed. A plan was in place for this to occur. The rear gardens were set out with flowers, vegetables and garden furniture. They were in constant use on the days of inspection.

Staff were trained in the area of protection for vulnerable adults. Staff reported there were no barriers to reporting issues of concern.

The provider had introduced a system to collate metrics as indicators of quality. These included data on accidents and incidents, escalated risks, complaints, fire drills, staff absence amongst other data. This data was sent to senior management on a monthly basis. However, no alert system was in place to act when the data collected indicated there were issues. For example, the data collected for June 2018 indicated this centre had significant issues with behaviours that challenge (they had resolved at the time of inspection); however, no senior management overview examined or questioned the reasons for this spike in figures.

Regulation 13: General welfare and development

The care provided to residents was appropriate to the nature and extent of residents assessed needs.

Judgment: Compliant

Regulation 17: Premises

The premises were comfortable and met the needs of the residents.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions and arrangements were in place against the risk of fire. Emergency lighting and fire alarm system was serviced quarterly and other fire equipment serviced annually. It was evident the provider had taken action and addressed from matters that had arisen in previous reports in relation to fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was good documentation in place around medication management and

practices. Where corrective action was needed the inspector saw that such action was taken and the risk of error occurring reduced as a result of such action. There was frequent review of residents' medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were written assessments and plans in place. These plans were reviewed regularly. The plans were reflective of the resident's needs.

Judgment: Compliant

Regulation 6: Health care

There were good improvements in health outcomes for residents. Such improvements had a significant positive impact for residents quality of life.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported by experienced and knowledgeable staff to be as independent as possible. This included staff having good insights into residents' needs and behaviours. Staff were trained in supporting residents in positive behaviour management.

Judgment: Compliant

Regulation 8: Protection

Staff were up-to-date with their training on safeguarding. They were familiar with the process of reporting any concerns in relation to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed the dignified and respectful approach from staff in carrying out their duties. However, toilets in each house did not have door locks to protect residents privacy when using the sanitary facilities.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had introduced a system to collate metrics as indicators of quality. However, no alert system was in place to act when that data collected indicated there were issues.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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	Substantially compliant
Regulation 26: Risk management procedures	Not compliant

Compliance Plan for Kingfisher 3 OSV-0004840

Inspection ID: MON-0021913

Date of inspection: 9 & 10/07/2018

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The transfer process is currently under review in order to ensure that the needs of both existing residents and potential admissions to designated centers inform the admission process.</p> <p>The application for registration has been changed to reduce numbers from nine to six.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All incidents will be reported as per regulation using the appropriate form.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Both houses will be painted. Thumb locks will be put in place by the end of August.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Gathering of metrics commenced in 2018 in order to enhance governance and oversight. The metrics will be added to the agenda of the next SMT meeting in order to consider</p>	

the most effective way to ensure action when an issue is identified from the data gathered.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/10/2018
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/10/2018
Regulation 31(1)(f)	The person in charge shall give the chief inspector	Not Compliant	Orange	14/08/2018

	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/09/2018