



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

Issued by the Chief Inspector

Name of designated centre:	Kinvara Park Group-Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	03 September 2019
Centre ID:	OSV-0004032
Fieldwork ID:	MON-0022560

About the designated centre

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

The designated centre is located in North West County Dublin and provides services through three units all of which are community based. Services are provided to persons with intellectual disabilities through 24 hour residential supports. The registered provider states that its central objective is to ensure that a safe, secure, supportive and caring environment is created which promotes the well-being of all residents. A person in charge and a team of social care workers and carers are employed in the centre to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
03 September 2019	09:15hrs to 16:10hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector met and spoke with a number of residents who were availing of the services of the centre. Residents expressed high levels of satisfaction with the service they were receiving and were very complimentary of the staff and management team. Observations of care interactions were completed by the inspector who found that residents were attended to in a timely, kind and respectful manner by staff members. The inspector received eight completed questionnaires from residents and family members which explored areas such as general satisfaction with the services provided, accommodation, food and mealtime experience, arrangements for visiting, residents' rights, activities, care and support, staffing arrangements, and complaints. Overall, the inspector found that there were high levels of satisfaction communicated through the completed questionnaires.

Capacity and capability

The inspector found that this centre provided a high standard of care and support to residents who were availing of its services. There was clear evidence available which demonstrated that there was a person-centred approach to the provision of services in place and a culture amongst the staff and management team which took pride in providing good quality and safe services. Despite the overall positive findings of this inspection, the inspector identified a number of areas which required improvements.

The inspector met with the person in charge of the centre at the time of the inspection. They were found to have a very clear understanding and vision of the service to be provided in the centre and placed a strong focus on a rights based approach to the care and support being delivered. The inspector found that the person in charge met the requirements of the regulations and that they had appropriate awareness of their responsibilities as outlined in the regulations and national policies.

A review was completed of the centre's staffing arrangements and the inspector found that there were appropriate numbers of staff with the right skills, qualifications and experience deployed to the centre. Actual and planned staff duty rosters were maintained in the centre and were reflective of staff present in the centre on the day of the inspection.

The inspector reviewed staff training records and found that there were a number of areas of mandatory training with identified deficits. There were deficits in four of eight mandatory training areas identified by the person in charge. For example, five staff members had not completed training or refresher training in the area of safe administration of medication. While there was a training plan in place, this was

found to have scheduled staff for training in only two of the four identified areas with deficits.

A review of the arrangements for the supervision of staff was completed by the inspector who found that while there were appropriate systems in place for the informal supervision of staff, formal mechanisms had not been introduced to the centre. The person in charge outlined a plan for the introduction of formal one-to-one supervision meetings for all staff in the coming months; however, at the time of the inspection these arrangements had not been initiated.

A review of the governance and management of the centre found that there were effective arrangements in place to ensure that high-quality, person-centred care was delivered to people availing of its services. There were governance systems in place which monitored and audited performance and allowed for continual improvement and development to meet the evolving needs of respite users. There was clear evidence available to demonstrate that the registered provider was continuously striving to develop and improve the quality of services being provided in the centre.

A statement of purpose in place in the centre (dated 30 August 2019) was reviewed by the inspector and found not to contain a number of areas outlined as being required by the regulations. An opportunity was provided to the person in charge to revise and update the statement of purpose and submit this to the inspector following the inspection. This revised version of the statement of purpose (dated 03 September 2019) was found to contain all required information.

The inspector reviewed incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as required by the regulations.

Regulation 14: Persons in charge

The inspector found that the centre was managed by a suitably skilled, qualified and experienced person in charge.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there were sufficient numbers of staff members deployed in the centre with the right skills, qualifications and experience to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that a number of mandatory training areas had identified deficits at the time of the inspection. There were:

- two staff members who had not completed training or refresher training in the area of manual handling
- three staff members who had not completed training or refresher training in the area of break away techniques/positive behaviour support
- three staff members who had not completed training or refresher training in the area of food safety and
- five staff members who had not completed training or refresher training in the area of safe administration of medication.

In addition, the inspector found that arrangements were not in place for the formal supervision of staff members employed in the centre.

Judgment: Not compliant

Regulation 22: Insurance

The centre was found to have been insured against accidents and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate arrangements in place for the governance and management of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A revised statement of purpose (dated 03 September 2019) submitted to the

inspector following the inspection was found to contain all required information as outlined in schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that notifications had been made to the Chief Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

A review of the general welfare and development of residents found that the registered provider was ensuring that appropriate supports were in place to facilitate residents to engage and connect with families and friends and to feel included in their local communities. Residents were found to live active and meaningful lives and experienced an overall good quality of life through the supports provided to them. As previously mentioned, the inspector found that there was a strong focus placed on providing a person-centred and a rights-based approach to caring for and supporting residents. The inspector found that residents were encouraged to play an active part in the operation of the centre and were supported to feel valued and to reach their individual potentials. One example involved a resident being supported to develop and maintain a range of independent living skills which allowed them to access a local volunteering role independently which created a valued social role and resulted in a more valued life.

The inspector completed a full walk through of the premises of all three units of the centre in the company of the person in charge. In one unit, the inspector found that two residents were sharing a bedroom on occasions and in this same unit there was a lack of showering and toilet facilities. Residents were observed to have to pass through a kitchen space to use the only shower in this unit. In a second unit, the inspector found that outdoor spaces were not maintained to a satisfactory standard. Overall, the interiors in all three units were found to be well maintained and clean throughout.

A review of fire precaution arrangements found that there was a fire alarm and detection system and emergency lighting installed in the centre, however, there was an absence of fire doors in all three units. A sample of residents' personal emergency evacuation plans were reviewed by the inspector and were found to clearly communicate the individual needs of residents in the event of a fire or similar

emergency. Records of completed fire drills were reviewed by the inspector and it was found that staff and residents were aware of the procedures to follow in the event of a fire and had conducted staged evacuations on a regular basis.

The inspector completed a review of practices relating to the management of medication. It was found that residents were supported and encouraged to build the skills and knowledge required to self-administer their own medications where appropriate. There were capacity and risk assessments completed to support this approach. Medications were found to have been securely stored in the centre and a sample of medications reviewed were within their stated expiry dates. Medication administration records were also reviewed for a number of residents and these were found to contain all required information and had recorded that all prescribed medications had been administered.

Residents spoken with informed the inspector that they felt safe while availing of the services of the centre. Staff members met with were knowledgeable of the types of abuse and the actions to take should they ever witness or suspect residents to be experiencing abuse. The inspector reviewed a sample of incident and accident records and found that safeguarding incidents were appropriately managed and followed up on in the centre.

Regulation 13: General welfare and development

A culture of supporting residents to exercise their rights to independence, social integration and participation in the life of the community was observed to be in place in the centre.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the design and layout of the centre did not meet the needs of residents. For example, in one unit there was a multi-occupancy room and a lack of bathroom and showering facilities, and the outdoor spaces in another unit were found not to be maintained to a satisfactory standard.

Judgment: Not compliant

Regulation 28: Fire precautions

The premises of the centre were found not to have appropriate fire containment

measures in place such as fire doors.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were safe practices in place for the ordering, receipt, storage, disposal and administration of medication in the centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that staff members were vigilant and recognised the signs of abuse. The registered provider demonstrated a high level of understanding of the need to ensure the safety of 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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kinvara Park Group- Community Residential Service OSV-0004032

Inspection ID: MON-0022560

Date of inspection: 03/09/2019

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff that needed refresher training in Manual Handling completed this on 12th and 24th Sept 2019</p> <p>2 Staff will have completed Behaviours of Concern Training by 11th Oct 2019.</p> <p>Remainder of the training will be scheduled in coming months.</p> <p>PIC has started to schedule dates with staff for Support and Supervision Meetings starting week of 07/10/2019.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider has consulted with Maintenance Manager in relation to the installation of a shower room upstairs and this will be scheduled in maintenance work.</p> <p>The landlord has maintained the grounds since the Inspection on 03/09/2019.</p> <p>Should a vacancy arise in 1 unit in the designated centre it will not be filled thus reducing the capacity of the unit.</p>	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Containment measures are currently being tendered for the designated centre.</p>	

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 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	31/01/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	29/02/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/03/2020
Regulation 17(1)(b)	The registered provider shall ensure the	Not Compliant	Orange	01/10/2019

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	01/10/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2020