



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

Issued by the Chief Inspector

Name of designated centre:	Kingsriver Community
Name of provider:	Kingsriver Community Holdings Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	07 February 2024
Centre ID:	OSV-0002410
Fieldwork ID:	MON-0034195

About the designated centre

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

Kingsriver Community is a designated centre operated by Kingsriver Community Holdings CLG. It provides residential services to up to five adults with disabilities. The designated centre is a large two story building comprised of large kitchen/dining room and communal sitting room which all residents can avail of. There is an self-contained apartment on the ground floor which is home to two residents and consists of two individual resident bedrooms, bathroom and open plan kitchen, sitting and dining room. On the first floor, there are three individual resident bedrooms and three individual living areas, one of which contains a kitchen. The centre is located close to a village in Co. Kilkenny. The designated centre is staffed by a person in charge, deputy person in charge and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (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 7 February 2024	09:30hrs to 17:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

The inspector had the opportunity to meet the five residents over the course of the inspection. On arrival to the designated centre, four residents were attending their day service and one resident was preparing to attend an appointment.

In the morning, the inspector reviewed documentation and met with one resident who was preparing to attend an appointment. The resident spoke with the inspector in the kitchen about their interests and plans for the day. The inspector then carried out a walk-through of the designated centre and was guided by the resident for some of the walk-through. As noted, the designated centre is a large two story building comprised of large kitchen/dining room, communal sitting room, five resident bedrooms, four individualised living areas. The premises was observed to be decorated in a homely manner with the residents belongings and pictures of people important to the residents. The inspector observed that new flooring had been installed in the kitchen and communal sitting room. While, the inspector noted one area which required painting, the provider had plans in place to address same. Overall, the inspector found that the premises presented in a homely manner and well maintained.

In the afternoon, the inspector had the opportunity to meet with the four residents as they returned from their day service. The inspector met with one resident in an office. They told the inspector they liked their home and spoke positively about the staff team. A second resident noted that they liked their living area and bedroom. They told the inspector about their plans to access the community in the evening to meet friends. A third resident spoke with the inspector in the sitting room and stated that they liked their home and discussed the soccer team they supported. Finally, the inspector met with the fourth resident as they returned from day service. They spoke of their interest in music and appeared happy to be in the house. They were observed preparing to access the community in the evening. Overall, the inspector observed positive interactions with the staff team and management.

The inspector also reviewed three questionnaires completed by the residents with the support of staff describing their views of the care and support provided in the centre. Overall, the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team.

The provider supported the staff team to undertake training in human rights. One particular example of promoting human rights was the provider facilitating engagement with the Decision Support Service regarding assisted decision making and choice for one resident. The inspector reviewed documentation outlining the process to support one resident to make decisions regarding particular aspects of

their life.

In summary, the residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner. However, improvement was required in the staffing arrangements. In addition, some improvement was required in the training and development, fire safety and personal plans.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there was a defined management structure in place to ensure that the service provided was safe, consistent and appropriate to resident's needs. However, on the day of the inspection, the inspector found that it was not demonstrable that appropriate staffing levels were in place to meet the needs of the residents.

The centre was managed by a full-time and suitably experienced person in charge. There was evidence of quality assurance audits taking place which included the annual review for 2023 and six-monthly provider visits. The audits identified areas for improvement and action plans were developed in response.

The inspector reviewed a sample of the staff roster and found that there were arrangements in place to ensure continuity of care and support. The inspector observed positive interactions between the residents and the staff team on the day of inspection. However, improvement was required to ensure that there was appropriate staffing arrangements in the centre to meet the assessed needs of the residents. For example, the provider had self-identified the need for increased staffing for two residents to meet their changing needs. While the provider was currently striving to meet these needs with the current staffing complement, it required review as it was not demonstrable that there was appropriate staffing arrangements in the centre to meet the assessed needs of the residents.

From a review of training records, for the most part, it was evident that the staff team in the centre had up-to-date training. This meant that the staff team had up-to-date skills and knowledge to support the resident with their identified support needs. However, on the day of inspection, some of the staff team required training in fire safety, deescalation and intervention techniques and manual handling.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably experienced. The person in charge was responsible for one other designated centre. The person in charge was supported in their role by a deputy person in charge.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed a sample of the roster and found that there was an establishing staff team in place which ensured continuity of care and support to the residents. In addition, contingency arrangements were in place to ensure continuity of care. For example, the provider had an established relief panel in place.

The five residents were supported by two to three staff members during the day and two staff members at night - one on sleepover duty and one on waking night duty.

However, the staffing arrangements required review. For example, the provider had self-identified that one resident required 1:1 staffing support in line with their changing needs. In addition, in response to a significant incident, increased staffing was recommended until a further assessment was carried out. At the time of the inspection, this assessment was in the process of being completed. However, the increased staffing levels were not in place at all times on the day of inspection. While, the staff team were striving to meet these needs with the current staffing complement and the provider had submitted a business case to their funder, staffing required further review as it was not demonstrable that the staffing arrangements were appropriate to meet the needs of all residents.

Judgment: Not compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, for the most part, it was evident that the staff team in the centre had up-to-date training in areas including safe administration of medication and safeguarding. However, training was required in de-escalation and intervention techniques, fire safety and manual handling. This had been self-identified by the provider and plans were in place to address same. This was also identified in the previous inspection as an area for improvement.

The provider also identified additional training to be completed to support the development of the staff team. At the time of the inspection, the staff team had completed training in human rights and the provider was exploring training in dementia awareness.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy. In addition, a supervision schedule was in place for the upcoming year.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for one other designated centre and was supported in their role by a deputy person in charge.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review for 2023 and six-monthly provider visits. The annual review included consultation with the resident and their representatives as required by the regulations. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found the provider was providing a quality and person centred service. However, some improvement was required in the fire safety and personal plans.

The inspector reviewed a sample of resident's personal plans and found that they were up to date and provided clear and comprehensive guidance to staff team in supporting the residents with their personal, social and health needs. However, some improvement was required in implementing regular monitoring of aspects of one resident's health.

The residents were supported to access positive behaviour support as required and guidelines were in place to guide staff in supporting residents to manage their emotions. There was evidence of clinical supports in place to ensure the quality and safety of care and support provided in the centre. In relation to one incident, this included the introduction of increased staffing support. However, as outlined under Regulation 15: Staffing, while the staff team were striving to provide a safe service, it was not evident that the increased staffing levels were in place while further the assessments were being completed.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills. However,

some improvement was required in night-time fire drills.

Regulation 17: Premises

Overall, the designated centre was designed and laid out to meet the needs of the resident. The centre was decorated in a homely manner with the resident's possessions and pictures. The inspector found that the premises was well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

Notwithstanding the areas for improvement in relation to Regulation 15: Staffing.

The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place, reflected the control measures in place and were up to date.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate. There was evidence of regular fire evacuation drills taking place in the centre. While a drill had taken place during hours of darkness, the inspector found that a night-time drill, under the scenario of when all residents would be in bed, had not been completed within the last year.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place for the administration, documentation and disposal of medicines. There were arrangements in place for the safe secure storage of

medication. The inspector reviewed a sample of medication and found that it was readily available and was in-date. The inspector reviewed the medication records and found that for the sample reviewed medication was administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of the residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. This assessment informed the residents' personal plans which guided the staff team in supporting residents' with identified needs, supports and goals.

The previous inspection found that not all assessments of need and personal plans were up-to-date. This had been addressed. However, some improvement was required in one personal plan reviewed. For example, recent clinical recommendations for monitoring aspects of resident's health status had yet to be implemented.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to safeguard the residents. In general, there was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content and comfortable in their home. All staff had up-to-date safeguarding training.

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 (as amended) and the regulations considered on this inspection were:

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	Not compliant
Regulation 16: Training and staff development	Substantially 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 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kingsriver Community OSV-0002410

Inspection ID: MON-0034195

Date of inspection: 07/02/2024

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A review of the roster took place on 8th February 2024 and there is staffing in place to support the increased needs of the resident. A staff member has been assigned on the roster to support the resident 1:1.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have been scheduled to complete refresher mandatory training. This is coordinated by the training officer with oversight from the Person in Charge. The Person in Charge will ensure that all future training dates are incorporated into the monthly rosters to ensure that staff attendance is consistent.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A night- time fire evacuation was completed on 23rd February 2024. There is a plan in place to ensure fire drills are completed regularly at both day and night time.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All needs assessment for residents are currently being reviewed by key workers with oversight from the management team.	

There will be key worker review meetings facilitated by the management team monthly to ensure all assessments and personal plans are up to date, accurate and reflective of the changing needs/profile of each resident.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	08/02/2024
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.	Substantially Compliant	Yellow	08/04/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	23/02/2024

	necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	05/04/2024