



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:	Unannounced
Date of inspection:	14 October 2022
Centre ID:	OSV-0002410
Fieldwork ID:	MON-0034207

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. Residents have access to a large garden area with an orchard, vegetable garden, polytunnel and glass house. The centre is located close to a village in Co. Kilkenny. The designated centre is staffed by a 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
Friday 14 October 2022	09:50hrs to 16:45hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) enhanced COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet the five residents over the course of the inspection. On arrival to the house, four residents were attending day services while one resident was preparing for the day. The inspector met one resident as they were heading out to their day service. They appeared comfortable in their home and said that they liked living in the house. In the afternoon, the four residents returned to the centre. One resident, who was on their way to an hair appointment, said that they loved their home and that it was decorated nicely. The inspector had a cup of tea with two residents who spoke positively about the care and support provided in the service. The residents told the inspector about the sports they followed and which TV shows they liked. However, one resident highlighted a concern regarding consistency in staffing supports at a certain time of day. This was highlighted to the person in charge.

Of the staff spoken with, they noted that residents were settling well into their home and spoke positively about the care and support provided in the centre.

The inspector carried out a walk-through of the designated centre accompanied by the person in charge. The designated centre was closed in October 2021 to allow for significant planned renovations of the premises. The centre reopened in June 2022 as residents were supported to transition back to the centre. The centre comprises of a large two storey detached house. As noted, the house comprises of a large kitchen/dining room and communal sitting room which all residents can avail of. There is a self-contained apartment on the ground floor which is home to two residents and consists of two individual bedrooms, bathroom and open plan kitchen, sitting and dining room. On the first floor, there are three individual bedrooms and three individual living areas, one of which contains a kitchen. Overall the premises was well maintained and decorated in a homely manner with resident belongings. At the time of the inspection, the residents were in the process of choosing additional furnishings to their bedrooms and living rooms.

In summary, the inspector found that the service provided person-centred care. However, some improvements were required in personal plans, fire safety, infection prevention and control, governance and management, staffing arrangements and training and development.

The next two sections of the report present the findings of this inspection in relation to 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

There was a clearly defined management system in place which ensured the service provided quality safe care. On the day of inspection, the staffing levels in place were appropriate to the needs of the residents and the size and layout of the centre. However, as the centre was establishing after reopening, some areas for improvement were required in staffing arrangements, training and development and governance and management.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of quality assurance audits taking place to ensure the service provided was effectively monitored. These quality assurance audits included the annual review for 2021 and local audits such as care plan audits and infection prevention and control. The quality assurance audits identified areas for improvement and action plans were developed in response. However, there was an area for improvement in the annual review template.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an establishing staff team in place. However, some improvement was required as the centre was operating with vacancies and there was a reliance on regular relief and agency staff to meet the staffing complement. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

There was systems in place for the training and development of the staff team. However, some improvement was required to ensure all staff had up to date training and skills to support the residents and received supervision in line with the provider's policy.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced. The person in charge was also responsible for another designated centre. The person in charge was supported in their role by a team leader.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. From a review of the roster, it was demonstrable that there was sufficient staffing levels in place to meet the assessed needs of the residents. There was an establishing staff team in place. However, some improvement was required as the provider was operating with a two whole time equivalent vacancies. This was managed through the staff team and the use of regular agency and relief staff. The inspector was informed that the provider had recruited to fill one vacancy and was actively recruiting to fill the other.

Judgment: Substantially 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, the majority of the staff team had up-to-date training in areas including infection control, deescalation and intervention techniques and manual handling. However, some of the staff team required refresher training in areas such as medication management and fire safety. This meant that not all of the staff team had up to date skills and knowledge to support the residents. This had been identified by the provider and training had been scheduled.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and records, it was evident that formal supervisions were taking place. However, some improvement was required in order to ensure supervision was delivered in line with the provider's policy. This had been self-identified by the provider and plans were in place to address same.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a Chief Operations Officer, who in turn reports to the Board. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the resident's needs. The quality assurance audits included the annual review 2021 and local audits such as care plans and infection control. The audits identified areas for improvement and action plans were developed in response.

As the service was closed for a prolonged period of time to undertake significant renovations, the provider six-monthly audits as required by the regulations were not completed for this period. The inspector was informed that the provider had plans in

place to undertake a provider six-monthly audit in the coming weeks.

In addition, there was an area for improvement in the annual review template as the consultation with residents and their representatives for their views on the quality and care provided was not evident.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the designated 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 that this centre was a comfortable home which provided person centred care. However, improvements were required in infection prevention and control, fire safety and personal plans.

The inspector reviewed the residents' personal files which comprised of a comprehensive assessment of residents' personal, social and health needs. Personal support plans reviewed were found to suitably guide the staff team in supporting the residents with their personal, social and health needs. However, some assessments of need and personal plans reviewed were not up-to-date and required review.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. However, improvements were required in ensuring that residents could be safely evacuated to a place of safety at night time.

The provider had systems in place for safeguarding residents. From a review of incidents and accidents occurring in the designated centre, the inspector found that incidents were appropriately managed and responded to. There were appropriate systems and protocols in place to manage identified safeguarding concerns.

Regulation 17: Premises

The designated centre was decorated in a homely manner and well-maintained. The residents' bedrooms and living areas were decorated with residents' personal possessions and pictures of people important to them.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. There was sufficient access to hand sanitising gels and a range of personal protective equipment (PPE). Staff were observed wearing PPE as appropriate throughout the day of inspection. Cleaning schedules were in place and the inspector observed that the centre was visibly clean on the day of the inspection. However, some improvement was required in the detail of the cleaning schedules in order to suitably guide staff.

Judgment: Substantially 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. There was evidence of regular fire evacuation drills taking place in the centre. Personal Emergency Evacuation Plans (PEEPs) were in place to guide staff in how to support residents evacuate. However, a fire drill under the scenario of when all residents would be in bed had not been completed since the residents moved back to the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. Each resident had personal plans in place to guide the staff team in supporting residents' with identified needs, supports and goals. However, not all assessments of need and personal plans were up-to-date. The inspector was informed that the provider had developed a new assessment of need template and was in the process of updating personal files. This had been self-identified in the

provider's local audit and a review of personal files was in process at the time of the inspection.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place. The inspector reviewed a sample of these guidelines and found that they were up to date and appropriately guided the staff team.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The inspector reviewed a sample of incidents and accidents occurring in the designated centre which demonstrated that incidents were appropriately managed and responded to. There were appropriate systems and protocols in place to manage identified safeguarding concerns. The residents were observed to appear comfortable in their home. The staff team demonstrated good knowledge of how to identify a concern and the steps to take in the event of a concern.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kingsriver Community OSV-0002410

Inspection ID: MON-0034207

Date of inspection: 14/10/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: There is an active and robust recruitment process in place and interviews have been planned to fill all vacant posts as well as increase the relief pool. In addition to this there is an arrangement with local colleges to target social care and HCA students to further increase staffing via the relief panel and remove requirement for agency.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: A training schedule has been allocated from the training officer for the remainder of 2022, this will ensure the majority of the mandatory/refresher training is completed.</p> <p>The supervision policy has been reviewed by the Organisation and an annual supervision schedule will be put in place for the remainder of 2022 and for 2023.</p> <p>The overall supervision template is being reviewed to make it more specific to the staff's roles/responsibilities and to ensure that supervision is more effective in its delivery.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The As part of the review of residential services there will be an updated annual review template implemented to ensure that residents and their representatives are consulted as part of this requirement.</p> <p>The provider will be carrying out their audits as required, these will be a mixture of announced and unannounced, a schedule for announced audits will be put in place for remainder of 2022 and for 2023.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>An enhanced cleaning schedule has been put in place within the location to ensure that it meets the requirement for protection against infection, this is checked weekly by the Team Leader to ensure compliance.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>An updated and more robust fire register has been sought from the fire department and is now in place in the location. A night time fire drill has been completed and a plan for 6 weekly fire drills to be carried out is in place.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

As part of the review of residential services a comprehensive assessment is being carried out into ensuring that personal planning meets the needs of individual resident. A "needs" assessment document has been allocated to key workers to completed in consultation with each resident and the outcomes of this will be linked into a person-centred care plan. To compliment this process and to ensure the PCP is evidenced based there will be an upgrade on Key working session templates, monthly key working reports and daily notes.

The personal file is also under review and once completed will be a SMART objected file which will give a clear and accurate profile of all residents needs, goals and key pieces of information.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	28/02/2023
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	28/02/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(1)(e)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/01/2023

	review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	09/11/2022
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	09/11/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried	Not Compliant	Orange	28/01/2023

	out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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