



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

Issued by the Chief Inspector

Name of designated centre:	Kilbride House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	17 October 2023
Centre ID:	OSV-0008503
Fieldwork ID:	MON-0040010

About the designated centre

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

Kilbride House is a designated centre operated by Embrace Community Services Ltd. The centre consists of a three storey house located in a housing estate near a large town in Co. Wicklow. The house is situated within walking distance of local shops. It is registered for three beds and is intended to provide full-time residential support for adults with intellectual disabilities. Residents have their own private bedrooms and have access to shared kitchen, sitting room and a back garden, with an additional area for relaxation. The centre is managed by a person in charge who is supported in their role by a social care leader and a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 17 October 2023	10:00hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of a short-notice announced inspection carried out to monitor ongoing regulatory compliance in the designated centre. The person in charge, a team leader and a representative from senior management were present to facilitate the inspection.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on compliance with the regulations and standards.

The centre comprised of a three-storey house located in a housing estate in Co. Wicklow. The centre had the capacity for a maximum of three residents, and at the time of the inspection there were two residents living in the centre full-time.

Upon arrival to the centre, one resident was out of the centre, attending day services. The other resident was present in the centre and was getting ready to go out for the day with staff. They did not verbally communicate their views to the inspector.

The inspector was shown around the centre by the person in charge; they were knowledgeable and familiar with the assessed needs of residents. The centre was observed to be a clean and tidy, warm and comfortable environment. The premises were seen to be well maintained and nicely decorated. There was adequate communal space. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The hall also displayed the centre's safety statement, visitors policy and complaints policy.

The kitchen was busy and accessed regularly by both residents. The fridge was clean, and food was labelled and in date. The inspector observed one resident returning from a grocery shop and unpacking the shopping.

The sitting room was bright and well laid out, and was in use by all the residents throughout the day. There was a notice board with an easy-to-read complaints policy displayed alongside the service values. One resident had a recent birthday and there were birthday cards on the window sill. Framed photographs of staff members on duty were also on display. There was also a number of shared bathrooms, a staff office and a nice garden space, with an outdoor shed/garden room for residents to use for recreation.

Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspector observed the rooms to include family

photographs, and memorabilia that was important to each resident.

The inspector spoke with the staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities, and demonstrated a commitment to ensuring a safe service for them. Staff spoken with said residents appeared to be happy living in the home.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles and behaviour support needs. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. Staff were observed to interact warmly with residents.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall wellbeing and welfare was provided to a good standard.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care in the centre.

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of responsibility, authority and accountability.

The centre was managed by a suitably qualified and experienced person in charge who was employed on a full-time basis, with responsibility for this designated centre only.

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective

needs.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies, and residents had access to a vehicle for transport which was assigned for the centre's use only.

There was a planned and actual roster maintained for the designated centre. Staff rosters were maintained in a clear, legible format and showed the full name of each staff member, their role and shift allocation.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. The inspector found that staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

The registered provider had written, adopted and implemented policies and procedures on the matters set out in Schedule 5.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

The person in charge was full-time in their role and had oversight solely of this designated centre which in turn ensured good operational oversight and

management of the centre.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed or were scheduled to complete mandatory training including fire safety, safeguarding, manual handling, and infection prevention and control (IPC).

Additionally, staff had received training in positive behaviour support planning and communication training. There was centre specific training provided to meet the individual needs of the residents.

Supervision records reviewed by the inspector were in line with the provider's organisation policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The staff team was led by an appropriately qualified and experienced person in charge.

The person in charge reported to a service manager. They also held monthly meetings which reviewed the quality of care in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of the regulations and Schedule 1, and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame.

The inspector reviewed a sample of incident logs during the course of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had written, adopted and implemented policies and procedures on the matters set out in Schedule 5.

These policies were readily available to staff, and had been reviewed and updated in

accordance with best practice which met the requirements of the regulations.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. The inspector found the governance and management systems in place had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. There was sufficient communal space, and a nice garden for residents to enjoy.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. Residents were observed engaging in activities such as grocery shopping and going on outings in the community such as going to a trampoline park and hiking in the mountains. The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, which offered a comfortable and homely place to live.

There were suitable care and support arrangements in place to meet residents' assessed needs. Both residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

Positive behaviour support plans were developed for residents where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to

behaviours of concern.

On review of a sample of residents' medical records, the inspector found that their medicines were administered as prescribed. Residents' medicines was reviewed at regular specified intervals as documented in their personal plans, and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks.

Where residents needed assistance with making choices of meals and snacks, staff had introduced various methods (including visuals) to ensure that their preferences were respected. The inspector observed that staff had a good knowledge of residents' food preferences and any dietary needs.

Food was safely stored, and there were both healthy snacks and treats available to residents. The kitchen was well-organised and well-stocked with fresh and frozen, nutritious food.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. There was a system in place for return of out of date medicines, and a form was stamped by the pharmacy. The medication administration records clearly outlined all the required details including; known diagnosed allergies, dosage, doctor's details and signature, and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed. Residents had also been assessed to manage their own medicines but no residents were self administering on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each residents files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities. Support plans and assessments undertaken supported further development in areas such as personal relationships, community and social development, and emotional development. Both residents had access to transport and the community when they wanted.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured, where residents required positive behaviour support, appropriate and comprehensive arrangements were in place. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning. All staff had completed positive behaviour support training.

Restrictive practices in use at time of inspection were deemed to be the least

restrictive possible for the least duration possible.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights.

Residents attended weekly meetings where they discussed activities, menus, fire safety and advocacy. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals. Residents' rights were further supported by staff who advocated for services on behalf of the 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant