



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:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	14 January 2021
Centre ID:	OSV-0003377
Fieldwork ID:	MON-0031054

About the designated centre

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

Kilbride House consists of a large two-storey detached house (that includes a self contained apartment) and a separate standalone unit adjacent to the main house located in a rural area but within short driving distance of a number of towns. The designated centre currently provides a residential service for up to six adults, with an intellectual disability, autism and/or acquired brain injury. The centre can provide for both males and females. Each resident has their own bedroom and other facilities in the centre include kitchens, sitting rooms, lounges, a relaxation room, staff facilities and bathrooms. Staff support is provided by social care workers and support workers. The management team in the centre consists of a team leader and two deputy team leaders.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 - 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
Thursday 14 January 2021	09:30hrs to 16:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with five residents on the day of inspection. Residents used both verbal and non verbal methods to communicate their thoughts. The inspector determined some of the residents views and experiences through observation, review of documentation, and conversations and interactions with staff and residents.

The inspection occurred during the COVID -19 lock down period and therefore the inspector, management, staff and residents adhered to specific infection control measures throughout the day. Personal protective equipment (PPE) was worn in line with national guidance for residential care facilities and all interactions with the inspector were kept to a time limit of fifteen minutes.

The centre was clean, warm, bright and homely on arrival. Following a walk around the centre, the inspector observed pictures of some of the residents and artwork that had been completed by residents, displayed around the centres walls. Residents all had their own rooms which had been decorated to suit their personal taste and preferences. Two residents had their own self contained apartments. One resident showed the inspector their apartment which included a kitchen, living area, bedroom and self contained garden. The resident appeared happy in their space and spoke about their plans for the day ahead and some hobbies they enjoyed with staff support. The resident communicated they felt safe and happy when asked. All residents appeared comfortable and relaxed in their home throughout the inspection day

Residents appeared to enjoy high levels of staff support in the centre, with all residents supported one to one by staff throughout the day. The staff team consisted of social care workers and support workers and staff had received training with the provider to ensure the residents needs were met. Residents also had access to a range of other multi-disciplinary staff support if required. This included nursing care and a behavioural therapy. Staff spoken with appeared familiar with the residents individual needs. Residents all had individual daily planners in place and these included the residents appointments, preferred routines and activities and also included activities to support them to achieve their goals. The inspector heard and observed many positive interactions between staff and residents on the day of inspection.

Residents normal daily routines continued to be impacted by restrictions secondary to COVID-19. Residents had enjoyed activities such as singing groups, the cinema, day services, and trips away prior to COVID-19 restrictions . Residents continued to enjoy some activities daily such as music, woodwork, bird watching, snooker, shopping, online activities like exercise classes, baking, football and playing a musical instrument. Despite restrictions, some residents continued to enjoy family contact via video calls and socially distant visits in line with the most current national guidance and residents continued to work on individual goals in place, including

goals to support more independence.

Meal times appeared to be a relaxed experience in the centre. The inspector observed one resident having their breakfast at the start of the inspection and another resident having a cup of coffee and relaxing on a couch during the day. The inspector also observed some residents preparing lunch and dinner in the afternoon with support from staff. The smell of home cooking was evident in the centre at the end of the inspection day.

Residents rights were respected in the centre with residents having choice and control in their daily lives. Key working sessions and residents meetings were used as platforms to discuss residents rights and advocacy regularly. One resident was part of a residents forum where they regularly discussed issues regarding residents rights and the service provided.

There were clear management systems and lines of accountability and a regular daily management presence in the centre with a full time person in charge and two deputy team leaders in place. Residents appeared familiar with members of management and who to speak with should a concern arise. Management were regularly reviewing the service provided to monitor the quality of care and support provided and ensure residents safety and satisfaction. The annual review of the designated centre was provided to residents in an accessible version, should they wish to read it.

One resident expressed a concern with the inspector about the management of a complaint they had expressed regarding a peer resident. Following conversation with management it was evidenced that some work had been done with the resident to address this issue, however the resident expressed they were still not satisfied with the outcome of this on the day of inspection and felt they never knew the full outcome of their complaint.

Overall findings showed high levels of compliance in the designated centre. Inspection outcomes suggested that, in general, residents were enjoying living in the centre. Residents appeared safe and happy and well supported by staff in their daily lives.

Capacity and capability

The purpose of the inspection was to monitor the centres ongoing levels of compliance with the regulations. Overall, the inspector found that the centre was operating with high levels of compliance. The provider had appropriately addressed any issues from the centres most previous inspection.

There were appropriate management systems in place to ensure the service provided was safe and appropriate to the residents needs. Management systems identified clear lines of accountability. There was a full time person in charge in

place who had the skills and experience necessary to manage the designated centre. The person in charge was identified as the team leader in the centre and was supported by two deputy team leaders. There was a management presence in the centre seven days per week with members of management working alternate days to ensure this. There was also an on call management system in place, should staff need additional management support outside of normal working hours. The person in charge was also supported by a regional director of operations who was senior to the person in charge and had regular oversight of the centre.

There was evidence that the service provided was regularly audited and reviewed. A weekly report was sent to the regional director of operations which included a synopsis of issues in the centre, if any identified, including accidents, adverse incidents, medication errors, restrictive practices, safeguarding concerns and staffing issues. This was then reviewed and actions identified when necessary. A review of adverse incidents also regularly took place to identify any trends. A six monthly unannounced inspection had also been completed and an annual review of the quality and safety of care and support in the centre. An accessible version of the annual review was provided to residents.

There were appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents living in the designated centre. The staff team consisted of social care workers and support workers and the centre had its full staff team in place on the day of inspection, with no staff vacancies. All residents were supported by staff one to one during the day, this staffing levels were reduced at night in line with the assessed needs of the residents. A relief panel of staff was available to the centre to cover staff shifts during times of staff holiday leave or illness.

Staff were completing regular formal one to one supervisions with their line managers. This included a review of staff performance and professional development. Actions were identified for the staff members following supervision meetings when necessary. There was a clear schedule in place for future staff supervisions to occur for the year ahead. There was a staff rota in place which clearly identified staff on duty and new staff members spoken with communicated that they had gotten the opportunity for orientation in the centre when they had started working there.

Staff training was provided to meet the residents needs. Training was provided in areas including areas including medication management, infection control, manual handling, behaviour management, food hygiene, safeguarding, infection control, first aid and fire safety. Some training was being facilitated online secondary to COIVD-19. All mandatory staff training and refresher staff training was up-to-date on the day of inspection. The person in charge completed regular reviews of staff training needs and sought further training opportunities if the need arose.

One resident expressed a concern about the management of a complaint they had expressed regarding a peer resident. Following conversation with management it was evidenced that some work had been done by management to address this issue, however the resident was still not satisfied with the outcome of this on the day of inspection. The inspector observed the providers complaints procedure

prominently displayed on the wall of the designated centre with a picture of the service complaints officer.

Regulation 15: Staffing

There were appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents living in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was provided in line with the assessed needs of the residents. All mandatory staff training and refresher staff training was up-to-date on the day of inspection. The person in charge completed regular reviews of staff training needs and sought further training opportunities if the need arose.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate management systems in place to ensure the service provided was safe and appropriate to the residents needs. Management systems identified clear lines of accountability. There was a full time person in charge in place who had the skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that any incidents required to be notified to the Chief inspector had been submitted in line with the required time lines.

Judgment: Compliant

Regulation 34: Complaints procedure

One resident expressed a concern about the management of a complaint they had expressed regarding a peer resident. Following conversation with management it was evidenced that some work had been done by management to address this issue, however the resident was still not satisfied with the outcome of this on the day of inspection.

Judgment: Substantially compliant

Quality and safety

Overall, inspection findings indicated that the provider and person in charge were providing a safe and effective service to residents living in the designated centre.

The premises was well maintained internally and externally and was designed and laid out to meet the assessed needs of the residents. Residents all had their own rooms which had been decorated to suit their personal taste and preferences. One resident had a standalone separate apartment and another resident had a apartment which was attached to the main building of the centre. One resident also had their own sensory room within the centre which they enjoyed using regularly. There was no outstanding repair work noted by the inspector on the day of inspection.

The registered provider and person in charge had ensured that all residents had a comprehensive assessment of need and personal plan in place which reflected the residents most current needs, plan of care and aspirations and goals. Plans included details regarding the residents circle of support and how to support them in areas including their environment, health, money management, medication, personal care and behaviours that challenge. A staff key working system was in place and personal plans were regularly audited with clear dates, actions and persons responsible for actions identified when necessary. The behavioural support team also reviewed the plans on a regular basis and provided feedback which was then implemented into the residents plans.

There were appropriate systems in place for the assessment, management and ongoing review of actual and potential risks in the designated centre. All residents had individual risk management plans in place. There was also a centre risk register in place which detailed any risks in the designated centre. Some forensic risks had been identified in the centre and appropriate mitigating measures were in place secondary to this.

Measures were in place for infection prevention and control in the centre. The provider had implemented measures for the management of the COVID-19

pandemic. A shed was in place outside the designated centre and was being used as a hand hygiene and donning and doffing station for staff prior to entering the centre. All staff were observed wearing face masks throughout the inspection day in line with national guidance for residential care facilities. The centre had sufficient supplies of PPE available and staff were completing daily audits to ensure stocks were adequate. Staff and residents were completing regular symptom checks and staff were completing questionnaires prior to coming on duty to ensure they were not considered a contact. The provider had developed a contingency plan for in the event of an outbreak of COVID-19 in the centre.

The registered provider had ensured that effective fire management systems were in place including fire fighting equipment, containment systems, detection systems and means of escape. All residents had personal emergency evacuation plans in place which were subject to regular review. Fire fighting equipment was regularly serviced by a fire specialist and staff and residents were completing fire evacuation drills three monthly which simulated both day and night time conditions. Fire safety was discussed regularly at residents meetings and role play was sometimes used during key working sessions to communicate fire safety with residents. Fire evacuation routes were prominently displayed on the centre wall.

All residents had access to a range of multi-disciplinary professionals to support them to manage their behaviours. Restrictive practices were utilised only due to an identified assessed risk. A full review of restrictive practices took place three monthly with a behavioural therapist and reducing restrictions was always considered during this review. Behavioural supports were reflected in the residents individual personal plans. All restrictive practices in use had been notified to the Chief Inspector as required by regulation 31.

Residents were safeguarded in the centre. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. All residents had individual plans in place to support them with their personal care. Some safeguarding risks were identified in the centre and staff were implementing measures at all times to reduce the risk of safeguarding incidents.

Regulation 17: Premises

The premises was well maintained internally and externally and was designed and laid out to meet the assessed needs of the residents. Residents all had their own rooms which had been decorated to suit their personal taste and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate systems in place for the assessment, management and ongoing review of actual and potential risks in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

Measures were in place for infection prevention and control in the centre. The provider had implemented measures for the management of the COVID-19 pandemic in line with national guidance for residential care facilities.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management systems were in place including fire fighting equipment, containment systems, detection systems and means of escape. All residents had personal emergency evacuation plans in place which were subject to regular review.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider and person in charge had ensured that all residents had a comprehensive assessment of need and personal plan in place which reflected the residents most current needs, plan of care and aspirations and goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

All residents had access to a range of multi disciplinary professionals to support them to manage their behaviours. Restrictive practices were utilised only due to an identified assessed risk. A full review of restrictive practices took place three monthly with a behavioural therapist and reducing restrictions was always considered during this review. Behavioural supports were reflected in the residents

individual personal plans.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded in the centre. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. All residents had individual plans in place to support them with their personal care.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilbride House OSV-0003377

Inspection ID: MON-0031054

Date of inspection: 14/01/2021

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none">• Complaint procedure to continue to be discussed with all Service User's through key working sessions.• Through these Key working sessions Service User's will be supported to understand the appeals process that they could use if they are unhappy with an outcome to a complaint. Details of this appeals process are supplied in an accessible format.• When a complaint is received and resolved Service User's receive a letter from the complaint department within Nua outlining the details of how to make an appeal.• Service Users are encouraged to use the Advocacy services within the National Advocacy Service and each person has been provided with the telephone details of this service. A poster of the Advocacy service is displayed in the Centre.• Through the Service User Forum, which is held weekly in the center the complaints procedure and what to do if you are unhappy with an outcome is discussed with each person.	

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 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	30/04/2021