Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kinvara Park Group-Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	13 September 2022
Centre ID:	OSV-0004032
Fieldwork ID:	MON-0028707

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 13 September 2022	08:50hrs to 16:50hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

Overall, the findings of this inspection were that residents appeared happy and content in their homes. From what the inspector of social services observed, heard and read they were enjoying a good quality of life. A number of improvements had been made in the centre since the last inspection including works to some of the premises. These had resulted in residents' homes appearing more homely and comfortable, and in improved fire safety systems. There was also evidence of increased oversight and monitoring of care and support in the centre. Areas where further improvements were required had been identified by the provider in their own audits and reviews. These included, the need to fill the remaining staff vacancies, to complete outstanding works in the premises, and to develop a timebound plan for one of the premises which they had identified as "not fit for purpose".

Kinvara Park provides residential services to a maximum of nine residents with an intellectual disability in North West Co. Dublin. The three houses are within a short drive of each other. The inspector had the opportunity to meet four of the nine residents as at the time of the inspection two residents were in day services, one resident was on a respite break, one resident was on a foreign holiday with their family, and another resident was in their family home.

Two of the houses are close to good public transport link and there are two service vehicles to support residents to access days services and activities they enjoyed in their local community. On arrival to one of the houses the resident who lived there was just leaving their house to go to their day service. They briefly greeted the inspector, smiled, chatted about work, and then continued to get on the bus. In another house, one resident was preparing their breakfast before going for an appointment. The inspector had an opportunity to sit down for a chat with them later when they came home to have their lunch they had bought while they were out. In the other house two residents showed the inspector around their home and talked about their lives and their experiences of living in the centre.

Residents spoke with the inspector about the jobs they liked to do in their home, and about how important their independence was to them. They spoke about wanting to do things for themselves but also about how important it was to them to know that staff were there to support them if they needed them. In one of the houses the residents usually had staff support during the day, but stayed in their home without staff support at night. They told the inspector all about the systems they had in place should they need any support in the evening, at night or in the early morning. In one of the other houses residents also had to opportunity to spend time in their house without staff support, if they so wished. One resident spoke about how important this was to them and also described all the supports that were in place for them should they need it.

Residents spoke about their favourite meals, their favourite places to go on holidays and about how important meeting and spending time with their family and friends

was to them. They spoke about things they liked to do such as, art, knitting, baking, going to shows in the theatre, going on hotel breaks, going on foreign holiday, having spa treatments, having their hair and nails done, going shopping, and celebrating events with their family and friends. Residents spoke about using public transport to get to their favourite places in their community. One residents spoke about their health and the steps they were taking to stay healthy such as following a specific diet plan. They spoke about food they would buy in the shopping, and about what food they would choose to eat in a restaurant.

Warm, kind and caring interactions were observed during the inspection between residents and staff, and residents appeared very comfortable in the presence of staff and with the levels of support they were offering. Staff were observed to take the time to listen to residents and to be very familiar with their likes, dislikes and preferences. Staff who spoke with the inspectors spoke about residents abilities and talents and said that they felt well supported in their role.

Six questionnaires were returned to the inspector during the inspection. They were completed in advance of the inspection by residents, or by staff on behalf of a resident. Residents indicated they had been using the services of the provider for between seven and 34 years. The majority of feedback in these questionnaires was positive in relation to aspects of care and support in the centre. They also identified some areas where they would like to see change or improvements.

The majority of residents indicated they were happy with the comfort and warmth of the centre, their access to shared areas, and their access to a garden area. One resident indicated they would like better access and area of the house for activities, as it was being used for another purpose. Questionnaires indicated that residents were happy with their bedroom and laundry facilities, and the food and mealtime experience in the centre. They also indicated they were happy with the arrangements for visitors, the amount of choice they had in their day-today lives, the amount of privacy they had, how safe they felt, and their access to activities.

Residents spoke with the inspector about how good the regular staff were and also included comments in their questionnaires like "staff are very good and I'm very lucky to have them", "I like the staff", "I love my staff", and "its a lovely house to live in and all the staff look after me". However, a number of residents questionnaires indicated residents were not happy that regular staff being moved from supporting them to support in other houses. Questionnaires referred to residents using the complaints process to highlight their concerns about this, but a number of residents told the inspector that staff had been moved again after they raised their complaints.

The next two sections of the report 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 the service being delivered.

Capacity and capability

This report outlines the findings of an announced inspection of this designated centre which was competed to monitor ongoing compliance with the regulations and to inform a decision on the registration renewal of the designated centre. Overall the findings of this inspection were that residents received a good standard of care and support in the centre. However, improvements were required to ensure that the centre was adequately resourced in terms of staffing numbers, and to ensure that the premises in the centre were suitable, well maintained and meeting the needs of residents. The inspector found that the provider was identifying areas for improvement in line with the findings of this and other inspections in the centre; however, there was an absence of a formal, timebound plan to address the issues relating to one premises.

The management structures in the centre were clearly defined and staff had specific roles and responsibilities in relation to all areas of service provision. The person in charge was present in each of the houses on a regular basis and available to residents and staff by phone. At the time of the last inspection the person in charge was completing a small number of supernumerary hours, they were now fully supernumerary. They were found to be very knowledgeable in relation to their roles and responsibilities in relation to the regulations and to be very familiar with residents' care and support needs. They were also motivated to ensure that residents were happy, felt safe, and were spending their time doing things they enjoyed. One resident described the person in charge as "the nicest person". The person participating in the management of the designated centre was also reported to be visiting the centre regularly, and providing supervision and support for the person in charge. There was also an out-of-hours, on-call manager available to residents and staff.

Audits and reviews were occurring regularly in the centre and these were picking up on areas of good practice, and areas where improvements were required. One of the six monthly reviews by the provider had not been completed in line with the timeframe identified in the regulations but the latest annual and six monthly reviews by the provider were detailed and contained action plans and timeframes for the completion of actions. However, as previously mentioned there was an absence of a detailed, timebound plan for one of the premises which the provider had identified as 'not fit for purpose'.

There were 3.5 whole time equivalent vacancies (WTE) at the time of the last inspection and 2.5 WTE vacancies at the time of this inspection. While improvements were reported by staff as a result of the reduction in vacancies, residents told the inspector they while they were very happy with the regular staff, they were not happy when relief and agency staff were working with them, or when staff were moved from their house to support other houses in the organisation. For example, two residents talked about having to change their plans for the day as a result of staff being moved to another house during their shift, and comments in their questionnaires included "I don't like when we have a lot of relief staff, I just

like the real staff better'', "we have a lot of relief staff'', and ''I don't like it when we have a lot of relief staff''. From a review of a sample of rosters in the centre, high volumes of shifts were covered by different relief and agency staff. For example, in one of the house on average 30% of shifts were covered by the staff employed in this centre, and up to 70% of shifts were covered by relief and agency staff.

Staff were in receipt of training and refresher training in line with the provider's policies and residents' assessed needs. There were a small number of staff who were on extended planned leave were due refresher trainings and the inspector was informed that their training would be prioritised on their return. Staff were in receipt of regular formal supervision in line with the organisation's guidelines.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a suitably-skilled, qualified, and experienced person in charge. They were not counted as part of the staffing quota in the centre and found to be fully engaged in the governance, operational management and administration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider was aware that staff vacancies needed to be filled in order to ensure there were the right number of staff employed in the centre to meet residents' needs. While improvements were noted in relation to the whole time equivalent numbers since the last inspection, 2.5 whole-time equivalent (WTE) vacancies remained, as did the over-reliance on agency staff to fill shifts in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

The majority of staff had completed mandatory training in line with the organisation's policy. A small number of staff required refresher training; however these staff were on planned leave at the time of the inspection and arrangements we in place to ensure they would complete the required refreshers on their return.

There was a schedule in place to ensure that each staff had regular formal supervision to ensure they were supported, aware of their roles and responsibilities, and performing their duties to the best of their abilities.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place against the risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were systems in place for oversight and monitoring of care and support for residents in the centre. The provider was self-identifying areas for improvement and for the most part, putting action plans in place to bring about the required improvements. However, as previously mentioned, there was an absence of a timebound plan to identify the provider's plan in relation to the premises they had identified as 'not fit for purpose'. This plan was requested from the provider after the inspection in order to inform the registration renewal of the centre.

There was an annual review which included the views of residents and their representatives. The provider had recognised in their latest annual review that six monthly provider visits had not been completed in line with the timeframe identified in the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and was available for residents and their representatives in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of incidents occurring in the centre and the Chief Inspector of Social Services was notified of the required incidents as set out in Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were enjoying a good quality of life where their independence was supported and encouraged. Those who wished to were attending day services and each resident had opportunities to engage in meaningful activities in line with their interests. There were, however, concerns in relation to the maintenance of upkeep of the premises, and fire containment in one of the houses. Residents also indicated they would like more regular staff working in the centre.

There were a number of systems in place in the centre to support residents to manage their finances and to keep their belongings safe. There were policies, procedures and local guidelines. Each resident had a financial assessment which identified their wishes, preferences and if applicable the levels of support they required to manage their finances. Records of their income and expenditure were maintained, balance checks were completed regularly, and income and expenditure records were cross referenced against bank statements on a regular basis. A log was maintained of residents' property and every effort was being made to support them to keep their belongings safe in their home.

Two of the houses appeared warm, homely and comfortable, and to be designed and laid out to meet residents' needs. A number of areas had maintenance, repairs and painting completed since the last inspection and an additional accessible bathroom had been added to one of the premises. Some maintenance issues remained in these house but the inspector was shown evidence that these had been reported and that the required works were due to be completed. For example, a new kitchen had been requested for one of the areas as there was damage to the doors, and the counter top.

The third house in the centre had been identified as unsuitable by the provider. The inspector acknowledges that the house was clean and that a number of cosmetic

works had been completed since the last inspection to make the house more homely and comfortable for the resident living there. However, some windows required replacement, works were required to the roof, kitchen presses were peeling and damaged, lino was lifting in three of the rooms, silicone needed to be replace in the shower cubicle, and a number of white goods had rusted. The inspector acknowledges that new white goods had been ordered.

The provider's risk management policy contained the required information. There were arrangements on place to ensure that risk control measures were appropriate to the risks identified. Arrangements were in place to identify, record, investigate and learn from incidents in the centre. The review of incidents was leading to the review and update of general and individual risk assessments, and of the risk register in the centre.

There were systems in place to ensure that fire equipment was serviced regularly such as quarterly servicing of the fire alarm and annual servicing of fire-fighting equipment. There were adequate means of escape, including emergency lighting. Residents had personal emergency evacuation plans which took into account their mobility and the levels of support they required to evacuate, if any. Staff were in receipt of fire safety related training and residents and staff were regularly taking part in fire drills. When issues were identified during fire drills, drills were repeated and learning was used to review and update the relevant documentation. However, suitable fire containment measures were not in place in one of the houses as there were no fire doors in place.

The provider was recognising that behaviour is a form of communication and completing assessments and reviews in an attempt to understand and respond appropriately to residents. Those who required it had access to a clinical nurse specialist, and support plans were developed and reviewed as required. From reviewing a sample of these they were found to be sufficiently detailed to guide staff to respond and supports residents to manage their behaviour. Staff had also completed training appropriate to their role, including de-escalation and intervention techniques. There were a number of restrictive practices and these were being reviewed regularly to ensure they were the least restrictive, and used for the shortest duration.

Regulation 12: Personal possessions

Residents' finances were safeguarded by the policies, procedures and practices relating to their personal possessions in the centre. They were supported to retain access to and control over there personal belongings and to keep them safe. They were provided with support to manage their financial affairs, if they so wish. For the most part residents had access to sufficient storage for their possessions. The provider was aware that storage space was limited in one of the premises and their plan for this premises would address these concerns.

Judgment: Compliant

Regulation 17: Premises

As previously mentioned, the three premises in the centre appeared, warm, clean and comfortable. Residents' bedrooms were personalised to suit their tastes and communal areas had attractive soft furnishings, residents' photos, their family photos and residents' art work on display. However, in line with the findings of previous inspection and the providers own audits and reviews the third premises had been identified as unsuitable. The inspector was informed that provider was in the process of supporting a resident to complete an individual needs and preference assessment to identify the type of accommodation and supports they required. Once this process was completed with the resident and the relevant multidisciplinary team meetings were held, the provider informed the inspector that that would develop a detailed timebound plan and submit it to the Chief Inspector. In addition, the inspector was informed of their intention to amend the application to renew the registration of the designated centre to reduce the registered bed numbers and to change the footprint of the designated centre.

Judgment: Not compliant

Regulation 20: Information for residents

The residents' guide contained the required information and was available for residents and their representatives in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures and practices in the centre. General and individual risk assessments were developed and reviewed as required. Incidents were logged and reviewed regularly and there was evidence that learning from these reviews was used to inform changes to risk assessments and the risk register in the centre. There were systems to ensure the two vehicles in the centre were roadworthy and regularly serviced.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had completed a number of works relating to fire containment in one of the houses in the centre since the last inspection. This included the installation of fire doors and self closing mechanism. However, in line with the findings of previous inspections and as detailed in the provider's audits and reviews, in one of the premises there was an absence of fire containment measures including fire doors and self closing mechanisms.

The provider had worked with a number of residents to support them to ensure that they could safely evacuate the centre by day and night. Residents had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills which were occurring regularly in each of the three houses.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Residents were supported to access the support of a clinical nurse specialist in line with their assessed needs and support plans were developed and regularly reviewed.

There were a number of restrictive practices in place and they were reviewed regularly to ensure they were the least restrictive for the shortest duration.

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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant

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

Inspection ID: MON-0028707

Date of inspection: 13/09/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: New appointments amounting to 97.5hrs have been put into the designated centre to cover staff vacancies and extended leave. In one location within the designated centre the provider has identified four regular relief/agency staff to cover unplanned leave which assures consistency for residents. The Nominee Provider is committed to the recruitment process which will ensure planned extended leave is appropriately managed within the centre.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider is committed to having a suitable identified and habitable home for one resident by February 2023 to vacate one of the premises within the centre. The registered provider has commenced their 6 monthly provider visit as per schedule which will be completed by end October 2022.	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: The Provider acknowledges that a property within the designated centre does not meet the required standards and is committed to vacating the property once an alternative property is sourced. The registered provider has identified the need for regular maintenance work to be carried out within the designated centre. A schedule of maintenance for the designated centre has been developed and prioritised based on need.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire systems are in place throughout the designated centre. All individuals have PEEPS in place and regular fire drills take place within the centre. In one property we are unable to install fire doors as it is a listed building as well as a rented property. The provider has a committed to vacate this property by February 2023.

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	30/11/2022
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.	Not Compliant	Orange	30/11/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	28/02/2023

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	28/02/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	30/11/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	28/02/2023

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	28/02/2023