



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:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	27 July 2021
Centre ID:	OSV-0004032
Fieldwork ID:	MON-0032731

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 through 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:	7
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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
Tuesday 27 July 2021	10:15hrs to 19:00hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed, individuals who were living in this centre were experiencing a good quality of life. The inspector found that residents largely self-directed their own care and the good quality of life they enjoyed was driven by their level of independence and the supports of the staff team. The inspector found that there was limited oversight of the care and support being provided in the centre by the registered provider. This inspection identified high levels of non-compliance across a number of regulations and these findings are outlined in the body of this report.

The inspector met with six residents on the day of the inspection and spent time observing the care and support which was being provided to them. They told the inspector about their lives and their experiences of living in the centre. One resident told the inspector that "...the best thing about living in the centre was the staff team". They added that they enjoyed "cooking meals" and liked "living with my friends". Other residents told the inspector that they liked "attending day services" and engaging in activities such as tapestry, artwork and listening to music. One resident was observed going for a walk in the local community independently and told the inspector that they were trying to increase their daily step count and were tracking this on a pedometer watch they were wearing. The inspector found that there was an atmosphere of fun and enjoyment in the centre on the day of the inspection. Residents were observed joking and laughing with staff members and had clearly developed strong relationships with them. Some residents were planning for upcoming substantial birthdays and outlined some of these plans to the inspector. One resident's plan included hiring a limousine and going for a weekend away to a hotel with their friends and staff members to mark the occasion.

The resident group expressed frustrations with the ongoing COVID-19 public health related restrictions and the impact these were having on their day-to-day lives. Residents were upset that day services had not recommenced fully for some and told the inspector that they missed meeting their friends and engaging in their normal routines. Despite this, the residents understood the need for the public health related restrictions and were fully knowledgeable about the COVID-19 pandemic. They told the inspectors that they had received their vaccinations and celebrated collectively when they received their first dose as it was a "brilliant occasion" for them. In addition, the residents told the inspector that they were really looking forward to "getting back to normal" once the pandemic was over.

The inspector also spoke to a family member of a resident by telephone after the inspection and found that they were very happy with the services provided in the centre. They complimented the work of the staff team and the supports provided and felt that the resident was safe in the centre and was "very happy living there".

The centre is made up of three separate units across North West Dublin. The inspector visited two of these houses during the course of the inspection and found

that they were clean throughout. The centre was warm and provided for a comfortable living environment for residents. The inspector noted, however, that in one unit there remained insufficient numbers of showers to meet the needs of residents despite this being highlighted at the time of the last inspection of the centre. In addition, some areas of the centre required some minor improvements such as upkeep, painting and decoration and repairs to a wardrobe in a resident's bedroom.

While the inspector found that overall, residents were appropriately supported to exercise their rights, there was concern regarding the manner in which they were supported to manage their personal finances. There were monthly resident forum meetings taking place and each resident had been appointed a key worker. Meetings covered a wide range of topics including COVID-19, menu planning, activity planning, fire safety, complaints, safeguarding, advocacy, general news, staff duty rosters and an open forum for asking questions. There was a charter of rights on display in the centre and the inspector found that residents discussed various rights each month in an attempt to learn about them and their entitlements. There was evidence to demonstrate that residents were informed about independent advocacy services which were available to them but chose not to engage with them at the time. Despite these findings, the inspector found that in some instances residents' finances were not appropriately managed. Residents were supported in various forms to manage their finances by the staff team and the inspector reviewed a sample of records maintained. In the cases of the files reviewed, the inspector found that resident finances were used to cover staff expenses and for transport costs when the centre vehicles were not in use as no driver was available. The inspector brought these findings to the attention of the provider at the time of the inspection.

The inspector also identified concerns regarding fire safety in the centre. There was an absence of follow up action on the part of the registered provider to implement commitments made in response to the last inspection of the centre in September 2019. There remained an absence of appropriate fire containment measures across a number of areas in the centre and an immediate action was issued to the provider to submit assurances that residents could be safely evacuated independently at night time in one unit.

Overall, the inspector found that there was an absence of appropriate governance and management arrangements in the centre and this was impacting on a number of key areas including staffing, training and development, the management of resident finances, fire safety and the premises of the centre. It was clear that there was a need for significant improvement in these areas for the centre to come into compliance with the regulations.

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

Overall, the inspector found that there were high levels of non-compliance across a number of regulations inspected against during this inspection. It was clear that significant improvements were required in the development and implementation of robust and effective management arrangements to ensure improved governance and oversight of the services being provided. The inspector found that the registered provider had not ensured that the centre was appropriately resourced and a many of the actions listed in the registered provider's compliance plan response from the previous inspection of this centre were found not to have been implemented or actioned as outlined in their response.

There was a strong person in charge in place who was found to be very knowledgeable of the regulations, legislation and national policy. They had a clear understanding and vision for the service to be provided in the centre and had fostered a positive culture. The inspector found that they were motivated to deliver services of a high standard and it was clear that the person in charge was competent, had the appropriate qualifications, skills and experience to manage the centre.

The inspector found that the centre was not adequately resourced. For example, there were a number of long term staff vacancies in the centre which had not been filled and there was an overall absence of appropriate supports provided to the person in charge by the senior management team. In addition, the inspector found that the number of supernumerary hours allocated to the person in charge was disproportionate to the requirements of their role and to the size of the centre and required review by the registered provider.

A review of staffing arrangements found that there was a lack of clarity on the part of the provider as to what the official allocation of staffing in the centre was. There was a decrease of 0.51 full time equivalents (FTE) when the centre's statement of purpose dated May 2019 was compared to the current statement of purpose dated November 2020. The provider could not explain the reasons for this decrease in staffing levels. In addition, the inspector identified concerns regarding the continuity of care and support being provided to residents, the use of agency and relief staff members to supplement the core staff team, and the maintenance of staff off duty rosters in the centre.

Regulation 15: Staffing

There were 3.5 FTE staff vacancies in the centre at the time of the inspection and the inspector found that some of these were not filled for an extended period of time. In a one month period reviewed, the inspector found that 15 different relief or agency staff members had worked in the centre and this accounted for over 49 per

cent of all hours rostered in that time frame. There was a lack of clarity on the part of the registered provider regarding the official number of staff allocated to work in the centre. There was a deficit in the total number of hours rostered in the centre in the time periods checked when compared to those outlined in both the May 2019 and November 2020 statements of purpose. The inspector also found that staff duty rosters were not maintained as required with information such as staff grades, agency or relief status, staff names, and correct dates not being recorded in some instances.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector found that a number of staff members had not completed a number of training or refresher training courses described by the registered provider as being mandatory. These included food safety, child protection, safeguarding vulnerable adults, manual handling, donning and doffing personal protective equipment, and infection prevention and control. In addition, the inspector found that the arrangements for the supervision of the staff team were not satisfactory.

Judgment: Not compliant

Regulation 23: Governance and management

The inspector found that the centre was not appropriately resourced to meet the assessed needs of the resident group. While there was a strong person in charge in place, there was an absence of appropriate supports for them from the senior management team. For example, a line manager to whom the person in charge reported to had not visited any unit of the centre in over 17 months. As previously mentioned, actions outlined in the compliance plan from the previous inspection of the centre which the registered provider committed to completing had not been followed up on or completed. While there was a clear management structure in place, the inspector found that there was an overall absence of effective management systems in place to allow for appropriate oversight of the care and support being provided in the centre. One example of this involved the management of complaints where the person in charge had to drive to each of the three locations to retrieve information on the number and content of the complaints made since the time of the last inspection. In addition to this, the inspector found that the registered provider was unable to demonstrate that they could self-identify areas of non-compliance or areas which required improvement. The registered provider had not completed an annual review of the centre for 2019 or 2020. While there were six monthly unannounced visits of the centre completed, the inspector found that the most recent report of these visits provided for limited oversight of the care and

support being provided in the centre. For example, on the 'actions arising' section, a number of listed actions were vague and inconclusive.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures in place. There was a local complaints officer and the complaints process was on display and outlined in the centre's statement of purpose and residents' guide.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were enjoying a good quality of life in this centre, however, this was observed to be largely self-directed. They had opportunities to engage in meaningful activities and to hold valued social roles in their local communities. The resident group were supported to develop and maintain good relationships with their families and friends. There were, however, concerns relating to a number of key areas including fire safety, the manner in which residents' finances were managed and the number of shower facilities available in one unit of the centre.

All of the residents met with on the day of the inspection told the inspector that they felt safe living in the centre and knew how to express any concerns that they ever may have. In addition, they told the inspector that they were happy living in the centre and sharing their homes with their peers. Staff members were observed by the inspector to treat residents with respect and interact with them in a dignified manner. Staff members met with by the inspector spoke about residents in a kind and respectful manner and knew the group and their needs well.

The inspector found that there was an overall absence of appropriate guidance for staff on how to appropriately support residents to manage their finances. A review of a sample of residents' records found that staff expenses such as takeaways, meals and coffees were being charged to residents' accounts. Due to the local accounting practices, the inspector was unable to calculate a total for these types of charges made, however, concluded that over a prolonged period of time that such expenditure was a significant cost for the resident group. In addition, the inspector found that practices such as shared receipts resulted in an absence of receipts to support expenses when reviewed. In the cases of some other individual expenses there was an absence of receipts in some cases and in the case of one resident there was a small sum of cash missing from their balance when checked by the inspector. In addition, there were some accounting errors observed in ledgers maintained. Overall, the inspector found that the requirement of the organisation's 'Patients Private Property Accounts' policy (dated September 2018) to complete a 'systematic audit programme' on a regular basis was not being completed by the registered provider.

While there was a fire alarm and detection system installed in the centre along with emergency lighting as required, the inspector found that there was an absence of fire containment measures in two of the three units. In the case of the third unit where some fire containment measures had been installed, these did not extend to all areas within that unit which required them. There were personal emergency evacuation plans in place for each resident and there was evidence of regular service and maintenance of fire equipment. The inspector found, however, when reviewing fire drill records that there was an absence of evidence to demonstrate that residents living in one unit of the centre could evacuate independently at night time. This group of residents did not require staff supports at night time and as a result were alone in the centre during this period. In response, the inspector issued an immediate action to the registered provide which required them to submit assurances to the Office of the Chief Inspector that residents could be evacuated independently at night time in this unit. Following the inspection, the required assurances were received.

Regulation 12: Personal possessions

From a small sample of resident financial records reviewed, the inspector found that there were a number of examples whereby staff expenses were claimed through resident monies. Such expenses included takeaways, meals and coffees. In addition, the inspector found that a resident was charged for a taxi when a staff driver was unable to collect them from a home visit despite the individual being dropped there in a service vehicle earlier that day. Other concerns related to the absence of a small sum of money from one resident's purse, use of shared receipts, no receipts available for some expenditures, and poor accounting and record keeping practices.

Judgment: Not compliant

Regulation 17: Premises

The premises of the centre were clean throughout and provided for a homely and comfortable living environment for residents. There was suitable lighting, heating and ventilation in place and there were satisfactory arrangements for the storage of personal possessions. Residents had contributed to the aesthetics and choices of colours and furnishing in their bedrooms. The inspector found, however, that there were insufficient numbers of showering facilities in one unit of the centre. In this case, up to five residents and a sleep over staff member were required to avail of one shower in the unit. In addition, there were some minor upkeep actions required including painting and decoration in one bedroom and repair to a number of drawers attached to a wardrobe.

Judgment: Not compliant

Regulation 28: Fire precautions

There was an absence of fire containment measures across most areas of the centre. Fire doors and self closing devices had not been installed as committed to by the registered provider in response to the findings of the previous inspection in September 2019. In addition, an immediate action was issued to the registered provider requiring them to submit assurances that residents living in one unit of the centre with no night time supports could be safely evacuated in the event of a fire or similar emergency.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated an understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe in the centre and knew how to report any concerns that they may ever have. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that the resident group was supported to exercise their rights, were included in decision making processes about their care and support, and were supported to exercise choice and control over their daily lives while availing of the services of the centre. There was a culture present in the centre which promoted the inclusion of residents in the running of their home and encouraged autonomy and self-direction of care and support.

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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0032731

Date of inspection: 27/07/2021

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The provider is recruiting to fill current vacancies – 1 specific purpose contract and one part time health care vacancy. A third vacancy was filled on 26/07/2021. The provider will ensure that regular relief and agency staff are used in the designated centre. The provider has clarified that the WTE for the centre is 9.49. The Director of HR and Director of Nursing are reviewing current supernumerary hours and will issue a recommendation for all PICS. The Person in Charge (PIC) is maintaining rosters with the required information.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will be rostered for mandatory training. The PIC has a schedule of supervision in place.	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person Participating in Management (PPIM) will meet with the PIC on a quarterly basis. The PPIM and Service Manager will schedule visits to the designated centre. The provider will ensure that remaining actions from the last Compliance Plan are completed i.e., fire containment and shower facilities. POC will maintain a more detailed complaints log. The provider will complete an annual review by 30/08/2021. The provider will ensure that the 6 monthly provider visit actions are SMART.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Financial Controller and the Director of Governance and Compliance are reviewing guidance on personal possessions. The PIC has reviewed financial practices in the house. And has arranged for balance check of all monies to be completed during each handover. The provider will arrange an audit of finances by the accounts department.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider has arranged for the installation of second shower facilities in one house within the designated centre this will commence on 30/08/2021. The PIC has requested for the minor maintenance works to be completed.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The provider will install fire containment measures in 1 house within the designated centre. The provider is working with the landlord of the second house in relation to fire containment measures. The registered provider has received guidance from a competent person and arranged for self closing device in one house. In relation to the immediate action the provider is assured that the residents in one house will evacuate safely. The PIC has arranged local fire safety training and has scheduled regular day and night fire</p>	

drills to ensure the safety of the residents who do not have night time supports.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Red	30/08/2021
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	01/11/2021
Regulation 15(3)	The registered provider shall	Not Compliant	Red	01/11/2021

	ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	05/08/2021
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.	Not Compliant	Orange	13/09/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/12/2021
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.	Substantially Compliant	Yellow	30/08/2021
Regulation 17(7)	The registered	Not Compliant	Red	01/11/2021

	provider shall make provision for the matters set out in Schedule 6.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Red	01/11/2021
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Red	01/11/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Red	30/08/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Not Compliant	Orange	30/09/2021

	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.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2021
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.	Not Compliant	Red	29/07/2021