



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

Issued by the Chief Inspector

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| Name of designated centre: | Kingfisher 1 |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Limerick |
| Type of inspection: | Announced |
| Date of inspection: | 03 August 2023 |
| Centre ID: | OSV-0004836 |
| Fieldwork ID: | MON-0031572 |

About the designated centre

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

Kingfisher 1 provides a full-time residential service for up to 10 adult residents with an intellectual disability. The designated centre aims to provide residents with a safe and homely environment, which promotes independence and quality care, based on the individual needs and requirements of each person. The designated centre comprises of three community houses. Two houses are located in mature residential estates, the third house is located in a new development. All are located within easy access to local services and amenities. All of the houses are two storey buildings, providing residents with their own bedroom. Each house has access to garden areas with parking also available to the front of the properties. The residents are supported in their homes through a social model of care, with staff available during the day, in line with the assessed needs of the residents. There is a sleepover staff in each house by night.

The following information outlines some additional data on this centre.

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| 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 (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 3 August 2023 | 09:00hrs to 17:00hrs | Deirdre Duggan | Lead |

What residents told us and what inspectors observed

From what the inspector observed and from speaking to staff and management, residents who were receiving supports in this centre at the time of this inspection were being offered a good quality service tailored to their individual needs and preferences. Overall, a good quality and an effective service was seen to be provided for residents. However, this inspection found that some improvements were required. For example, there were ongoing fire safety and premises issues in two out of the three premises that made up this designated centre. The provider did have robust plans in place to address these issues and plans these will be discussed further in this report.

The centre was comprised of three premises. Two of these were located in urban housing developments and the third was a detached residence with an adjoining apartment on its own grounds. All of the buildings were located in different suburb areas of a large city. Residents had access to local amenities such as shopping centres and recreational facilities.

This centre is currently registered to provide supports to nine adults. However, at the time of this inspection, seven residents were living in the centre and there were two vacancies. One resident had transferred out of the centre to receive supports from another service provider in the week prior to this inspection. The inspector had an opportunity to visit all three locations and meet with all seven residents. The inspector was based mainly in one location to complete the documentation review and speak to the management of the centre.

In the first house, the inspector was greeted by a resident who was preparing to leave the centre on a planned activity and met briefly with one resident while they enjoyed a morning coffee in the kitchen and another resident in the garden. Later in the day a resident spoke to the inspector in the sitting room of their home and another resident chatted with the inspector while they worked in the garden. One resident was very interested in sports and showed the inspector the sports equipment they liked to use. Residents spoke with the inspector about their family and what they liked to do when in the centre. In the second house, the inspector spoke with all three residents together as per their wishes and also spoke individually with some residents when they showed the inspector their bedrooms. In the third house, the inspector met with the resident in their bedroom in the company of staff who assisted with their communication needs. This resident communicated with the inspector about their life in the centre and how they liked to spend their time.

Residents communicated in a variety of ways, including verbal speech, gestures and sign language and some residents chose not to interact at length with the inspector and did not respond to all of the inspectors questions and their wishes were respected. Some residents showed the inspector pictures of things that were important to them and most residents had pictures on display in their bedrooms

including some family photographs. Overall, residents communicated that they liked their homes and they liked the staff that supported them. When asked if they felt safe in their home, residents confirmed they did. One resident, when speaking about their own apartment told the inspector "I love it". This resident also spoke proudly about their sporting achievements and the things they liked to do independently. One resident told the inspector that the centre was "alright" but communicated a preference to remain living at home.

Residents were seen to interact positively with the staff supporting them on the day of the inspection and appeared comfortable in the presence of these staff. Staff were observed to treat residents in a respectful manner and were respectful in how they spoke about residents to the inspector. Staff were seen to follow guidelines in place to support residents and staff met on the day of this inspection were familiar with the needs of the residents they supported.

It was seen that there were no fire doors present in the first two premises visited. The provider had plans for these premises to be replaced and this will be discussed further in the report. The third premises was a recently constructed two storey dwelling that was seen have suitable fire safety. This premises was spacious, bright and modern and well suited to the needs of the single resident that lived there.

Overall, the premises that made up this centre were seen to be clean and were decorated in line with residents' preferences. Bedrooms were personalised and all residents had their own bedrooms, some with en-suite bathrooms. Communal areas were homely and the inspector viewed pictures of residents on display showing residents enjoying various activities. Some issues were observed during the walk-around of the first two premises. In the first premises visited, the inspector noted that there was a strong odour present in one en-suite bathroom. It was also noted that two downstairs bathrooms in this premises were kept locked from the outside. One of these was for staff use. There was no clear rationale provided as to why the second bathroom was kept locked but it was noted that the key was readily available to residents. The external area of this premises was in need of some maintenance work also. In the second premises visited some standing water was noted in a residents bathroom that could present a slip hazard. This was promptly addressed once the inspector brought it to the attention of the staff there. There was some mould noted in another en-suite due to poor ventilation and there was some issues with storage in this house.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and this meant that residents were being afforded safe and person centred services that met their assessed needs. 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

There was a clear management structure present and this centre was found to be have management systems in place that would ensure that overall the service provided was safe and appropriate to residents' needs. This inspection was announced and was carried out to inform the decision relating to the renewal of the registration of this centre. The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame.

There were some previously identified issues in relation to Regulation 28: fire precautions and Regulation 17: premises in this centre and this inspection found that there was ongoing non-compliance in relation to this. At the time of this inspection six residents out of the seven residents living in this centre remained living in premises that were not compliant with these regulations. However, at the time of this inspection it was seen that the provider was making progress with the actions required to bring this centre in to compliance with these regulations. There were plans for residents of two houses to transfer to two new fire safety compliant premises and the inspector was told about how these plans were progressing.

The person in charge reported to an area manager and this individual was also a named person participating in the management of this centre (PPIM). At centre level, the person in charge was also supported in their role by a team leader that had responsibility for the day-to-day oversight of the centre. The inspector met with the person in charge, the team leader and the PPIM on the day of the inspection and also spoke with residents and staff working in the centre. The team leader was due to depart the role for a period and the inspector also had an opportunity to meet with a new incoming team leader, who was being inducted into the centre.

The inspector noted that the management team had good oversight and maintained a strong presence in the centre. An on call management rota was in place to provide staff with additional support if required out of hours. Local management and team meetings were taking place and there was an appropriate audit schedule in place. Minutes of meetings viewed showed that relevant issues were being discussed and learning was being shared and filtered down to the frontline staff. Visits to the centre by management were taking place and the inspector saw that the management team in the centre was familiar with all of the residents living in the centre, and were familiar with any ongoing issues in the centre.

An annual review of the quality and safety of care and support had been completed in respect of this centre. Six monthly unannounced visits reviewing the safety and quality of care and support provided to residents were also occurring. There was an audit schedule in place. There was evidence that issues were being identified as they arose and action was taken to address any issues identified. Staff spoken to during the inspection were familiar with the management of the centre and spoke in a positive manner about the management systems in place.

This centre was staffed by a core group of staff with a skill mix appropriate to the assessed needs of the residents living there. Each house was staffed in line with the assessed needs of the residents at the time of the inspection. Prior to this inspection, the Chief Inspector had been notified of a number of adverse incidents

that had occurred in one house. The provider had identified that they were challenged in meeting the assessed needs of residents in this house, due in part to the responsive behaviours of one resident, who had moved out of the centre the week prior to this inspection. The inspector was told that additional staffing had been put in place by the provider to manage the risks posed to residents by these living arrangements. In another house in the centre, the provider had also identified that additional staffing was required to meet the changing needs of the residents and that residents required the supports of an additional staff member by day. The provider was actively working towards securing funding for additional staff and in the interim were funding this additional staff member themselves. Staff working in the centre told the inspector how important this additional staff member was to ensure that all residents could be supported in line with their assessed needs and that all residents could continue to access their local community in line with their wishes. They told the inspector that when this staff member was not available, residents were restricted in the activities that they could partake in and there were challenges in providing the interaction that all residents required.

Staff members spoken to were found to be knowledgeable and respectful in how they spoke of residents. Staff communicated with in the centre were aware of their responsibilities and residents support needs. Both the incoming team leader and another new staff member spoke with the inspector about how they had been supported to become familiar with their roles prior to commencing. For example, staff had completed 'shadow shifts' and training was provided to them prior to taking up duties in the centre.

Overall, there was evidence that the management systems in place were contributing towards a good quality service in this centre. Some issues were outstanding since the previous inspection, such as premises and fire safety issues. It is acknowledged however, that the provider was actively working to bring the centre into compliance with the regulations and plans were in place for some of the residents to move into new homes. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements in place were appropriate to the the number and assessed needs of the residents in this centre. There was a sufficient number and appropriate skill mix of staff to provide care and support in line with residents assessed needs at the time of the inspection. Nursing supports were available to residents if required. Efforts were made to ensure that a regular core staff team worked in the centre providing continuity of care to residents and there were induction procedures in place for new staff to ensure that they were familiar with the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training records viewed showed that staff working in this centre had access to appropriate training, including refresher training and there was evidence of oversight of the training needs of staff. Training needs were appropriately identified and planned for. One relief staff member was due a refresher in mandatory fire safety training at the time of this inspection. This training had been scheduled.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place were ensuring that good quality and safe services were being provided in this centre. The centre was adequately resourced and there were appropriate auditing and oversight systems in place. Where required, the provider had taken appropriate action to ensure a safe and consistent service was provided that met residents' assessed needs. An annual review and six monthly provider audit had been completed in respect of the centre and the residents living in this centre were consulted with about the running of the centre.

There was ongoing non compliance in relation to Regulation 28 and Regulation 17 in

this centre. However there were advanced plans in place to bring the centre into compliance with the regulations and actions were underway for the required works and premises upgrades and changes to be completed.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that contained all of the information as specified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

An easy-to-read complaints procedure was available for residents. Staff spoken to were aware of their responsibilities in this area. A complaints log was maintained in the centre and the provider was responding to complaints as they arose.

Judgment: Compliant

Quality and safety

Overall residents were receiving good quality care and support in this designated centre. Recent changes in the centre had improved some residents quality of life and this inspection found that the provider had made significant efforts to ensure that residents were safe in their homes. As mentioned earlier in this report, two of the three premises that made up the centre at the time of the inspection were not compliant with fire regulations and did not have any fire doors in place. The provider were planning to replace the both premises with fire compliant premises that would suit the needs of the residents. Plans were advancing for both premises, with one premises likely to be ready to allow residents to transfer prior to the end of the year.

In one house in the centre, the provider had notified the Chief Inspector about a number of peer-to-peer incidents that had occurred. In response to these and other adverse incidents, the provider had identified that the service was not meeting the needs of all residents in the centre. One resident wished to transfer from the centre and the provider had worked with that resident to identify and source a more suitable service for them. That resident had transitioned from the centre the week before this inspection and the provider anticipated that this would lead to a

significant reduction of the risk of negative resident interactions. Prior to the resident moving out, the provider had put in place additional supports for the residents living in this house and taken action to reduce the impact of the identified incompatibility issues present in the house and to keep all residents safe. For example, additional staffing was put in place and residents were provided with access to multi-disciplinary supports.

As discussed previously in this report, two houses in this centre did not have suitable fire doors in place to protect residents in the event of an outbreak of fire. The inspector saw that some measures were in place to protect residents. For example, fire fighting equipment was present in the centre and was serviced and there were systems for the ongoing review of fire safety procedures in the centre.

There were plans for residents of two houses to move into new premises. The inspector was told that careful consideration had been given to selecting these premises to ensure that they would suit the current future needs of residents. For example, there were plans for new accommodation to suit some residents with changing mobility needs. Also, one premises would have a self contained apartment to allow one resident to continue living on his own as was his preference.

A sample of residents individual files including healthcare support plans and personal care plans were viewed. The plans in place provided sufficient information to guide staff and there was evidence of consultation with residents and their representatives. Person centred planning meetings were taking place and plans were reviewed annually and updated as required. The information contained in these plans indicated that residents were being supported on an ongoing basis to set and achieve goals. Some goals in place were seen to require ongoing review, to ensure that they were meaningful to the residents and were reflective of progress for residents. However, it was seen that residents had also been supported to set some meaningful goals such as attend a rugby match, go for an overnight stay and purchase a new television. The inspector acknowledges that due to recent ongoing incompatibility issues in one part of the centre, it was difficult for staff and residents there to set and progress certain goals, and that the safety and wellbeing of residents had been prioritised when considering how staff resources were being used.

There was evidence that residents had accessed numerous multidisciplinary supports as required, including appropriate medical input and mental health supports. Plans were in place to support residents to transfer to acute services, should the need arise. Some residents in this centre required specific supports to ensure they could achieve the best possible quality of life. Mental health support plans in place for residents were seen to be comprehensive and provide very good guidance for staff on how to support each individual achieve the best possible quality of life. Residents were also provided with supports to manage their behaviour and comprehensive behaviour support plans were seen to be in place for residents that required these. Staff were observed to be very responsive to residents and were observed to support residents in line with these plans.

Arrangements were also in place to safeguard residents from abuse. These included

safeguarding training for all staff, a safeguarding policy and personal and intimate care plans to guide staff. A designated safeguarding officer was in place if required. The inspector had an opportunity to speak with a small number of staff in the centre on the day of the inspection. The staff spoken to in the centre had a very good awareness of the safeguarding procedures that were in place in the centre and were able to tell the inspector what they would do if they had a concern. Safeguarding was discussed during management and local team meetings and residents. An appropriate safeguarding plan was seen to be in place for a resident where required.

The inspector saw that residents wishes and rights were considered in the centre. Residents were consulted with and there was evidence that residents were supported to learn about and access advocacy services if they wanted to. Residents were also informed about how to make complaints in the centre and there was evidence that staff had supported some residents to make complaints if they wished to do so.

Residents attended full or part time day services in the centre and there was evidence that on occasion some residents expressed a preference not to attend. Plans in place outlined that attending day services was an important and positive part of some residents daily lives and the plans in place to guide staff in the event that residents expressed that they did not wish to attend day services were clear and provided good evidence based guidance for staff to encourage residents to attend. However, there were no clear arrangements to facilitate residents to stay in their homes should they consistently express a desire to.

Regulation 12: Personal possessions

Storage remained an issue in one part of the centre. There were plans to address this when residents moved to a new premises.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents had access to facilities for occupation and recreation. Overall, residents were seen to be provided with appropriate care and support as per their assessed needs. Some residents were facilitated to attend day services on a part time basis in line with their changing needs. However, it was not clear that residents could decline to participate in day services as per their own wishes and there were no clear arrangements in place to facilitate residents to remain in their home should they chose not to attend.

Judgment: Substantially compliant

Regulation 17: Premises

There were premises issues outstanding since the previous inspection in two houses. Some maintenance work was required internally and externally. There were plans to change the premises that made up the centre. For example, there were plans for new accommodation for some residents to bring the centre into compliance with fire regulations. These plans had been considered to ensure that the new premises would also meet the future needs of some residents. For example, some residents with changing mobility needs would move into ground floor accommodation and one resident would be supported to continue living in their own apartment.

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide in place that set out the information as required in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector viewed a transition plan for a resident that had just departed the centre. The person in charge had ensured that the resident had received support as they transitioned between residential service and that the resident was informed about and consulted with about the planned transition.

Judgment: Compliant

Regulation 26: Risk management procedures

Processes and procedures relating to risk were set out in an organisational risk management policy and this had been reviewed as appropriate. There were risk management procedures in place in the centre that identified risks as appropriate and the control measures in place to mitigate against risk. There was evidence of a positive and collaborative approach taken to risk in the centre and control measures

were seen to be proportionate to the risks identified. Control measures in place to manage a specific individual risk were carefully considered and reviewed regularly and efforts were taken to minimise any potential impacts on residents' quality of life.

Judgment: Compliant

Regulation 27: Protection against infection

Staff had received appropriate training in a number of areas such as hand hygiene and infection prevention and control. An outbreak review had taken place following an outbreak of an infectious disease in the centre. Overall, the centre was seen to be kept clean and there was appropriate hand sanitisation facilities available.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not ensured that effective fire safety management systems were in place in all parts of this centre at the time of this inspection. Appropriate containment measures were not in place in two premises. There were no fire doors in two of the premises at the time of this inspection. Two new premises' to replace these houses had been identified and the provider outlined plans to ensure that these would be in compliance with this regulation. The third premises that made up this centre and this seen to be already in compliance with the regulations.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for all residents that reflected their assessed needs. Of the sample viewed, these were being appropriately reviewed and updated to reflect changing circumstances and support needs. Residents were supported to set and achieve goals in line with their preferences.

Judgment: Compliant

Regulation 6: Health care

There was evidence that appropriate health care was provided for residents. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment was facilitated. Support plans were in place to guide staff in relation to the assessed medical needs of residents. There was evidence that ongoing monitoring was taking place. For example, monthly weights were recorded in residents' files and changes in residents' presentations were documented and further input sought from allied health professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Comprehensive positive behaviour support plans were available to guide staff where required and staff were observed to respond appropriately to residents and adhere to the plans in place during this inspection.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse on the day of this inspection. Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff were familiar with safeguarding procedures in place and residents reported that they felt safe in the centre. Where incompatibility issues had been present in one part of the centre, the provider had taken action to protect residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with appropriately in this centre through a variety of means and communication methods. Staff were observed to speak to and interact respectfully with residents on the day of the inspection. Where some residents' rights had been impacted by another resident, action had been taken to address this. Overall, residents were supported to exercise choice and control over their daily

lives and participate in meaningful activities. There was evidence that residents had access to advocacy services if required. However, some further consideration was required to ensure that all residents had choice and control over all areas of their lives, including the right to choose not to attend day services, particularly as residents moved into the retirement phase of their lives. This is addressed under Regulation 13: General welfare and development.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 13: General welfare and development | Substantially compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Kingfisher 1 OSV-0004836

Inspection ID: MON-0031572

Date of inspection: 03/08/2023

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 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In relation to how Governance and Management relates to Regulation 17, Premises the provider has committed to the following:</p> <ul style="list-style-type: none"> • New premises for two houses in Kingfisher 1 have been identified and progress for both is as follows: • One house has construction work almost completed and the provider expects to take control of the premises in the month of December 2023. At this stage the provider will apply outstanding adaptations to the house e.g. installation of person specific wet-room showers, and transition plans with regards to a move to the new premises is projected to have commenced by 31.1.24. • The second house to be replaced has had a suitable property purchased by the provider and the provider gained possession of this premises on 10.10.23. Facilities Management Team are creating floor plans for necessary personalised adaptations to this house, and these will be put to tender for construction by 31.12.23. Facilities Management Team estimate that building work agreement will be reached by 31.3.24. Transition plans with regards to a move to the new premises is projected to have commenced by 31.10.2024 <p>In relation to how Governance and Management relates to Regulation 28, Fire Precautions the provider has committed to the following:</p> <ul style="list-style-type: none"> • On day of inspection the deadline for replacement of fire extinguishers in two houses had expired three days prior on 31.7.23. These extinguishers were replaced by the provider on 7.8.23 • Fire controls currently in place; daily inspection of fire alarm unit, fire exits, weekly inspection of fire appliances, weekly break glass test, and inspection of emergency lighting. • Fire panel and emergency lighting in place and quarterly checks will continue to be | |

carried out by Service Company.

- At present staff perform daily and weekly checks of the emergency fire equipment in addition to monthly and annual checks by a competent person. This forms part of Fire Folder on site.
- PEEP in place for all persons supported, they will continue to be reviewed on a regular basis.
- We will discuss the importance with residents of plugging out their appliances in the house and also Person supported in their bedrooms before they go to sleep each night cognisant of the resident's right to privacy.
- We will ensure the electrical equipment is cleaned on a regular basis e.g. extractor hood, toaster etc.
- Fire Safety Training is in place and up to date for all staff at Kingfisher 1.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- On 21.8.23 the Social Care Leader supported two residents in one house to declutter a substantial amount of unused items and clothing from their bedrooms which created additional space for appropriate storage of currently used items.
- Social Care Leader will continue to monitor and respond to the need for additional storage should it arise.

Regulation 13: General welfare and development

Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

- The provider has developed a risk assessment that includes mitigations should a resident of Kingfisher 1 not wish to attend their day service. In this instance the risk assessment outlines how a person supported will be supported to spend the day at home by the means of a redeployed day service staff. This risk will be monitored quarterly by the Social Care Leader, Area Manager and Day Service Leader.
- MDT involvement around supporting changing needs & wishes for the persons supported in one identified priority house in Kingfisher 1 is ongoing with most recent meeting held on 11.10.23 to discuss same.

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| Regulation 17: Premises | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • New premises for two houses in Kingfisher 1 have been identified and progress for both is as follows: • One house has construction work almost completed and the provider expects to take control of the premises in the month of December 2023. At this stage the provider will apply outstanding adaptations to the house e.g. installation of person specific wet-room showers, and transition plans with regards to a move to the new premises is projected to have commenced by 31.1.24. • The second house to be replaced has had a suitable property purchased by the provider and the provider gained possession of this premises on 10.10.23. Facilities Management Team are creating floor plans for necessary personalised adaptations to this house, and these will be put to tender for construction by 31.12.23. Facilities Management Team estimate that building work agreement will be reached by 31.3.24. Transition plans with regards to a move to the new premises is projected to have commenced by 31.10.2024 | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • New premises for two houses in Kingfisher 1 have been identified and progress for both is as follows: • One house has construction work almost completed and the provider expects to take control of the premises in the month of December 2023. At this stage the provider will apply outstanding adaptations to the house e.g. installation of person specific wet-room showers, and transition plans with regards to a move to the new premises is projected to have commenced by 31.1.24. • The second house to be replaced has had a suitable property purchased by the provider and the provider gained possession of this premises on 10.10.23. Facilities Management Team are creating floor plans for necessary personalised adaptations to this house, and these will be put to tender for construction by 31.12.23. Facilities Management Team estimate that building work agreement will be reached by 31.3.24. Transition plans with regards to a move to the new premises is projected to have commenced by 31.10.2024 • On day of inspection the deadline for replacement of fire extinguishers in two houses had expired three days prior on 31.7.23. These extinguishers were replaced by the provider on 7.8.23 • Fire controls currently in place; daily inspection of fire alarm unit, fire exits, weekly inspection of fire appliances, weekly break glass test, and inspection of emergency lighting. | |

- Fire panel and emergency lighting in place and quarterly checks will continue to be carried out by Service Company.
 - At present staff perform daily and weekly checks of the emergency fire equipment in addition to monthly and annual checks by a competent person. This forms part of Fire Folder on site.
 - PEEP in place for all persons supported, they will continue to be reviewed on a regular basis.
 - We will discuss the importance with residents of plugging out their appliances in the house and also Person supported their bedrooms before they go to sleep each night cognisant of the resident's right to privacy.
 - We will ensure the electrical equipment is cleaned on a regular basis e.g. extractor hood, toaster etc.
- Fire Safety Training is in place and up to date for all staff at Kingfisher 1.

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(3)(d) | The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions. | Substantially Compliant | Yellow | 21/08/2023 |
| Regulation 13(1) | The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes. | Substantially Compliant | Yellow | 31/12/2023 |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound | Not Compliant | Orange | 31/12/2024 |

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|---------------------|--|---------------|--------|------------|
| | construction and kept in a good state of repair externally and internally. | | | |
| 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 | Orange | 31/12/2024 |
| Regulation 28(1) | The registered provider shall ensure that effective fire safety management systems are in place. | Not Compliant | Orange | 31/12/2024 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 31/12/2024 |