



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

Issued by the Chief Inspector

Name of designated centre:	The Court - Kingsriver
Name of provider:	Kingsriver Community Holdings Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	11 October 2022
Centre ID:	OSV-0007915
Fieldwork ID:	MON-0037086

About the designated centre

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

The Court - Kingsriver is a designated centre operated by Kingsriver Community Holdings CLG. The designated centre provides a community residential service for up to nine adults with a disability. The centre comprises of three houses within a close proximity to each other in an urban area in County Kilkenny. Each house comprises of a sitting room, dining area, kitchen, bathrooms and individual resident bedrooms. The designated centre is staffed by a team leader, social care workers and health care assistants. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 11 October 2022	09:50hrs to 17:50hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) enhanced COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The purpose of this inspection was to review actions taken by the provider to address the significant findings identified in the three previous inspections undertaken in December 2021, January 2022 and May 2022.

Following the December 2021 inspection, the Chief Inspector of Social Services issued a notice of proposed decision to cancel the registration of the centre. Kingsriver Community Holdings CLG submitted formal representation to the Chief Inspector outlining their proposed actions to improve the standards of care and support in the centre and come into compliance with the Health Act. Following a review of the formal representation and the findings of the May 2022 inspection, the Chief Inspector withdrew the notice of proposed decision to cancel. However, an additional registration condition regarding compliance with identified regulations was placed on this designated centre's registration.

This inspection found that the registered provider had implemented the actions as set out in their representation response to the Chief Inspector. For example, the inspector found that there was an established governance and management structure in place and increased staffing resources had been agreed with the provider's funder. In addition, the provider had reconfigured their service and reopened their second designated centre. This second centre was previously home for some residents and was vacated to allow for extensive renovation works. The provider had supported five residents to transition from this designated centre to the second centre. The provider informed the inspector that there were planning to submit an application to vary to reduce the capacity and footprint of this designated centre.

The inspector had the opportunity to meet with two of the three residents currently availing of this service. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner.

In the morning the inspector visited the first unit which was currently home to two residents. On arrival to this unit, the inspector met with one resident. The resident welcomed the inspector and was observed preparing for their family to visit. The resident told the inspector about their plans to go to their day service afterward the family visit. The second resident was attending day services on the day of the inspection.

In the afternoon, the inspector visited the second unit which was home to one resident. The inspector had tea with the resident. The resident spoke about their interests and courses they were undertaking. The resident noted the reconfiguration and the positive changes in staffing and supports received. The resident also discussed the arrangements in place for the management of their finances.

The third unit of the centre was not inspected on the day of inspection as it was vacant. The two residents of this unit had been supported to transition to the provider's second designated centre. As noted, the provider planned to submit an application to vary to remove this unit from the designated centre.

In addition, the inspector spoke with one family member during the inspection, overall the feedback was positive on the care and support provided in the service. The family member did highlight that at times there is inconsistency in the staff members providing support to the residents however spoke positively about the care and support provided to their loved one.

In summary, the inspector found that the service provided person-centred care and the provider had implemented a number of actions to improve the quality and safety of the care and support provided in the service. However, some improvements were required in personal plans, fire safety, oversight of finances, infection prevention and control, staffing arrangements and training and development.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The staffing levels in place were appropriate to the needs of the residents and the size and layout of the centre. However, some improvements were required in the areas of governance and management, staffing arrangements and staff training and development.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response. However, some improvement was required in the effectiveness of the oversight arrangements.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an

establishing staff team in place. At the time of the inspection, the centre was operating with a number of vacancies and there was a reliance on regular agency and relief staff to meet the staffing complement. The inspector was informed that the provider was in the process of recruiting to fill these vacancies.

There were systems in place for staff training and development. The inspector reviewed staff training and found that the majority of the staff team had up to date mandatory training. However, some of the staff team required refresher training. This had been self-identified by the provider and refresher training had been scheduled. In addition, a system of formal supervision was in place. However, some improvement was required to ensure that supervision was delivered in line with the provider's policy.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced. The person in charge was also responsible for another designated centre. The person in charge was supported in their role by a team leader.

Judgment: Compliant

Regulation 15: Staffing

It was found on the previous inspection that the provider had completed a detailed review of staffing arrangements and identified the need for increased staffing resources in order to safely meet the assessed needs of the residents. This had been addressed and the increased staffing resources had been agreed with their funder.

The person in charge maintained a planned and actual roster. From a review of the roster, it was demonstrable that there was sufficient staffing levels in place to meet the assessed needs of the residents. There was an establishing staff team in place. However, some improvement was required as the provider was operating with a 2.4 whole time equivalent vacancies. This was managed through the staff team and the use of regular agency and relief staff. The inspector was informed that the provider was actively recruiting to fill these roles.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date training in areas including infection control and safeguarding. However, some of the staff team required refresher training in areas such as deescalation and intervention techniques. This had been identified by the provider and training had been scheduled.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and records, it was evident that formal supervisions were taking place. However, as this system was establishing some improvement was required in order to ensure supervision was delivered in line with the provider's policy. This had been self-identified by the provider and plans were in place to address same.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined governance and management system in place. The person in charge reported to the Chief Operations Officer (COO), who in turn reported to the Board. In addition, a team leader was in place to support the person in charge in their role. There was evidence of the provider implementing key actions to come back into compliance including establishing a defined governance and management structure, increased staffing resources and a planned reconfiguration of the service. In addition, there was evidence of quality assurance audits taking place including six monthly provider visits.

However, some systems were still in the early stages of being implemented and required further work to become an established system. For example, not all residents' assessments of need were up-to-date and some financial oversight systems were not occurring in line with the provider's policy.

Judgment: Substantially compliant

Quality and safety

Overall, the service provided person centre care and support to the residents in a homely environment. However, some improvement was required in the personal plans, oversight of resident finances practices, infection prevention and control practices and the arrangements for fire safety.

The inspector reviewed the residents' personal files which comprised of an assessment of the resident's personal, social and health needs. However, not all

residents were found to have an up-to-date assessment of need in place. The provider noted that a new template had been developed and the service was in the process of updating residents' assessments of needs and personal plans. Personal support plans reviewed were found to suitably guide the staff team in supporting the resident with their personal, social and health needs.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. However, the arrangements in place for the containment of fire required review in one unit.

There were systems in place for the prevention and management of risks associated with infection. The provider had prepared contingency plans for COVID-19 in relation to staffing and the self-isolation of the residents. The inspector observed sufficient access to hand sanitising gels and PPE through-out the centre. However, some improvement was required in the appropriate use of PPE.

Regulation 12: Personal possessions

On the previous inspection significant improvements were found to be required in the oversight arrangements in residents finances. Since the inspection, the provider had reviewed the finance policy. The inspector reviewed a sample of residents' finances and found that there had been an improvement in the oversight systems in place. However, further improvement was required. For example, the monthly audits of income and expenditure ledgers was not up-to-date for one file reviewed. In addition, not all residents had an up-to-date money management competency assessment to outline the supports, if any, the resident required to manage their financial affairs.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre was decorated in a homely manner and well-maintained. The units was decorated with residents' personal possessions and pictures throughout the centre.

It was found on the previous inspection that one resident bedroom was inappropriate as it was a conservatory/sun room. This had been addressed through the planned reconfiguration and the resident had moved to an appropriate bedroom.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. The provider had an up-to-date infection control policy in place. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. There was infection control guidance and protocols in place in the centre. There was sufficient access to hand sanitising gels and a range of personal protective equipment (PPE). However, some improvement was required to ensure the consistent use of PPE as per the provider's policy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre.

However, the arrangements in place for the containment of fire required review. For example, the inspector observed one fire door wedged open in one unit. This practice negated the purpose and function of the fire door. The inspector highlighted this on the day of inspection and the wedge was removed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. However, not all assessments of need were up-to-date. The inspector was informed that the provider had developed new templates and were in the process of updating assessments of need. Each resident had personal plans in place to guide the staff team in supporting residents' with identified needs, supports and goals.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and up to date positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The previous inspection found that the compatibility of a resident group in one unit required improvement. This had been addressed through the reconfiguring of the service and supporting residents to transfer to appropriate placements.

The inspector reviewed a sample of incidents and accidents occurring in the designated centre which demonstrated that incidents were appropriately managed and responded to. There were appropriate systems and protocols in place to manage identified safeguarding concerns. For example, while there was a significant safeguarding concern active in the designated centre, the provider demonstrated that they had taken a number of appropriate actions to manage this concern and to protect the resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Court - Kingsriver OSV-0007915

Inspection ID: MON-0037086

Date of inspection: 11/10/2022

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: There is an active and robust recruitment process in place and interviews have been planned to fill all vacant posts as well as increase the relief pool. In addition to this there is an arrangement with local colleges to target social care and HCA students to further increase staffing via the relief panel and reduce requirement for agency.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A training schedule has been allocated from the training officer for the remainder of 2022, this will ensure the majority of the mandatory/refresher training is completed. The supervision policy has been reviewed by the Organisation and an annual supervision schedule will be put in place for the remainder of 2022 and for 2023. The overall supervision template is being reviewed to make it more specific to the staff's roles/responsibilities and to ensure that supervision is more effective in its delivery.	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The As part of the review of residential services there will be an updated annual review template implemented to ensure that residents and their representatives are consulted as part of this requirement.</p> <p>The provider will be carrying out their audits as required, these will be a mixture of announced and unannounced, a schedule for announced audits will be put in place for remainder of 2022 and for 2023.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>As part of the residential service review an effective and competent system will be put in place, this will include up to date money management assessments. The resident finances will be checked and audited on a weekly basis by the management team to ensure oversight is implemented.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>An enhanced cleaning schedule has been put in place within the location to ensure that it meets the requirement for protection against infection, this is checked weekly by the Team Leader to ensure compliance.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

An updated and more robust fire register has been sought from the fire department and is now in place in the location. All staff will be informed via team meeting of the concerns around wedging fire doors open the need for this practice to cease. The team leader and PIC will as part of daily/weekly checking in on the location will ensure this issue is addressed.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

As part of the review of residential services a comprehensive assessment is being carried out into ensuring that personal planning meets the needs of individual resident. A "needs" assessment document has been allocated to key workers to completed in consultation with each resident and the outcomes of this will be linked into a person-centred care plan. To compliment this process and to ensure the PCP is evidenced based there will be an upgrade on Key working session templates, monthly key working reports and daily notes.

The personal file is also under review and once completed will be a SMART objected file which will give a clear and accurate profile of all residents needs, goals and key pieces of information.

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.	Substantially Compliant	Yellow	31/03/2023
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.	Substantially Compliant	Yellow	28/02/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	28/02/2023

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2023
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.	Substantially Compliant	Yellow	31/01/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	09/11/2022
Regulation 28(3)(a)	The registered provider shall make adequate	Substantially Compliant	Yellow	09/11/2022

	arrangements for detecting, containing and extinguishing fires.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	28/01/2023