



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

Issued by the Chief Inspector

Name of designated centre:	Kingsriver Community
Name of provider:	Kingsriver Community Holdings Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	07 July 2021
Centre ID:	OSV-0002410
Fieldwork ID:	MON-0032556

About the designated centre

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

Kingsriver Community is a designated centre operated by Kingsriver Community Holdings CLG. It provides residential services to up to six adults with mild to moderate learning disabilities and mild physical disabilities. The designated centre is a large two story building comprised of large kitchen/dining room, music room, two living rooms, six individual resident bedrooms, three spare rooms, a number of shared bathrooms and an office. Residents have access to a large garden area with an orchard, vegetable garden, polytunnel and glass house. The centre is located close to a village in Co. Kilkenny. Transport is provided to access activities away from the centre. The designated centre is staffed by a person in charge and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 7 July 2021	10:15hrs to 15:50hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspector carried out this inspection in line with public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from one location in the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with residents, staff and management over the course of this inspection.

The purpose of this inspection was to follow up on the progress made in addressing areas for improvement identified by the previous inspection. From what residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care.

The inspector had the opportunity to meet with two residents availing of the service during the course of the inspection, albeit time was limited. The other three residents were attending day services and taking part in activities at the time of the inspection. Residents spoke with the inspector about their day services, life in their home and interest in cycling. In the afternoon, one resident joined the inspector at the kitchen table and discussed plans for the upcoming move to another house.

On the day of the inspection, the inspector carried out a walk through of the designated centre accompanied by the person in charge. The house was a detached two storey house which comprised of a living room, kitchen/dining room, six individual service users' bedrooms, a staff room, two shared bathrooms and an office. At the rear of the property there was a large well maintained garden which contained a sensory room for service users and appropriate play areas for children.

The inspector carried out a walk through of the premises accompanied by the person in charge. The centre is a large two-storey house on a 30 acre site next to a river. The centre is comprised of a large kitchen/dining room, music room, two living rooms, six individual resident bedrooms, three spare rooms, a number of shared bathrooms and an office. Overall, the centre was well maintained. The inspector was informed of substantive renovation works including changing the layout internally and addressing areas for maintenance and repair. The provider had identified two houses for residents to temporarily move to while the works on their home are carried out. The inspector also carried out a walk through of these two houses.

In summary, based on what residents communicated with the inspector and what was observed, the inspector found that residents received a good quality of care. However, there are some areas for improvement including staff files, governance and management, notification of incidents and safeguarding. 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 good quality care and support was being delivered to the residents. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, improvement was required in relation to governance and management and notification of incidents.

There was a defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The previous inspection identified that improvement was required in effective oversight arrangements. This had been addressed. The provider had introduced a quality assurance process to ensure audits were appropriately scheduled and completed. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included medication, health and safety, the annual report for 2020 and 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, the annual review did not demonstrate consultation with residents and family members.

The person in charge maintained planned and actual rosters. The inspector reviewed a sample of staff rosters which demonstrated sufficient staffing levels and skill-mix to meet the residents' needs. There was an established staff team in place and a regular relief panel in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner. The inspector reviewed a sample of staff files and found that, for the most part, they contained the information as required by Schedule 2. However, one staff file reviewed did not contain evidence of the person's identity. This had been self-identified by the provider.

The inspector reviewed a sample of staff training records and found that the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the residents.

The inspector reviewed a sample of incidents and accidents occurring in the centre and found that one incident was not notified to the Chief Inspector in line with Regulation 31. This was submitted shortly after the inspection.

Regulation 14: Persons in charge

The centre was managed by a full time person in charge who was suitably qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. There was sufficient staffing levels and skill-mix to meet the residents' assessed needs. There was an established staff team and relief panel in place which ensured continuity of care and support to residents.

For the most part, staff files contained all of the information as required by Schedule 2. However, one staff file reviewed did not contain evidence of the person's identity.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place to monitor staff training and development. The staff team were up-to-date in mandatory training in areas including children first, safeguarding vulnerable adults and manual handling. This meant the staff team had up to date knowledge and skills to meet the needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. The audits identified areas for improvement and action plans were developed in response. However, the centre's annual review did not demonstrate consultation with residents and family members.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which accurately reflected the service provided and contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

One incident was not reported to the Chief Inspector as required by Regulation 31.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had prepared in writing and adopted policies and procedures as set out in Schedule 5 of the regulations. These had been reviewed at intervals not exceeding three years. Particular policies had been updated to reflect COVID-19 protocols such as the visitors policy.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre was a comfortable home which provided person centred care. However, improvements were required in financial safeguarding.

There were systems in place to safeguard residents. All staff had received training in safeguarding and protection of vulnerable adults. Where safeguarding concerns were identified safeguarding plans were in place as required. The previous inspection identified the management of one safeguarding concern regarding compatibility issues as an area for improvement. The inspector was informed that a resident had moved to another designated centre in order to manage the safeguarding concern. Residents appeared content and relaxed in their home during the inspection.

In addition, the previous inspection identified that the management of resident's finances required improvement. There was evidence that an audit had been completed by an external consultant. The audit identified a number of recommendations in order to develop a robust finance system. While, there was

evidence that the provider had plans in place, the management of residents' financial affairs remained an area for improvement to ensure residents were appropriately supported and safeguarded.

There were systems in place to manage risk in the centre. The risks were identified and managed through a risk register and individual risk assessments. From a review of a sample of risk assessments, the inspector found that they were up-to-date and reflected the controls in place to manage the risk

The previous inspection found that improvement was required in the systems in place to guide staff in their infection prevention and control practice. This had been addressed. The provider had reviewed the policies and systems in place for the prevention and management of risks associated with COVID-19. For example, the inspector reviewed evidence of daily cleaning schedules, temperature checks on entering the service and hand sanitising gels throughout the location. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, as required. Personal protective equipment (PPE) were available, stored appropriately and were observed in use in the centre on the day of the inspection. The centre had access to support from Public Health.

Regulation 12: Personal possessions

The systems in place to manage and support residents to manage their financial affairs required improvement. The recommendations made by an external consultant to develop a robust finance system were not found to be implemented. This area required further review to ensure residents finances were appropriately protected.

Judgment: Not compliant

Regulation 17: Premises

The centre was a warm and homely environment. While there were a number of areas that required repair and maintenance in the house, the provider outlined plans for a substantial refurbishment of the centre due to commence shortly.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control measures were in place in the designated centre. Infection control protocols were in place to guide staff including cleaning protocols, mask wearing and temperature checks. The provider and management team had devised a business continuity plan for in the event of an outbreak of COVID-19. This included contingency plans to maintain staffing levels in the event of a COVID-19 outbreak. However, the contingency plans for the self isolation of children required further review to ensure appropriate arrangements were in place.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. Where safeguarding concerns were identified safeguarding plans were in place as required. All staff had received training in safeguarding and protection of vulnerable adults. Residents appear content and relaxed in their home during the inspection.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kingsriver Community OSV-0002410

Inspection ID: MON-0032556

Date of inspection: 07/07/2021

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Evidence (photo id) of the persons identify now on file. Completed.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An annual review will be conducted by an external consultant which will include consultation with residents and their families/legal guardians. These views and opinions will be reflected in the report and reviewed by the Board of Directors. Recommendations from the report will be implemented in a timely fashion.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> • We have hired a Social Worker with extensive experience in Safeguarding. The social 	

worker will review all safeguarding notifications and advise the PIC and the Provider of any actions to be taken.

- The Social Worker & PIC will provide advice and guidance to all staff on the notifications protocol and process.
- All incidents/accidents/injuries/allegations etc will be reviewed by the Team Leader/PIC and/or CEO to determine if a HIQA Notification is warranted.

Regulation 12: Personal possessions

Not Compliant

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

Recommendations from recent report by external consultant on the oversight of resident's finances has been reviewed and its recommendations (set out below) are currently being implemented.

1. Financial risk assessment to be incorporated in the Risk Register. Completed.
2. Standard Operating Procedure (Residents Finances) to be drafted/implemented. Completed.
3. Individual Finance Folder for all residents to include; Money management assessment; Finance Action Plan; Individual Risk Assessment; Daily record of expenses; Monthly audit. Currently being introduced.
4. Easy Read Guide (Finance). Completed.
5. Meetings with families/guardians re residents' finances. Currently being organized.

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	Orange	01/10/2021
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	13/08/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation	Substantially Compliant	Yellow	01/10/2021

	with residents and their representatives.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	01/10/2021