



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

Issued by the Chief Inspector

Name of designated centre:	Kilbride House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	24 and 25 October 2022
Centre ID:	OSV-0003377
Fieldwork ID:	MON-0033237

About the designated centre

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

Kilbride House consists of a large two-storey detached house (that includes a self contained apartment) and a separate standalone unit adjacent to the main house located in a rural area but within short driving distance of a number of towns. The designated centre currently provides a residential service for up to six adults, with an intellectual disability, autism and/or acquired brain injury. The centre can provide for both males and females. Each resident has their own bedroom and other facilities in the centre include kitchens, sitting rooms, lounges, a relaxation room, staff facilities and bathrooms. Staff support is provided by social care workers and support workers. The management team in the centre consists of a team leader and two deputy team leaders.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Monday 24 October 2022	11:00hrs to 18:00hrs	Ivan Cormican	Lead
Tuesday 25 October 2022	09:30hrs to 12:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents who were using this service on the day of inspection enjoyed a good quality of life and that they were supported by a staff team who were kind and conscientious in their approach to care.

The inspector met with all residents during the course of the inspection and spent time with five residents discussing the service and how they preferred to spend their time. All six residents appeared happy and content throughout the inspection and they were observed to interact and chat freely with the staff members who were supporting them. The inspector sat and chatted with two residents and two staff members as they were making up decorations for Halloween. There were very pleasant interactions between both parties with residents laughing and joking with staff members while decorating. Both residents were very relaxed in the company of staff and a third resident sat and watched television and smiled at the interactions.

These residents also explained to the inspector what they enjoyed doing in their spare time with both residents saying that they loved a weekly house soccer match with staff members in a nearby pitch and also their group trips to the cinema when most residents went together. Residents also attended their locality on a daily basis for individual activities and residents were observed over both days of inspection coming and going with staff members. Residents went shopping for personal items and some residents attended their day services for set days in the week. One resident enjoyed keeping the grounds of the centre tidy and they went shopping for a leaf blower and they helped staff to clear up leaves, a job which they seemed to really enjoy.

Residents generally assisted in completing their daily schedules staff members who met with the inspector highlighted that some of the residents responded well to having a set schedule of activities and tasks in which to refer to. The inspector met with six staff members over the course of the inspection and from observations and interactions it was clear that they had a good rapport with residents. Residents were observed to seek staff members for reassurance in regards to their schedule and activities and residents who met with the inspector stated that they could go to any staff member if they had a concern or complaint.

The premises had a homely feel and some aspects of the home had been renovated which gave the centre an individual character. Two residents had their own self contained apartments which they were very proud of and four residents resided in the main aspect of the house. Residents who resided in the main house each had their own bedroom and residents either had an ensuite bathroom or the use of their own identified bathroom. One resident showed the inspector their bedroom which they had decorated with photographs of them meeting the fire services and also the local Gardai. The resident also explained that they had an interest in health and safety and that they were a designated fire officer in their

respective day service.

Residents had access to a number of reception rooms and there were also individual relaxation rooms available to residents should they wish to spend time by themselves. As mentioned above, the centre had a homely feel and on the first day of inspection, a staff member prepared a home cooked roast dinner which gave the centre a lovely aroma and the inspector observed both staff and residents sitting together to enjoy this meal. Although the centre had a pleasant feel, there were some improvements required in regards to infection prevention and control (IPC), including addressing an unpleasant aroma which was present in a bathroom. Although, this bathroom was not generally used by residents and an additional maintenance assessment occurred during the inspection, it did have the potential to impact on the homeliness of this aspect of the centre.

Overall, the inspector found that residents were supported to enjoy a good quality of life and that they were supported by a staff team who were familiar with their needs and had a kind and considered approach to care.

Capacity and capability

The inspector found that this centre had robust governance arrangements in place which assisted in ensuring that the service was safe and effectively monitored.

This was an unannounced inspection to monitor the quality and oversight of care which was provided to residents. The inspection was facilitated by the centre's person in charge and a senior manager also attended the service during the inspection. The person in charge was found to have an in-depth knowledge of the residents' needs and also of the services, supports and resources which were in place to meet these needs. They had managed this centre for a number of years and could confidently detail the oversight arrangements which were in place to monitor the quality and safety of care which were provided.

The provider had completed all required audits and reviews as stated in the regulations and there were some minor areas of care highlighted as requiring further attention. The person in charge had a good knowledge of these areas and an in-depth action plan had addressed any issues which were raised. The centre's annual review also gave a good account of the service and time was taken to consult with both residents and their representatives in regards to their thoughts on the service. This approach clearly demonstrated that residents were involved in the running and operation of their home and that their opinions on the service were valued. The person in charge also conducted a weekly review of care practices and there were scheduled senior management meetings in place which provided additional oversight of the quality and safety of care which was provided.

The inspector met with a number of staff members throughout the course of the inspection and they were found to have a very pleasant approach to care. Staff

members were always available to chat to residents and throughout the inspection both staff members and the person in charge frequently offered residents both reassurance and support as they went about their day. A resident who met with the inspector stated that they felt safe in their home and that they would not hesitate to go to the person in charge or a staff member if they had a concern or complaint. Staff members who met with the inspector had a good knowledge of various aspects of care including behavioural support, medical needs and also residents' preferences in regards to their schedules. In addition, staff members could clearly account for the fire safety arrangements including fire procedures and resident's individual evacuation needs.

The inspector found that this was a well managed centre and although this inspection did highlight that some adjustments were required in regards to IPC and medication management, overall management systems were found to be robust and promoted the wellbeing and welfare of residents.

Regulation 15: Staffing

The residents were supported by a consistent staff team and the person in charge maintained an accurate staff rota. Staff members who met with the inspector had a good understanding of resident's individual social, health and behavioural needs and they also demonstrated a clear knowledge of fire safety and medication management. Throughout the inspection, the inspector observed that staff members had a good relationship with residents and a staff member who met with the inspector stated that they felt supported in their role.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training programme in place which assisted in ensuring that the staff team could assist and support residents in the delivery of care. Staff members had completed all required training and there was a suite of refresher training in place to ensure that staff knowledge in regards to care was maintained to a good standard. The person in charge also had a schedule of staff supervision in place which promoted their personal development.

Judgment: Compliant

Regulation 23: Governance and management

The provider had robust management and oversight arrangements in place and the person in charge was found to have an indepth knowledge of residents' needs and also of the service. All required audits and reviews had been completed and an internal review and audit system was in place to ensure that care was maintained to a good standard at all times. The person in charge also held scheduled team meetings which gave staff members the opportunity to discuss care issues and any concerns they may have.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of information and documents indicated that all notifications had been submitted as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was information on complaints available throughout the centre and residents who met with the inspector stated that they would have no hesitation in going to staff if they had a complaint or a concern. There were no active complaints on the day of inspection and the complaints process was regularly discussed with residents which indicated that there was an open and transparent culture within this centre.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported to enjoy a good quality of life and that their welfare and community inclusion were actively promoted. This inspection found that some minor adjustments were required in regards to the IPC arrangements and also a protocol for the administration of rescue medication.

Some residents who used this service required supports in relation to their behaviours and the inspector found that their was comprehensive guidance in place to support staff members in this area of care. Recommended behavioural interventions were readily available to staff members and a review of these documents presented a high level of relevant detail which assisted in ensuring that residents were well supported in this area of care. The centre had a high level of

restrictive practices in place; however, these were well evidenced as a requirement and they were mainly implemented in response to safety and behavioral concerns. Although there was a high use of restrictive practices, there was a marked reduction in the use of physical interventions and a review of behavioural incidents revealed that staff employed the recommended behavioural guidance in manner which reduced the likelihood for the requirement for physical interventions. The centre was also open and transparent in the implementation of restrictive practices and residents were involved in the decisions to implement these practices. There was detailed evidence of resident consultation and it was clear that the aim of the centre was to reduce or eliminate restrictive practices where possible.

Residents were active in their local communities and they were all out and about at various times over both days of inspection. Most residents attended day services at least one day in the week and prior to COVID-19 many residents had jobs and helped out in the local community at sporting events. The person in charge explained that the staff team were beginning to explore reintroducing active employment and participation in the community and a local animal welfare group had been approached to see if a resident could volunteer with their service.

Residents' rights were actively promoted by the actions which were implemented by the provider and the staff team. The provider had arrangements in place for the residents to attend scheduled meetings as a group and also individually with the assigned staff. At these meetings residents had a platform in which to voice their opinions in regards to the service including activities, meals and upcoming events. The staff team used these meetings as an opportunity to relay and remind residents of relevant issues such as their right to complain, fire safety and the use of restrictive practices. Throughout the inspection the inspector observed that residents' wishes and requests were respected and they were frequently asked to participate in the running of their home. For example, some residents were decorating their home for Halloween and another resident assisted staff to tidy excessive leaves which had fallen. The inspector met this resident as they helped out and they indicated that they really enjoyed this type of work.

IPC was actively promoted in the centre and all staff members had completed training in relation to hand hygiene, IPC and personal protective equipment (PPE). The provider had clear contingency plans in response to COVID-19 and additional individual isolation plans had been formulated to ensure that residents would be well supported should they contract COVID-19. The inspector found that the centre was generally clean and there was ongoing maintenance to ensure that all areas of the premises could be cleaned and disinfected. There was also detailed cleaning records maintained which indicated that cleaning and disinfection was a routine within the centre. However, there were some improvements required, for example, used mops were stored without been laundered and a bathroom did require further attention in terms of cleaning. In addition, a separate bathroom had an unpleasant odour and this required further investigation by the provider.

The provider had appropriate medication storage facilities in place and a review of medication administration records indicated that medications were generally administered as prescribed. A recent medication error had occurred; however, a

medical professional had been contacted in regards to the error. A staff member also demonstrated a good knowledge in regards to the safe administration of medications. Two residents were prescribed rescue medication and there were clear prescription sheets in place for it's administration. However, an additional protocol which was in place to further guide staff in the administration of a rescue medication was not in-line with the associated prescription sheet and required further review.

The inspector found that residents who used this service were well supported to enjoy a good quality of life. Although, two areas of care required attention overall, this centre promoted residents' rights and also their inclusion in their local community.

Regulation 12: Personal possessions

Residents had their own accounts in financial institutions and they were supported to manage their own financial affairs. Residents had both current accounts for day-to-day spending and also savings accounts. Residents required assistance with their finances and the provider had robust oversight of spending within the centre to ensure that all resident's personal money and possessions were safeguarded. The inspector reviewed a sample of residents' spending and found that all expenditure was accounted for.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were active in their local communities and most attended day services on at least one day per week. Staff members described how one of the day services which residents attend has an open farm which residents enjoyed. The person in charge also explained how COVID-19 had impacted upon residents' opportunities for employment; however, residents were beginning to explore different opportunities to volunteer in their local community.

Judgment: Compliant

Regulation 18: Food and nutrition

A staff member prepared an appetising meal on the first day of inspection and

residents who met with the inspector said that they enjoyed the meals which were prepared in the centre. There were ample quantities of light snacks and beverages and although there were some restrictions in regards to food, this was implemented in direct response to a safety concern and kept under regular review to ensure that it's impact was kept to a minimum.

Judgment: Compliant

Regulation 26: Risk management procedures

There were robust risk management procedures in place and the person in charge had completed risk assessments in response to safety concerns such as fire, absconding, community access and challenging behaviour. The person in charge clearly demonstrated how identified controls reduced the likelihood and the impact of these risks occurring and overall, the inspector found that there was a balanced and positive approach to risk. A review of incidents also indicated that the provider responded promptly to any issues of concern.

Judgment: Compliant

Regulation 27: Protection against infection

IPC underpins the health and wellbeing of residents and it was clear that the provider had implemented enhanced IPC precautions in response to COVID-19. Staff were wearing face masks throughout the working day and the person in charge outlined the IPC arrangements as the inspector entered the centre. However, some improvements were required in regards to the laundering and storage of mops, the cleaning of one bathroom and also in regards to the odour which was present in separate bathroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and there was fire safety equipment such as fire doors, emergency lighting and two fire alarm systems in place. The provider also had a maintenance contract to ensure that the emergency lighting and the fire panel were serviced as required and staff were completing additional checks to ensure that all equipment was in good working order. Staff had good knowledge of the fire safety procedures and fire drill records indicated that all residents could

be evacuated in a prompt manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Staff had received training in the safe administration of medicinal products, including rescue medications. A staff member also demonstrated a good knowledge of safely administering medications and there were appropriate medication storage facilities in place. Although medication practices were generally held to a good standard, improvements were required to ensure that rescue medication administration protocols were in-line with their associated prescription.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to receive their COVID-19 vaccinations and they were also assisted in receiving the influenza vaccine. Residents did not meet the criteria to participate in national health screening programmes; however, they were regularly reviewed by their general practitioner and referred for further investigations if required. In addition, there were detailed healthcare plans in place to guide staff and ensure that residents received a consistent approach to care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were well supported in terms of behavioural interventions and staff who met with the inspector had a good understanding of resident's individual needs. There had been a noted reduction in the use of physical restrictive practices and it was clear that the staff team were committed to reducing restrictions when safe to do so. Although restrictions were in place the person in charge ensured that residents were aware of the rationale for their use and they were topic for discussion at their individual meetings.

Judgment: Compliant

Regulation 8: Protection

There were two active safeguarding plans in place which were kept under regular review and found to be effective in nature. Residents who met with the inspector stated that they felt safe and that they generally got on well with fellow residents. Staff members had also received safeguarding training which assisted in ensuring that residents were actively safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear that resident's rights were promoted and information on rights and complaints were available throughout the centre. Residents were consulted with on a daily basis in regards to the care preferences and staff were observed to interact with them in a kind and thoughtful manner. Advocacy was not in use on the day of inspection; however, advocacy services were readily available should residents require assistance.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilbride House OSV-0003377

Inspection ID: MON-0033237

Date of inspection: 25/10/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Person in Charge (PIC) shall conduct a full environmental review of the Centre regarding Infection, Prevention and Control measures and ensure the following actions are taken to address the findings:</p> <ul style="list-style-type: none"> a) Review of the storage area for cleaning products to be conducted b) Appropriate laundering of mops to be discussed at next team meeting to ensure effective communication to the team c) Maintenance to review staff bathroom regarding current odour. If concern remains, the suitability of this bathroom to be reviewed by provider. d) Review all bathrooms and cleaning of same continues daily. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The Person in Charge (PIC) shall conduct a full review of rescue medication protocols and ensure the following actions are taken to address the findings:</p> <ul style="list-style-type: none"> a) PIC to review rescue medication plans are in line with the Individuals prescription and correspond in full. 	

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 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	16/12/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Substantially Compliant	Yellow	16/12/2022

	of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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