



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:	Announced
Date of inspection:	30 January 2024
Centre ID:	OSV-0003377
Fieldwork ID:	MON-0033219

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
Tuesday 30 January 2024	15:00hrs to 19:00hrs	Ivan Cormican	Lead
Wednesday 31 January 2024	09:00hrs to 12:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an announced inspection to assist in determining the registration renewal of this centre. The inspection was conducted over two days and the inspector met with five of the six residents and also with five staff who were on duty. The inspection was facilitated by the newly appointed person in charge and also a senior staff member. A senior manager from the provider also attended the centre over both days. Although care was generally held to a good standard, this inspection highlighted a significant issue in regards to supporting a resident with an aspect of their personal care during night time hours.

The centre was a large premises which comprised of a main two storey house which supported four residents. This house also had an adjoining apartment and there was also a separate apartment located on the site of this centre. Both of these apartments supported one resident and they had their own bedroom, bathroom, living area and separate kitchen. In the main house each resident had their own bedroom, three of which were ensuite. In addition, there were two living areas for residents to relax and there was a large kitchen/dining area where residents assisted with cooking and came together for meals. In general, the centre was well maintained and two bathrooms had extensive renovations since the last inspection. Although, the house was well maintained, improvements were required to the environment in one area of the main house. This issue will be discussed in the quality and safety section of this report.

Residents enjoyed a good quality of life and they were out and about in their local community over both days of inspection. Residents who met with the inspector stated that they were very happy in their home and that staff were nice. Two residents who met the inspector, spoke about their lives and they explained how they enjoyed shopping, going out for dinner and also attending their respective day service. One resident stated that they preferred not to attend day services and their wishes were respected by the provider. A review of documentation indicated that residents enjoyed full and active life styles. A resident was supported to recently attend a rugby match in a national stadium and another had visited the Christmas lights in Dublin zoo. Financial records which were also reviewed indicated that residents also enjoyed the cinema, meals out and participated in their own personal shopping.

Residents were actively involved in decisions about their care. They attended their annual reviews where they made decisions about their goals and were also kept up-to-date in regards to their overall care. The provider had two platforms in place for residents to get involved in the running and operation of their home. Weekly residents' meetings were held where they decided on meal choices and roles which they assumed for the coming week such as managing the bins, helping to tidy up after dinner and generally chores throughout the house. In addition, they also discussed group activities such as movie nights or planned trips to the cinema. The residents also met monthly with their individual key worker where they decided on

monthly goals they would like to achieve such as going swimming or attending religious services. The key workers also used these meetings to discuss the care which they received and any concerns or issues which they may have. In addition, these meetings were also used to raise resident's individual awareness of complaints, safeguarding and fire safety precautions.

The centre had a very pleasant atmosphere and residents were observed to be relaxed throughout the inspection. Two residents had their own apartments and the remaining four residents shared the main aspect of the centre. There were two separate living areas for residents to relax and one resident also had their own office/workspace room. Residents who used this service had some behavioural and mental health needs and staff who met with the inspector stated that the living arrangements ensured that residents had ample space for them to relax away from each other if needed. Even though some residents enjoyed their own space and time to themselves, generally once or twice a week all residents met up for a trip to the cinema or "movie night" in the centre. The person in charge explained that this was normally a very pleasant event which residents looked forward to each week.

Overall, this centre provided a good level of day to day care and residents considered it their home. They were active in their local community and they enjoyed a good social life. Although, care was generally held to a good standard, the arrangements which were in place to support a resident their personal care needs during night time hours required review. This will be discussed in the subsequent sections of this report.

Capacity and capability

The inspector found that there was good oversight arrangements in this centre which promoted the quality and safety of care provided. The centre was also adequately resourced with six staff supporting residents during day time hours.

The centre had a clear management structure, which included a person in charge and three shift lead managers who provided support and oversight when the person in charge was not on duty. The person in charge was also supported by a senior manager from within the provider who also provided oversight and support to the centre. It was also clear that each person in the management structure understood their roles and responsibilities which ensured that accountability was promoted in this centre.

Oversight arrangements included the completion of mandatory audits and reviews as set out in the regulations. A comprehensive and thorough six monthly audit was completed which examined areas of care including behavioural support, safeguarding, fire safety, staff training and complaints. In general, the audit found that a good level of support was offered. The auditor met with three residents and included their insights into the service as part of their report. The auditor discussed safeguarding with residents, including the person they could go to if they had any

concerns. They also spoke about their plans for Christmas and all were looking forward to attending the provider's Christmas party.

The provider had also completed the centre's annual review which gave a good account of the service and included what life was like for the residents, and their family members' thoughts on the service, and plans for service improvement over the coming year. Both the internal audit and review of the service was very much resident focused and indicated that the provider was striving to offer a person centred service. Although, many aspects of care which were examined on this inspection were held to a good standard, assessments of need for one resident required a substantial review to ensure that their assessment brought about sufficient change in response to their personal care needs.

The residents were assessed as requiring individualised supports in terms of staffing. All residents required one-to-one staffing supports during the day in order to meet their personal, social and safety needs. Staff members who were on duty were observed to have a good rapport with residents and they spoke freely and confidently about their care needs and also their interests. The provider also had a training programme in place which ensured that staff could care for the assessed needs of residents. For example, in addition to mandatory training, staff had completed training in regards to supporting residents with acquired brain injury, epilepsy and the administration of rescue medication.

The inspector found that the provider promoted the welfare of residents by ensuring that a stable staff team was in place and that there was sufficient oversight of care. Although two areas of care required some review, overall residents' care was held to an overall good standard.

Regulation 14: Persons in charge

The person in charge was in a full time role and they met the requirements of the regulations. They provided one-to-one supervision sessions with staff and they facilitated team meetings within the centre.

The held this role for one designated centre, where they were based for their working hours. They also had a schedule of internal audits which assisted in ensuring that the care and support offered to residents would be maintained to a good standard at all times.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in this centre were maintained to a good standard. The

residents benefited from a consistent staff team and the provider demonstrated that the staff team knew and understood their needs well. Although there had been some staffing deficits several months prior to the inspection, the provider had recruited additional staff, with the centre operating to full staff arrangements at the time of inspection.

A sample of staff files were reviewed and found to contain all required documents such as vetting disclosures, qualifications, employment references and employment histories which promoted safeguarding in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed mandatory training in regards to fire safety, safeguarding and supporting residents with behaviours of concern. The provider also ensured that staff could support the assessed needs of residents by providing training in areas such as acquired brain injury and epilepsy.

The person in charge maintained an accurate staff rota and scheduled team meetings and individual supervision sessions facilitated staff to raise any concerns which they may have in regards to the service.

Judgment: Compliant

Regulation 22: Insurance

The provider had appropriate insurance in place as set out in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was good oversight of many areas of care in this centre. The provider had completed all audits and reviews as set out in the regulations and the person in charge had a schedule of internal audits which provided assurances in regards to the oversight of care.

The provider's last six monthly audit found that the centre offered a good quality service and they examined areas of care including personal planning, healthcare, behavioural support and safeguarding. In addition, the centre's annual review

provided a comprehensive overview of the service and how it had progressed over the previous year. Residents were actively consulted when completing the six monthly audit and the annual review which ensured that they were involved in the running and operation of their home.

Although, many aspects of care which were examined on this inspection were held to a good standard, assessments of need for one resident required a substantial review to ensure that their assessment brought about sufficient change in response to their personal care needs.

Judgment: Substantially compliant

Quality and safety

This inspection highlighted that residents were well supported with activities which they enjoyed, and they were actively encouraged to participate in local community groups. Many aspects of care inspected were held to a good standard; however, improvements were required in regards to supporting a resident with an identified need.

Assessments of need form the foundation of residents' care requirements. Assessments which are subject to regular review ensure that the service can adapt and change as resident's needs increase or decrease following positive interventions by the provider. This centre had robust assessments of need which were actively reviewed and examined the health, personal and social care needs of residents. In addition, assessments also included behavioural, educational, employment and staffing needs. Although, assessments reviewed were robust and detailed the foundations of care, the assessment of need for one resident did not bring about sufficient change in regards to one of their care needs and also their environment. This resident had a good social life and they were out and about in their locality on a daily basis. Their safety and behavioural support needs were also well supported; however, they had specific personal care needs at night which significantly impacted upon their immediate environment and also others who lived there. The resident had been reviewed by medical professionals who found no areas of concern and they recommended a further behavioural review. However, this review had not occurred in a timely manner and as recommended. When brought to the attention of the provider, the staff team arranged a review to occur within two weeks of this inspection. The inspector found that the provider was well aware of this issue and previous works had been completed in their bedroom; however, these had been ineffective. Overall, this resident's assessments had not brought about sufficient change in regards to their environment and also the care they received in regards to this specific issue.

Safety and behavioural support were an aspect of care which required ongoing review and oversight in this centre. Although multi-elemental behavioural support

plans were not required - comprehensive guidance was available in resident's personal plans for those who needed some supports. Guidance included known behaviours, identified triggers for these behaviours and support mechanisms which staff should employ. A review of incidents reports showed occasions where behaviours of concern had occurred and how staff managed the incident. One recent incident reported a potential significant event; however, a detailed account highlighted that the actions taken by the staff team were highly effective in the de-escalation of the incident and how the safety of residents and staff members were promoted at all times.

This centre supported six residents and although there was ample space for them to have time to themselves, occasionally, interactions occurred which impacted on their experience of living in this centre. The provider recognised these interactions as safeguarding concerns. Although, safeguarding was promoted, additional clarity was required, prior to the conclusion of the inspection in regards to the number of active safeguarding concerns. A comprehensive review was made available to the inspector which detailed the number of safeguarding incidents over the previous year and highlighted four safeguarding issues between four separate residents, and involved mainly negative verbal and psychological interactions. Although, there were a number of safeguarding issues, the inspector found that safeguarding was promoted and the actions taken by the provider ensured that residents were safeguarded at all times.

The inspector found that residents were well supported in this centre to enjoy a good quality of life. They were supported by a considerate staff team and they had ample opportunity to engage in personal development and activities which they enjoyed. However, improvements were required with regard to the assessments of need for one resident to ensure that they brought about sufficient change in regards to their personal care needs.

Regulation 12: Personal possessions

Residents had their own bedrooms which had ample storage for their personal possessions. Residents were also supported to manage their own finances and to pay for their own items.

Some residents required support with their money and the staff team maintained detailed accounts of any transactions which were completed on their behalf.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had good access to their local community and the inspector observed that

residents were out and about on both days of inspection. A review of records indicated that residents enjoyed meals out, trips to the cinema and also to sporting events. Resident's personal developments and interests were also well supported with residents participating in tidy towns, a community choir and the special Olympics.

Some residents also attended separate day services where they received further training in regards to money management and also preparing for job interviews. The inspector found that the above arrangements ensured that residents' personal development was well supported in this centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good oversight arrangements in place in regards to the management of risks and incidents. The person in charge maintained a extensive risk register with risk in relation to significant issues such as aggression, safeguarding, fire, theft and financial vulnerability. These risk assessments were regularly reviewed and updated to reflect any changes in care and assisted in ensuring that safety within the centre was promoted.

There was also good oversight of incidents with all recorded incidents reviewed by the person in charge promptly. In addition, incidents which were reviewed by the inspector found that staff had been responsive to residents' needs and utilised and implemented behavioural support guidance when required.

Judgment: Compliant

Regulation 27: Protection against infection

The actions from the last inspection had been completed with extensive renovations completed to one bathroom which had impacted upon the infection prevention and control arrangements in this centre. In addition, the provider had also completed renovations of several others bathrooms.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The actions from the last inspection were addressed with detailed protocols in place

for the administration of rescue medication. However, improvements were required to ensure that all staff had a good understanding of these protocols.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Assessments of need form the foundation of residents' care requirements. Assessments which are subject to regular review ensure that the service can adapt and change as resident's needs increase or decrease following positive interventions by the provider. This centre had completed residents' assessments of need as required and for the majority of residents this ensured that their care needs were identified and well catered for.

However, the assessment of one resident's needs in regards to supporting them with their personal care had not brought about sufficient change for them. On the day of inspection, the inspector found that lack of progress in regards to meeting their care needs had a negative impact on the their environment and also on residents whom they shared communal areas with.

In addition, improvements were also required in regards to supporting this resident with their goals. The resident had chosen to go on a sun holiday, volunteer and more community activities as their goals but these had not occurred and there was no action plan in place to assist them in achieving these goals. In addition, the person centred plan which was reviewed by the inspector for the upcoming year included goals which had previously been achieved.

Judgment: Not compliant

Regulation 8: Protection

Safeguarding was actively promoted in this centre and the designated officer regularly attended to discuss safeguarding and self care with residents. Resident's key workers also discussed safeguarding at individual sessions which promoted resident's awareness of safeguarding.

A comprehensive overview of safeguarding was available and detailed the active safeguarding issues which were in the centre. The inspector noted that safeguarding was actively promoted by the actions of the provider and the staff team. For example, unannounced audits had examined safeguarding procedures and also included residents views on this topic. Resident's keyworkers also included an overview of safeguarding concerns at the beginning of team meetings.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that the provider, person in charge and the staff team were aiming to promote residents' rights. Residents were actively consulted in regards to their own care and also the running and operation of their home.

Residents also had sufficient staff numbers in place to support them with their personal interests, hobbies, volunteering and to engage in activities which they enjoyed.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilbride House OSV-0003377

Inspection ID: MON-0033219

Date of inspection: 30/01/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> The Person in Charge will ensure the appropriate assessments of the individual and their environment is conducted with support from relevant Multi-Disciplinary Team (MDT) members and completed as per agreed timeline. <p>Due Date: 30 April 2024</p> <ol style="list-style-type: none"> In the event of intervention and environmental adaptations not being successful, further review with relevant stakeholder will be arranged and feedback provided to the inspector on same. <p>Due Date: 30 September 2024</p>	
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> <ol style="list-style-type: none"> Specific protocol to be included within induction to Centre for new team members. <p>Due Date: 31 March 2024</p> <ol style="list-style-type: none"> Protocol to be discussed at team meeting for further training and development. <p>Due Date: 30 April 2024</p> <ol style="list-style-type: none"> Test of knowledge on protocol to be completed with all team members. <p>Due Date: 30 April 2024</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> Functional Behaviour Assessment to be completed in relation to one individual to 	

inform appropriate and evidenced-based intervention.

Due Date: 30 April 2024

2. Review of individuals' environment to be conducted by maintenance technicians to determine if alternative arrangements can be made.

Due Date: 30 April 2024

3. Following the Functional Behaviour Assessment and environmental adaptations, the evidenced-based interventions implemented will be reviewed to determine their effectiveness of same in addressing the behaviour of concern. In the event that intervention is unsuccessful, further engagement will be required to review individuals living environment.

Due Date: 30 September 2024

4. Individual's Personal Plan will be reviewed in line with the SMART actions to assist them in achieving their goals which will be clearly outlined within their Personal Plan.

Note: In addition, the policy and procedure on Personal Planning will be reviewed to include guidance on a goal-orientated approach to care planning.

Due Date: 31 March 2024

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 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	30/09/2024
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 of medicines to ensure that medicine which is prescribed is administered as prescribed to the	Substantially Compliant	Yellow	30/04/2024

	resident for whom it is prescribed and to no other resident.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/09/2024
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/09/2024
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/09/2024