Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kingfisher 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	30 March 2022
Centre ID:	OSV-0004836
Fieldwork ID:	MON-0031579

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

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
Wednesday 30 March 2022	09:05hrs to 17:40hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet seven residents living in the designated centre. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

This was an unannounced inspection, the residents and staff were not expecting visitors on the day. This centre was last inspected in February and July 2020. The inspector was aware that the provider had submitted an application to vary the conditions of registration, to increase the foot print of this designated centre in May 2021. This resulted in a new house being added to the designated centre, to support one resident to live in their own home, with staff support. This house had not been previously visited by the inspector. It was this house that the inspector arrived at to commence the inspection. The resident, who was in the sitting room and saw the inspector walking towards the front door, opened the door to greet the inspector. The resident smiled and attracted the attention of a staff member who was upstairs, to let them know there was someone at the front door. The inspector introduced themselves and entered the house. The inspector did not have their temperature checked by staff on entry, which was at variance with the provider's protocols regarding COVID-19. The resident communicated without words and the staff member explained to the resident, the purpose of the inspector calling to see them, with the use of sign language and the spoken word. The inspector was informed that the resident's usual routine involved them attending their day service five days each week. The staff member present was part of the day service team that supported the resident in their day services. The resident had access to their own vehicle. The resident was happy for the inspector to walk around their home. It was a newly built house which had been brightly decorated, with the resident's possessions evident in all rooms, such as family photos and communication aids, which included a whiteboard listing the staff team. The resident informed the inspector, through the use of sign language, that they were happy in their home. The resident then began to communicate a story to the inspector, using sign language. The inspector observed the staff member to include the resident in the conversation, as they explained to the inspector what the resident was saying. The staff used sign language as well as the spoken word so that all present understood what was being communicated. The resident informed the inspector of something that had happened out in the community. The staff member was able to interpret the information and provided the inspector with additional information regarding the event. The inspector did not wish to delay the residents routine so only spent approximately 20 minutes in the house. There were some issues identified during this time, which will be further discussed in the next two sections of this report.

When the inspector arrived at the second house, all of the four residents had already left to attend their day service. However, the inspector did get to meet with two of the residents during the course of day. One resident returned in the early afternoon and spoke of how they had enjoyed their morning in the day service.

They were happy that they were able to visit with family representatives again, since the public health restrictions had eased. They informed the inspector that they had made a complaint and had met with senior management regarding their living arrangements. The resident had expressed a wish that they wanted to live in a house on their own with staff support. They were happy that management were looking into this for them. They informed the inspector that they were going to meet with management again in the weeks after this inspection, to get an update.

Another resident spoke with the inspector on two occasions. Once through the office window as they played basketball and tennis in the courtyard area to the rear of the house. They had enjoyed their morning in the day service and told the inspector that they were very happy with their home. They lived in a self-contained apartment at the side of the house. As the inspector left the house, later in the day, the resident was standing at the door of their apartment. They spoke with the inspector again, this time commenting on the weather which had changed and was a bit cooler than recent days. They stated they had plans to go out for a drive later in the evening before returning to watch some of their preferred programmes on television. During this conversation the resident also explained what they would do in an emergency, how they would leave their apartment if they needed to evacuate and where the assembly point was located.

The inspector met with four residents in the third house, in the afternoon, once they had returned from their day service. The inspector was greeted in the hallway by two of the residents, who then returned to complete the activities they were engaged in at the time. One resident was watching a programme on television in a sitting room at the rear of the property. Prior to the pandemic, this resident had retired and enjoyed spending time in their home. However, since the public health restrictions had eased the resident has chosen to return to their day service three days each week. The inspector was informed that this routine was flexible and could be changed as per the resident's wishes.

The other resident was observed to pour tea for a peer and themselves, as they sat at the dining room table, which was situated near a large window looking out onto the front of the property, where they were able to see their neighbours pass by. These residents spoke of how they enjoyed being able to spend time with relatives. One resident travelled to another county almost every weekend, to spend time with family representatives. The other resident was encouraged by the staff present to inform the inspector of their fondness for minding and looking after their personal possessions, which included dolls. Both residents attended regular day services. One of these residents was being supported to manage a significant illness, so their attendance at day service was tailored to suit their individual needs. The resident was facilitated to return to the designated centre if they chose to, at anytime during the day with the support of day service staff.

The inspector was introduced to another resident as they watched television in a sitting room, at the front of the house. They were encouraged by staff to talk about their day and plans for the evening. The resident spoke about the familiar staff that were working with them that evening. They spoke of how they enjoyed attending their day service and liked to relax before their evening meal, while watching

television.

The inspector observed that all interactions between the residents and staff were positive and respectful. Each house supported residents with diverse and sometimes complex needs. It was evident that staff in each house were familiar to the residents and the inspector observed residents interact with ease and engage with staff in all three houses. For example, one staff was observed to lower their body position when conversing with a resident who was sitting in a chair. Another staff supported a resident to obtain requested items, without delay, in a local shop. A staff in one of the houses spoke about preferred laundry arrangements for one resident and how the dynamics in the house worked well, with residents having a number of different areas to use as their preferred space, when they chose to have time alone. However, in another house a number of residents had been impacted by the behaviours of a peer. While this house did have a number of different areas for residents to use, including a self contained apartment, residents had voiced their personal views in relation to living in the house. This will be further discussed in the quality and safety section of this report

While all three houses were warm and decorated with personal possessions, there were a number of issues identified during the inspection relating to the premises. Some of these issues also impacted infection prevention and control measures. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place, which aimed to promote a safe and person-centred service for residents. However, staffing on the day of the inspection was not reflective of the planned rota. In addition, there were gaps in staff training. Also,issues relating to the premises had not been reviewed by the provider, during the previous two six monthly provider led audits.

The inspector was aware prior to the inspection that the person in charge was on unplanned leave since February 2022. On the day of the inspection, the inspector was informed that there had been a number of changes to the staff team in the previous 18 months. The social care leader was the person who was attending to many of the responsibilities of the role of person in charge, at the time of the inspection. They were scheduled to attend training on the day of the inspection, but met with the inspector at the second house, facilitating the inspection, for the day. The provider had arrangements in place during the unplanned absence of the person in charge and had nominated a person participating in management to

ensure oversight of the designated centre during this period. The social care leader was familiar with the assessed needs of all of the residents. They managed the staff rota and had completed staff supervisions, with scheduled supervisions to take place in 2022. The inspector reviewed actions taken to support staff, who had expressed concerns during their supervisions meetings. The social care leader was aware of the training requirements for staff, including gaps in refresher training in managing behaviours that challenge. While the provider's format of staff training records, given to the inspector, was difficult to assess, all staff had completed safeguarding training and infection prevention and control, (IPC) training. The provider had also requested all staff to complete on-line refresher training in IPC for 2022. The social care leader had asked for all staff to complete this by 31 March 2022. Fire safety training for two new staff had been booked for May 2022, however, a number of staff had not attended refresher training in managing behaviours that challenge due to the pandemic restrictions during 2021. The inspector acknowledges that this was the training that the social care leader was scheduled to attend, on the day of the inspection.

The assessed needs of the residents in the designated centre, were noted by the inspector to be complex and diverse. Following the inspection in February 2020, the provider had committed to ensure that staffing levels would be maintained to meet the assessed needs of the residents. The provider had continued that commitment by providing unfunded hours each week to support residents to have a person centred and quality service. The inspector was informed that a number of business cases had been submitted to request ongoing person centre supports being available to residents, due to their changing assessed needs. On the morning of the inspection a staff member was not present in the first house, as outlined in the planned rota. The inspector observed a number of issues in this house, which included liquid stains on the kitchen floor and used breakfast ware on the kitchen table. While the staff member present was observed to remove the breakfast ware, they also needed to support the resident to leave for their day service, as per the resident's wishes. Both were observed to get into the transport vehicle as the inspector left the house. In contrast, a staff member in the second house ensured all actions had been completed in advance of their late departure, to ensure residents' needs would be supported when the residents returned to the house in the afternoon.

The provider had ensured an annual review had been completed in March 2021 and the most recent annual review was due for submission, by the social care leader, on the day after this inspection. The annual review included input from the residents and family representatives. Positive comments reflected the ongoing supports provided by the staff team. Some issues identified had been resolved which included assisting residents to re-commence attending their day services and regular visits to family representatives during 2021 while adhering to public health guidelines. Other issues that had not been resolved at the time of the inspection, included the painting of kitchens in two houses, after renovations had been completed. Six monthly provider led audits had also been completed in March and November 2021. The auditors did not visit the houses during these audits. There were conducted over telephone calls and teleconferencing. Regulation 17: Premises was not reviewed in either audit. While the social care leader had repeatedly pursued some

issues relating to maintenance, no progress had been made in the previous 12 months, relating to the painting. In addition, other issues found on the day of the inspection were reflective of no on-site audit taking place. This will be further discussed in the quality and safety section of the report. However, the inspector was aware that the provider had submitted a fire safety upgrade plan to the Health Information and Quality Authority (HIQA), in December 2021. The time-lines submitted for completion of the required fire safety upgrade works for two of the houses in this designated centre were as follows: one house in 2023 and the second house in 2024, with the provider exploring the possibility of a replacement house in the intervening period.

The inspector reviewed the complaints log in one of the houses. They were informed that there was one open complaint made on 13 February 2022, that had been escalated to senior management. This was the same complaint that the resident had spoken to the inspector themselves about. It concerned their wish to live in a house on their own,with the support of staff. While the issue remained unresolved, members of the senior management team had met with the resident on 16 and 17 of February 2022 with another meeting to be scheduled in April 2022. However, the inspector noted that a similar complaint had been made by the resident on 2 January 2022 which was subsequently withdrawn by the resident on the 5 January 2022. Other residents had made a number of complaints between September and November 2021 regarding the impact that a peer's behaviour was having on them, which included interrupting their sleep. Actions taken at the time included requesting the peer to use another door to exit the house and to be mindful of other people sleeping in the house. The complainants were satisfied with the response at the time. However, further notifications had been submitted to HIQA since the start of 2022. These include two separate incidents where the same residents had been upset by the behaviours that challenge, that have been witnessed by them, in their home. The inspector did not get to meet with these two residents during the inspection. Staff had also made a complaint on 23 August 2021 on behalf of residents when staffing levels were unable to support individual activities. The on–call person in charge, provided support for one hour on that day, to facilitate three residents to engage in a community activity. The three residents concerned, were reported to be satisfied with this solution to the matter.

Regulation 15: Staffing

There was a core group of staff, supported by a small number of regular relief staff, who were familiar to the residents. There was an actual and planned roster in place. However, on the day of the inspection, staffing levels in one of the houses was not as outlined in the rota.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The social care leader had completed staff supervisions in the designated centre. The provider had ensured a training schedule was in place, with training planned and booked for staff in 2022. However, at the time of the inspection, not all staff had completed refresher training in managing behaviours that challenge.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had governance, leadership and management arrangements in place in the designated centre. There was evidence of consistency of service provision, A review of documentation for recent months was reflective of the new staff members on the team becoming familiar with the assessed needs of the residents. While provider led audits were completed, not all actions had been completed or progressed and no on-site provider led six monthly audit had taken place in the previous 12 months.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The social care leader had ensured that the Chief Inspector was notified in writing of all quarterly reports. However, not all adverse events had been reported as per the regulatory requirements. The provider submitted a retrospective notification in July 2021 following a review of incidents that had occurred in the designated centre. An adverse incident that took place on 21 October 2020 had not been reported to HIQA as required by the regulations. The provider had taken actions to investigate the matter and reduce the risk of a similar incident occurring in the future, which included all staff to notify their line manager if they needed to leave the designated

centre for personal reasons, during their scheduled hours.

Judgment: Not compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had submitted in writing the notification of the absence of the person in charge.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had submitted in writing the arrangements in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. Residents were aware of their right to make a complaint. There was one open complaint at the time of this inspection that had been escalated to senior management. The complainant had been kept informed of actions to seek a resolution and the resident was scheduled to have another meeting in April 2022 regarding the issue, with a member of the senior management team. The impact of a peer's behaviour, which had been logged as a number of complaints by two residents, is actioned under regulation 9: Residents rights

Judgment: Compliant

Quality and safety

Overall, residents' wellbeing and welfare was supported by a consistent staff team,

to provide a person-centred service where each resident's individuality was respected. Staff had adapted the services provided to each resident as required and ensured ongoing supports were in place and regularly reviewed, to assist residents to access day services, community activities and maintain contact with family representatives. However, further review of general maintenance, IPC measures, residents' rights and risk assessments was required.

The inspector acknowledges that the provider has provided information to HIQA that they were exploring the option of an alternative property, to support four residents living in one of the houses, in the designated centre. However, the inspector observed issues relating to ongoing maintenance in two houses in this designated centre. A number of ceilings in both properties had water stains evident or had sections that had been re-plastered following repair works being completed, but not yet painted. On the day of the inspection, a plumber had been called by staff to review an active leak coming through the ceiling, in a sitting room. This ceiling also had a number of old water marks evident. Another area of ceiling, in the office located in one house, was damaged. Both kitchens had been upgraded in 2021 but the areas had not been repainted.

Other areas in the houses also required painting, this included a repaired section of wall in the hallway of one house. There were a number of cables also observed in the same house by the inspector, in the hallway, sitting room and office. The purpose of these was unknown at the time of the inspection, but they appeared to have been cut and were left dangling from the walls. There was damage evident to a carpet on the upstairs landing of one house and to floor surfaces in both kitchens. Tiles were damaged and wooden floor surfaces badly worn. There was evidence of food deposits and other debris visible on the damaged surfaces, at the time of the inspection.

In addition, despite a deep clean having been completed by external contractors on the 9 March 2022 in one house and on 24 March 2022 in the second house, some issues remained unresolved. The area above an emergency exit light had evidence of not been cleaned for a prolonged period of time and the areas around some of the electrical appliances in one kitchen showed evidence of a long term build up of debris. There was damage evident to the surface of couches in one house. Another house that supported four residents, was observed to lack adequate storage space for some personal possessions, in the downstairs area. A corner of one sitting room contained a large number of items, which were cherished by one resident. Additional items including a vacuum cleaner, were being stored in the open space, under the stairs in the same house. The small utility room was cluttered and had a clothes airer, with clothes drying on it and positioned against storage presses. To access these presses, staff were required to move the clothes airer out of the way. The external appearance of the garden in one house required maintenance. A boundary wall had collapsed during a recent storm. However, temporary fencing erected, while awaiting repair works, was observed by the inspector to not be effective, at the time of the inspection. A number of sections of the temporary fencing had fallen down. There was also damage evident to garden features and a low garden wall, to the front of the same house.

While some of the issues mentioned in the previous paragraph also impacted the ability of staff to effectively clean some areas of the designated centre, the inspector also noted additional IPC issues during the inspection. These included a damaged toilet seat in one shared bathroom, a build up of food deposits in an oven, the storage of mops and buckets in an office space and inconsistent documentation of cleaning completed in the designated centre. The social care leader was identified as the COVID-19 lead and had completed monthly IPC audits which included observational audits of staff hand hygiene. An outbreak review had also been completed in the designated centre, after one resident contracted COVID-19 in February 2022. The other residents present in the house remained safe during this period and none contracted the virus.

The inspector reviewed four personal care plans during the inspection. All had been subject to multidisciplinary review in the previous 12 months. Some residents had been supported to progress some of their goals which included over night visits with family representatives, day trips to scenic locations and attending sporting fixtures. Each resident had a member of staff identified as being their key worker. However, the progression of goals for some of the residents was not consistently documented or reviewed. The ongoing and changing healthcare needs of residents were supported in the designated centre. One resident and their family representatives, were included in discussions with the provider, regarding the supports required by the resident, to manage a significant illness. The resident's needs were being met at the time of the inspection, which included pain management. Input from a palliative care team was also available as required. The provider and social care leader were monitoring the situation and seeking an alternative location that would be able to support the resident's increased medical needs as their illness progressed. Another resident, had been supported by the staff team and allied health care professionals, when they had experienced difficulty with their mental health in the months prior to this inspection.

The provider had fire safety management systems in place which included fire alarms, emergency lighting and personal emergency egress plans (PEEPs) for residents. One of the houses in this designated centre was newly built and had effective fire safety measures in place. However, the other two houses did not have fire containment measures in place, for example, fire doors. The provider had informed HIQA in December 2021 of the overall planned fire safety upgrade works for the region, that were required, which included this designated centre and when they were expected to be completed. However, measures in place to mitigate against the current fire and safety risk, were not consistently completed in the records reviewed by the inspector. These included daily checks of fire exits and the fire alarm system. For example, these had not been documented as having been completed on 24 February 2022, as part of recorded fire checks that took place. The weekly testing of fire alarm system was recorded infrequently. The monthly safety inspections did not contain the specific date the review had taken place, it only referenced the month. While fire drills had been completed and evidenced in the records reviewed for one of the houses, including a minimal staffing drill, there were no details of the exits used during the evacuation, or the scenario that would identify where a potential fire may occur, to assist residents and staff to use the most appropriate exit during the drill. This was discussed with the social care leader

during the inspection.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes, which included using flash cards, pictures, personalised communication books and technology such as tablet devices. In addition, the provider was progressing with actions to maximise one resident's communication skills having secured an interpreter for sign language, to support the resident on a regular basis. The staff team envisaged this would result in a positive outcome for the resident and could assist with improved understanding by the resident, in many situations, including when they would attend medical appointments, in the future.

Judgment: Compliant

Regulation 11: Visits

The provider had ensured that residents were supported to maintain regular contact with family representatives. Staff also facilitated visits to residents' family homes, while adhering to public health guidelines and as per the residents' expressed wishes.

Judgment: Compliant

Regulation 12: Personal possessions

While residents were supported to retain control of their personal property and possessions, one house did not have adequate space to store the personal possessions of residents. At the time of the inspection, a large amount of items were being stored in a communal sitting room.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had not ensured that two of the premises in this designated centre had been kept in a good state of repair, internally and externally

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had implemented measures for the assessment, management and ongoing review of risk. There were two escalated risks in the centre at the time of the inspection. However, not all risks as per the regulatory requirements had been documented with the controls in place to reduce the risk of such incidents occurring. This included risks such as the unexpected absence of a resident and accidental injury to residents, visitors and staff.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had procedures and protocols in place to ensure standards of the prevention and control of healthcare associated infections were consistent, however, duties completed by staff were not consistently documented. The inspector did not have their temperature checked by staff on entry, which was at variance with the provider's protocols regarding COVID-19. There were a number of damaged floor surfaces which impacted the effectiveness of cleaning, in two of the houses. In addition, the storage of mops and buckets required further review.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place in the designated centre, including fire alarms, emergency lighting and PEEPs for the residents, that were subject to regular review. The provider was aware of the requirement to complete fire safety upgrade works in two of the houses. However, measures in place to mitigate the current risk were not consistently completed. The daily and weekly fire safety checks were not consistently documented, in the records reviewed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents health, personal and social care needs were assessed with support plans in place, however, not all reviews had occurred in a timely manner. Progression and adaptations of goals, due to the pandemic, had not been consistently documented.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve best possible health with plans of care developed to support the assessed needs of residents. Access to allied healthcare professionals and local general practitioner services was supported when required. In addition, residents' wishes regarding the management of medical conditions were also respected. For example, one resident was supported to have reviews every three months for a chronic condition. The provider was actively engaged with another resident, their family representatives and allied healthcare professionals, to ensure the future palliative care needs of the resident would be met.

Judgment: Compliant

Regulation 7: Positive behavioural support

The social care leader had ensured that residents were supported to manage behaviours that challenge and restrictive practices were subject to regular review. While active behaviour support plans had been subject to regular review, not all staff had documented that they had read the most recent revision of one behaviour support plan for a resident.

Judgment: Substantially compliant

Regulation 8: Protection

There were active safeguarding plans in place at the time of the inspection. All had been subject to regular review and were deemed to be working effectively for residents. The inspector found staff were very familiar with the individual plans in place. The registered provider had ensured all staff had been provided with training

to ensure the safeguarding of residents. In addition, the provider and designated officer had completed a number of investigations, following incidents that occurred in the designated centre and had put measures in place to ensure the ongoing safety of all residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to engage in meaningful activities daily and encouraged to make decisions within the designated centre and in relation to their care. The provider is aware of an individual's expressed wishes regarding their living arrangements. However, a number of residents have had their sleep disturbed by a peer and have become upset as a result of the actions of that peer on other occasions, where shouting had occurred. Actions were taken by staff at the time of these incidents, to support all of the residents and reduce the possibility of similar incidents occurring in the future. However, the ongoing supports required by the peer, has on occasions impacted the choice and control other residents had over their daily lives. Residents were being supported to access advocacy services, as per their wishes.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kingfisher 1 OSV-0004836

Inspection ID: MON-0031579

Date of inspection: 30/03/2022

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: • Social Care Leader spoke with staff in question on 30th of March (evening of inspection) and facilitated supervision with the staff on 15th of April. • Social Care Leader spoke with staff members on shift on 31st March and 1st & 6th of April and instructed that staff must remain on shift as per roster and must inform line manager if staff need to leave in case of emergencies. • Social Care Leader held staff meetings on 28th and 29th of April and discussed same as part of the agenda	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Social Care Leader has booked staff in to relevant training and Social Care Leader rebooked training for due to attend on day of inspection, Social Care Leader to attend training on 10th of May.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: • On site provider led reviews, have recommenced, an onsite provider led six monthly audit was held on 3/3/22. • Action plan developed following each six monthly audits and all actions to be progressed.

Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • The provider will notify all incidents within the timeframe as required by the regulations.	

Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: • Social Care Leader has requested for an under the stairs cabinet to be built in house two (CA), requested on 28/4/22 and Social leader followed up on 4/5/22. Carpenter to call and measure area on 11/5/22 • Residents can store personal items in this storage area where resident will have easy access to their personal possessions.	

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Minor maintenance repairs in house one (DH) scheduled to be complete week beginning 02/05/22. • Repair works on boundary wall in house one (DH) scheduled for week beginning 23/05/22. • MDT scheduled 11/05/22 to access suitability of alternate house for the persons supported in house one (DH). Identified house was deemed unsuitable for two of the persons supported in in house one (DH) therefore survey requested from engineer to	

access the viability and cost for extensive works, survey report to be complete by 31/05/2022. Following this report provider will decide if house is to be replaced or upgraded.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• Social Care leader has put in place the risk assessments (unexpected absence of a resident, accidental injury to staff, visitors and staff, self-harm and aggression and violence) on 5/4/22 that were absence on the day of inspection.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• Social Care Leader spoke with staff members on shift on the 31/03/22, 01/04/22 & 06/04/22 in relation infection control to ensure all documentation is completed consistently, Covid protocol with visitors (sign in, temperature checks).
• Storage for mops and buckets is now in place, cabinets for outside storage put in place on 14/04/22
• Social Care leader held staff meetings on 28/04/22 and 29/04/22 to discuss infection control
• Cleaning Manual and updated cleaning checklists in place in both houses in the designated centre
• Minor maintenance repairs in house one (DH) scheduled to be commenced week beginning 02/05/22.
• Repair works on boundary wall in house one (DH) scheduled for week beginning 23/05/22.
• MDT scheduled 11/05/22 to access suitability of alternate house for the persons supported in house one (DH). Identified house was deemed unsuitable for two of the persons supported in in house one (DH) therefore survey requested from engineer to access the viability and cost for extensive works, survey report to be complete by 31/05/2022.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Social Care Leader spoke with staff members on shift on the 31/03/22, 01/04/22 & 06/04/22 and informed that all fire checks lists in place must be completed and consistently completed.
• Social Care Leader discussed fire checklists at staff meetings held on 28/4/22 and 29/4/22
• Social care leader has put in place scenario based fire drills to ensure all exits are used during evacuation on 31/3/22 & 1/4/22.
• Social Care leader to regularly inspect fire folder to ensure compliance.
• Social Care leader to ensure relief staff are aware of fire folder as part of induction / shadowing process.
• Installation of fire works for house 2 (CA) is been planned for 2023 as part of an ongoing programme of works. Decision regarding fire works installation for house one (DR) is dependent on survey requested from engineer to access the viability and cost for extensive works, survey report to be complete by 31/05/2022.
• fire controls currently in place; daily inspection of fire alarm unit, fire exits, weekly inspection of fire appliances, weekly break glass test, and inspection of emergency lighting.
• Fire panel and emergency lighting in place and quarterly checks will continue to be carried out by Service Company.
• At present staff, perform daily and weekly checks of the emergency fire equipment in addition to monthly and annual checks by a competent person. This forms part of Fire Folder on site.
• PEEP in place for all persons supported, they will continue to be reviewed on a regular basis.
• Staff will discuss the importance with residents of plugging out their appliances in the house and Person supported bedrooms before they go to sleep each night cognisant of the resident's right to privacy.
• Staff will ensure the electrical equipment is cleaned on a regular basis e.g. extractor hood, toaster etc.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• Social Care leader spoke with keyworkers on 19/4/22 & 20/4/22 and ensured that all PCP's are progressed and well documented each quarter.
• Social Care Leader spoke with one keyworker (6/4/22 & followed up on 29/4/22) who

has just recently became keyworker to ensure the prioritization the progression of PCPs goals for residents.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • Social Care leader spoke with staff in question on 6th and followed up on the 20th of April to ensure that they had read and signed most recent update behavior support plan

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: • Provider to re-refer persons supported to access advocacy services. Social Care leader is to regular check in with residents (most recent 24/4/22). • Support hours (2nd staff) remain in place to support in choice and control of residents have on their daily life. • One resident is now using back door of designated Centre to reduce the possibility of disturbing other residents sleep.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	30/07/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	29/04/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2022

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/12/2023
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	30/04/2022
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Substantially Compliant	Yellow	05/04/2022
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5,	Substantially Compliant	Yellow	05/04/2022

	includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.			
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.	Not Compliant	Orange	30/04/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/04/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/04/2022
Regulation 31(1)(g)	The person in charge shall give	Not Compliant	Orange	30/04/2022

	the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.			
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/12/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	20/04/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Substantially Compliant	Yellow	30/09/2022

	of his or her disability has the freedom to exercise choice and control in his or her daily life.			