

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:	Embrace Community Services Ltd
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	30 April 2024
Centre ID:	OSV-0008503
Fieldwork ID:	MON-0043548

About the designated centre

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

Kilbride House is a designated centre operated by Embrace Community Services Ltd. The centre consists of a three-storey house located in a housing estate near a large town in Co. Wicklow. The house is situated within walking distance of local shops and amenities. It is registered to accommodate a maximum of three residents. It provides full-time residential support for adults with intellectual disabilities. Residents have their own private bedrooms and have access to shared kitchen, sitting room and a back garden, with an additional area for relaxation. The centre is managed by a person in charge who is supported in their role by two team leaders and a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
------------------------------------------------	---

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 April 2024	09:35hrs to 14:35hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out in response to unsolicited information received by the Chief Inspector of Social Services. The unsolicited information outlined concerns, including concerns regarding the residents' safety and wellbeing in the centre, and the resources available to meet their needs, such as staffing.

The inspector used observations, conversations with staff, interaction with a resident, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. The inspector found that the centre was operating at a good level of compliance with the regulations inspected. Overall, the inspector was assured that residents were receiving good quality and safe care and support, and that the centre was being effectively governed and managed.

The centre comprised a three-storey house close to a busy town with many amenities and services, including public transport links, shops, and restaurants.

There were two residents living in the centre at the time of the inspection. The inspector did not have the opportunity to meet one of the residents as they were attending their day service during the inspection. The other resident did not communicate their views with the inspector. However, they did engage with the inspector by touching the inspector's hand and using some gestures. The resident appeared to be content and relaxed, and the inspector observed them freely moving around their home.

The inspector also observed staff responding to the resident's needs and wishes in a prompt and kind manner. For example, the resident chose food from the freezer and handed it to a staff member, and the staff cooked it for them. The inspector also heard staff speaking kindly to the resident. The resident spent the morning relaxing in their home, and in the afternoon went to Howth on the train with staff to go for a walk and have their lunch out. This activity was in line with the resident's interests.

The inspector found that the residents were being consulted with about the running of the centre, and were encouraged to make decisions. For example, residents were supported to plan their menu and weekly activities during residents' meetings (they also had the option to change their minds and choose alternatives if they wished). The inspector viewed the minutes from April 2024, which recorded discussions on activity planning, the menu, fire safety, restrictive practices, residents' rights, advocacy services, and complaints. Social stories had been used during the meeting to help residents understand the use of restrictive practices affecting them.

There was also a complaints procedure that residents and their representatives could use. Easy-to-read information on the procedure was displayed in the centre. The inspector viewed the complaints log, which showed two complaints had been made by residents' representatives. The first complaint was resolved to the

complainant's satisfaction, while the second complaint remained open.

The person in duty was not on duty during the inspection. A team leader and assistant director facilitated the inspection. They both spoke warmly and respectfully about the residents, and it was clear that they knew their individual personalities well. For example, they used person-centred and personal language when speaking about residents, and were knowledgeable about their interests and preferences.

The director told the inspector that overall, residents had a good quality of life in the centre. They said that staff provided good care to residents and that their will and preferences were respected. They were satisfied that residents had sufficient access to different health and social care services, as they required, and told the inspector that the associated recommendations and interventions were being implemented in the centre. There was one resident vacancy, and the director told the inspector that there were no plans to fill the vacancy.

The team leader told the inspector that residents received very good and holistic care and support in the centre. They said that residents were supported to make choices in their lives. For example, they were supported to partake in community-based activities, in line with their wishes and individual needs, such as hiking, walking, using public transport, going on day trips to the seaside, eating out, shopping, day services, and going to the cinema. Within the centre, they liked to play games and puzzles, listen to music, watch movies, and read books. They also liked to visit their families. The team leader spoke about residents' behaviours of concern, and the associated controls, such as the use of restrictive practices, and support from the provider's behaviour support specialist. They were also familiar with the procedures for responding to safeguarding concerns, reporting incidents, and evacuating residents in the event of a fire. They told the inspector that they could easily raise concerns with the management team.

The inspector carried out a walk-around of the centre with the team leader. The centre was observed to be clean, tidy, and appropriate to the needs of the residents living there. Residents had their own bedrooms with en-suite bathrooms. The communal spaces included an open-plan kitchen, living and dining room. There were also bathrooms, staff rooms, and an external garden room that was used primarily by one resident. The garden room was warm, comfortable, and fitted with fire detection equipment. During the inspection, the provider's maintenance department were carrying out routine maintenance work, such as repairing the front gate.

There were some restrictive practices in the centre, such as locked presses. However, the rationale for the restrictions was clearly explained to be inspector by the team leader.

The inspector observed good fire safety precautions, such as fire detection and fighting equipment throughout the centre. However, the inspector also observed that the kitchen door was wedged open by a fire extinguisher, which impinged on the effectiveness of the fire containment measures. The team leader removed the fire extinguisher immediately; this matter is discussed further in the quality and safety section of the report.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided in the centre.

Overall, the inspector found that residents were safe, and that their needs were being appropriately responded to by the provider. The inspector was adequately assured about the concerns outlined in the unsolicited information, and that the provider had implemented effective systems to deliver a safe and quality service to residents in the centre.

The centre was well-resourced and there was a clearly defined management structure. The centre was managed by a full-time person in charge. They were supported in their role by two team leaders, and reported to a director. There were effective arrangements for the management team to communicate and escalate information, such as regular meetings.

The provider had ensured that the quality and safety of the care and support provided to residents was effectively monitored. For example, the provider had ensured that unannounced visits of the centre were carried out and reported on, and the local management team carried out a suite of audits. The audits identified actions for improvement that were monitored by the management team.

The director was satisfied that the staff complement and skill-mix was appropriate to the number and assessed needs of residents. There were two vacancies which posed a risk to the continuity of care provided to residents. However, the provider had successfully recruited for the vacancies, and the new staff were due to start working in the centre in May 2024.

The person in charge maintained planned and actual staff rotas. The inspector viewed the recent rotas, and found that improvements were required. For example, the names of all staff working in the centre in March and April 2024 were not clearly recorded.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff also attended regular team meetings. The inspector reviewed a sample of the recent team meeting minutes, including the March 2024 minutes, which reflected discussions on staff training, incidents, safeguarding plans, residents' updates, residents' rights, and infection prevention and control.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection.

The skill-mix comprised the person in charge, team leaders, and social care workers. There were two staff vacancies at the time of the inspection. However, the provider had successfully recruited for the positions, and the new staff were due to start working in the centre in May 2024. In the meantime, the vacancies were being filled by permanent staff working additional hours, and through the use of relief and agency staff. Regular relief and agency staff were sought where possible to support consistency of care for residents.

The inspector reviewed the planned and actual staff rotas for March and April 2024 with the director. The inspector found that improvements were required to maintenance of the rotas. For example, the rotas did not always show that the required number of staff were on duty at all times, or clearly show the full names of all staff working in the centre during those months. However, the director provided assurances to the inspector that the centre had been appropriately staffed at all times.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the registered provider had ensured that the centre was adequately resourced, governed, and monitored to ensure the delivery of safe and consistent care and support to residents.

The centre was observed to be well-resourced and appropriate to the residents' needs. For example, residents had access to a range of health and social care professionals, and the premises was well-maintained.

There was a clearly defined management structure with lines of authority. The person in charge was full-time and based in the centre. They were supported by two team leaders in managing the centre. The person in charge reported to an assistant director, and there were effective arrangements for the management team to communicate and escalate concerns. For example, the director visit the centre often and had governance meetings with the person in charge, where they reviewed matters, such as staffing, residents' updates, incidents, audit findings, complaints, and risk management. The person in charge also attended monthly meetings with other managers for shared learning purposes.

The provider had implemented good management systems to monitor the quality and safety of care and support provided in the centre. For example, unannounced visit reports had been completed, along with a suite of audits on matters, such as fire safety, care plans, infection control, residents' finances, and medicine management. The audits identified actions for improvement, and the inspector found that they were monitored and progressed towards completion.

There were adequate arrangements for staff to raise concerns, such as regular team meetings and management presence. Staff spoken with told the inspector that could easily raise concerns.

Judgment: Compliant

Quality and safety

This section of the report outlines the inspector's findings on the quality of the service and how safe it was for the residents living in centre. Overall, the inspector found that the residents were in receipt of individualised care and support, which was based on their individual assessed needs and personal preferences. The inspector also found that good risk management procedures and safeguarding precautions were in place to protect residents. However, the fire containment measures required improvement to ensure that they were effectively implemented.

Residents' individual needs had been assessed, and corresponding care plans had been prepared outlining the care and support interventions they required. The inspector viewed a sample of both residents' plans, including those on intimate care, behaviour support, epilepsy, sleeping, and nutrition. The plans were available in the centre to guide staff practices, and the inspector found that staff spoken with were knowledgeable on the contents. The assessments and plans also reflected input from a range of health and social care professionals. One resident had recently presented with a change in needs, and the provider and the management team had made arrangements for their needs to be reviewed. Meetings with key stakeholders had also been organised, and the provider had sourced an additional specific healthcare professional to see the resident.

There were effective arrangements to safeguard residents. Staff had received appropriate training in relation to the safeguarding of residents, and for the prevention, detection, and response to abuse. The inspector found that safeguarding concerns had been appropriately reported and responded to. For example, safeguarding plans were prepared outlining the measures to keep them safe from harm.

The provider had also implemented good risk management procedures. The management team maintained a risk register, which outlined the main risks and hazards in the centre. The inspector reviewed a sample of the associated risk assessments, and found that appropriate control measures were in place. The

inspector also found that there were effective systems for the identification, recording, and learning from incidents. For example, incidents were recorded on the provider's electronic information system, and were reviewed by the management team (and other stakeholders as relevant) to identify learning and inform the review of risk control measures.

Generally, the provider had ensured that good fire safety precautions were in place. For example, there was fire fighting and detection equipment throughout the centre. However, the fire containment measures were compromised due to the wedging open of a door into a high risk area. This matter is discussed further under regulation 28.

Regulation 26: Risk management procedures

The inspector found that the safety of residents in the centre was promoted through risk assessment, learning from adverse events, and the implementation of control measures.

The registered provider had prepared a written risk management policy, which underpinned their procedures for the identification and assessment of risks, and management of incidents. The management team had prepared a suite of risk assessments, such as assessments related to behaviours of concern.

The associated control measures, included input from health and social care professionals, and the implementation of care plans, and emergency procedures. Restrictive practices were also used where necessary. However, the inspector found that they were proportionate to the associated risks. For example, there was a locked low gate at the front of the house due to the risk of residents leaving the centre unattended and encountering harm. The inspector found that staff spoken with were aware of the control measures to be in place.

The inspector found that there were good arrangements for the recording and review of incidents and adverse events. For example, staff recorded incidents on the provider's electronic information system. The incidents were then reviewed and signed off by the management team. Incidents were also discussed at staff meetings and other meetings such as case reviews for information sharing and to identify learning. The inspector also found that actions were taken to reduce the risk of incidents reoccurring. For example, after a resident consumed unprescribed medicine in the staff office, signage was posted to the office door reminding staff to ensure it was properly closed.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre. However, the fire and smoke containment measures were observed to be comprised.

There was fire detection and fighting equipment, and emergency lights, and it was regularly serviced to ensure it was maintained in good working order. There were also fire doors throughout the centre to reduce the risk of the spread of a potential fire or smoke. However, the inspector observed that the fire door connecting the front hall and the open-plan living area with a kitchen, dining facility, and living area was fully wedged open with a fire extinguisher. Staff told the inspector that the door was regularly wedged open for convenience. A device to safely hold open the door without compromising its purpose had been ordered, however had not been fitted yet. The inspector highlighted to the team leader the serious risk that this practice posed, and the team leader immediately removed the extinguisher and returned it to its proper place. The inspector also brought this matter to the attention of the director.

The person in charge had prepared individual evacuation plans, which outlined the supports that residents required in evacuating the centre. Fire drills were carried out to test the effectiveness of the plans. Fire safety was also discussed at residents' meetings to remind them of the evacuation plans.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector found that residents' individual needs had been assessed, which informed the development of written care plans to guide staff on the care and support interventions they required.

The inspector viewed the assessments and care plans of both residents, and found that they were up to date and readily available to staff in the centre. They also reflected the relevant health and social care professional input as required. For example, occupational therapy, physiotherapy, speech and language therapy, psychiatry, and psychology professionals.

The plans also included information on residents' personal preferences and interests, such as their favourite activities and foods. The inspector found that staff spoken with were familiar with the contents of the plans.

Some residents had recently presented with increased needs and a change in behaviours. The provider and management team had responded appropriately by seeking support from the relevant health and social care professionals. Review meetings were also being carried out with the relevant stakeholders, such as the residents' representatives, the provider's funder, and the relevant health and social care professionals present. The provider was also engaging with a new medical

professional to review the resident's needs.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems to safeguard residents from abuse, which were underpinned by a written policy. The policy was available in the centre for staff to refer to, and it had also been prepared in an easy-to-read format to make it more accessible to residents. Staff had also completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were aware of the procedure for responding to and reporting safeguarding concerns.

The inspector found that safeguarding concerns had been appropriately reported and notified to the relevant parties. Safeguarding plans had also been prepared, as required, which outlined the measures to protect residents from abuse. The plans were discussed at staff team meetings to remind staff of the measures to be in place.

Intimate care plans had also been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilbride House OSV-0008503

Inspection ID: MON-0043548

Date of inspection: 30/04/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Both vacancies in Kilbride were filled by suitable qualified staff on 15th and 27th of May. All rosters were reviewed with PIC in line with recommendations from Inspector and monitored in monthly Governance meetings between PIC and Assistant Director of Services.</p> <p>Review of timesheets on day of Inspection provided evidence that appropriate level of staffing was rostered apart from 1 day where it had been risk assessed prior to completion that staff would lone work over night with 2 residents. There has been non other occasion in Kilbride where staffing has fallen below the assessed level.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Staff instructed not to prop fire door open in supervision and team meetings. Maintenance works to be completed on door to include fire compliant mechanism for holding door open and releasing on alarm being sounded. This work will be completed by 14/6/24.</p>	

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 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	17/05/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	14/06/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	14/06/2024