



## Office of the Chief Inspector

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

Name of designated centre:	Kilbride House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	19 June 2019
Centre ID:	OSV-0003377
Fieldwork ID:	MON-0024123

## 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, over the age of 20 with an intellectual disability, autism and 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 following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

6

## 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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
19 June 2019	09:40hrs to 19:00hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

During this inspection, the inspector met five of the six residents who lived in this designated centre. The inspector was able to observe some residents in their environments and in their interactions with staff while also having an opportunity to speak with three of the residents.

One resident was met with who talked about the various activities which they liked to do. These included watching specific television shows, visiting their family, going swimming and going bowling. Staff members present were seen to interact respectfully with the resident who was supported to go bowling in a nearby town during the inspection.

A second resident spoke positively about living in the designated centre and the support they received from staff. The resident talked about hoping to move to alternative living arrangements and how they were being assisted to achieve this. This resident was also actively involved in a service user council run by the provider and said that they enjoyed this along with the various activities they participated in such as attending concerts, dancing and singing.

A third resident was also met and spoken with briefly by the inspector. The resident was seen to move freely throughout the centre and indicated that they were going out on the day of inspection. The resident was later seen to leave the centre with a staff member. Later on during the inspection, on their return to the designated centre, this resident was seen relaxing on a couch watching television and appeared content while doing so.

The inspector met another two residents briefly but did not have an opportunity to meaningfully engage with these residents nor observe them within the centre. It was noted though that both of these residents either attended their day service or were supported to go on an outing during the course of the inspection. The sixth resident living in this designated centre was absent on the day of inspection as they were attending an external activity centre for two days.

Throughout the inspection, residents and staff members on duty were seen to interact well together with some sociable interactions witnessed. Residents observed appeared comfortable in the presence of staff members on duty. Two residents were also seen to help prepare their own meals.

## Capacity and capability

Overall, this inspection found that the provider had ensured that appropriate structures and supports had been put in place to support residents while systems were operating to ensure oversight of this centre. It was noted though that improvement was required in relation to the continuity of staff working in the centre which is important in ensuring that a consistency of care is provided for residents.

This designated centre was providing residential services for up to six residents and was last inspected by HIQA in March 2018. Since that inspection a new person in charge, who was met during this inspection, had been appointed to the centre in April 2019. The person in charge was responsible for this designated centre only and had the necessary experience to perform the role. While still new to role, the person in charge demonstrated a good knowledge of the residents living in the centre and outlined their plans to ensure effective management of the designated centre.

The change in person in charge was reflected in the centre's statement of purpose. This is an important governance document which should describe the model of service provided and the supports that are given to residents. The statement of purpose is required by the regulations and also forms the basis for a condition of registration. Based on the overall findings of the inspection, the provider was operating the designated centre in accordance with this document. It was also noted that the statement of purpose contained all of the required information such as a description of the centre's rooms, the criteria used for admissions and the total staffing complement for the designated centre.

The provider had ensured that appropriate staffing levels, in keeping with the statement of purpose and residents' assessed needs, were in place to support residents. Staff members spoken with during this inspection demonstrated a good knowledge of residents' needs and how to support them. However, from reviewing rosters maintained in the centre, it was clear that a high number of staff had worked in the designated centre since the beginning of 2019. The volume of staff who worked in the centre did not ensure that a consistency of care and support to residents. There was some indication that such staffing arrangements were having a negative impact on residents, for example, it was noted that a specific diet for one resident had not been followed due to staff inconsistency while such staff arrangements did not always support residents to engage in positive behaviour.

Under the regulations the provider is responsible for ensuring that there is a continuity of staff working in this centre. The provider is also required by the regulations to ensure that there are appropriate management systems in place to review the quality and safety of care and support that is provided to residents. Included amongst such systems are unannounced visits by provider that are required to be carried out every 6 months. The provider had completed three such visits since the previous HIQA inspection. Written reports of these visits were maintained which included action plans to respond to issues highlighted. The day before this current inspection, the most recent provider unannounced visit had been completed.

The inspector was provided with a copy of this visit report. The provider's unannounced visit was detailed and identified many of the same issues found during

this inspection while reference was made in this report to the benefit of maintaining familiar staff for the centre. It was noted though that the action plan for this unannounced visit did not include a specific action to ensure a continuity of staff in the centre. However, it was indicated by a member of senior management for the provider that work towards ensuring a better consistency of staff was in progress. It was also seen that there was weekly oversight of this designated centre by senior management while arrangements were in place for staff to receive formal and informal supervision.

In addition, it was observed that any complaints and concerns raised were listened to and acted upon in a timely, supportive and effective manner. Information on the complaints procedure was on display in the designated centre and residents were given information on how to make complaints either through regular residents' meetings or during one-to-one discussions with staff members. A clear log of any complaints made was maintained in the designated centre which included a summary of any action taken and whether the person raising the complaint was satisfied with the outcome. It was noted during the inspection that specific actions had been taken in response to complaints raised. One resident commented that a complaint raised on their behalf had been satisfactorily resolved.

#### Regulation 14: Persons in charge

A suitable person in charge had recently been appointed who was responsible for this designated centre only.

Judgment: Compliant

#### Regulation 15: Staffing

As evident by the high number of staff who worked in this designated centre during 2019 and some negative impacts on residents as a result, the provider had not ensured that there was a continuity of staff support provided to residents.

Judgment: Not compliant

#### Regulation 16: Training and staff development

Arrangements were in place in the designated centre to ensure that staff members received regular formal supervision while on any given day either the person in charge or one of two deputy team leaders was on duty to provide for the informal supervision of staff. Members of staff working in this centre were provided with

training in various areas including fire safety, first aid, food hygiene, manual handling, medicines and risk management.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was in place that contained all of the required information such as residents' next of kin details and residents' dates of admission to the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that appropriate resources had been allocated to this designated centre. A clear organisational structure was in place in both the centre and the provider as a whole which ensured clear lines of reporting and accountability. There was weekly oversight of this centre at a senior management level. The provider was carrying out unannounced visits to this designated centre every six months. Written reports were maintained of such visits which included an action plan to issues identified but the most recent unannounced visit did not include a specific action to ensure staffing continuity in the centre. Two annual reviews had been carried out since the previous inspection which reviewed the centre against national standards and included consultation with residents and their representatives.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place which had been recently updated to reflect changes in the designated centre. The statement of purpose contained all of the information required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

An allegation of a safeguarding nature had not been notified to HIQA within three working days as required.

Judgment: Not compliant

### Regulation 34: Complaints procedure

A copy of the complaints procedure was on display in the designated centre and this procedure was explained to residents. Action was taken in response to complaints raised and a clear log of complaints was maintained in the centre.

Judgment: Compliant

### Quality and safety

Overall, the provider had ensured that arrangements were in place to support residents' needs which resulted in them enjoying a good quality of life while living in this centre. It was noted though that some improvement was required so that a recommended diet for one resident was adhered to and also to ensure that a robust system was consistently followed so residents were not subject to any potential financial abuse.

In keeping with the residential service provided to residents, the provider had ensured that an appropriate premises had been made available to residents while they lived in this designated centre. The premises provided opportunities for rest and recreation. For example, spaces were available for residents to relax in private if they wished. The premises was also observed to be homely and well-furnished while being presented in a well maintained manner on the day of inspection. Overall, the inspector was satisfied that the premises provided was designated and laid out to meet the needs of residents while provision had also been made to ensure the health and safety of residents. For example, appropriate fire safety systems such as a fire alarm and emergency lighting had been provided for in the premises.

In addition to the suitable premises where they lived, residents were also supported to enjoy a good of life. For example, residents were supported to engage in various activities such as going swimming, shopping, playing snooker, overnight stays away and going to concerts. It was noted that on the day of inspection one resident was away from the centre for two days to attend an external activity centre. Facilitating residents to engage in such activities helped provide for residents' social needs in keeping with their individual personal plans. Such plans are required by the regulations and are important in identifying residents' needs and outlining the

supports to provide for these. While some improvement was noted to be required in the personal planning process, such as ensuring relevant assessment documents were completed in full, the inspector was satisfied that overall arrangements were in place to provide for all of residents' needs.

As part of these, supports were in place to help residents to enjoy the best possible health. For example, residents had access to a range of allied health professionals such as general practitioners, dentists and opticians. There was also regular monitoring of residents' healthcare needs. It was observed though, while reviewing records of such monitoring, that there was a noticeable increase in the weight of one resident during much of 2019. The provider had ensured that the resident was reviewed by a dietitian the month before this inspection who highlighted that a recommended diet for this resident was not being followed. While measures had since been taken to respond to this, it was noted that the failure to follow the recommended diet during 2019, was not in keeping with the resident's needs.

However, evidence was seen of some good practice relating to residents' food and nutrition. For example, there were facilities in place for storing food appropriately while two residents were observed during this inspection to be involved in the preparation of their own meals. Choices around meals were also talked about at regular residents' meetings in the centre where other issues such as activities, rights and complaints were discussed with residents. Opportunities were also provided for residents to discuss any issues with staff members on a one-to-one basis if required while positive and respectful interactions between residents and staff were observed during this inspection.

Residents were also seen to be comfortable in the presence of staff members while procedures were in place to ensure that each resident living in the centre was protected from various forms of abuse. Any safeguarding concerns raised were reported within the centre and investigated. Staff members spoken with demonstrated a good knowledge of any safeguarding issues in the designated centre. Records reviewed also indicated that all staff had been provided with safeguarding and intimate personal care training. It was noted though the processes in place to assist residents with their finances were not being consistently followed to ensure residents were protected from any possible financial abuse. For example, it was noted that some balance checks and receipts were only signed by one member of staff. However, the inspector did not observe any evidence that residents' finances were being mishandled during this inspection.

It was also seen that the provider had systems in place for the management of risk in the designated centre. As part of this, the use of any restrictive practices were risk assessed and reviewed on a regular basis. It was also seen that arrangements were in place to support residents to engage in positive behaviour. To provide guidance to staff in this area, residents had clear and detailed behaviour support plans in place with input from relevant professionals. Staff members spoken with demonstrated a good knowledge of such plans while training in de-escalation and intervention was also provided. It was noted though that there had been some recent incidents in the centre where it was not demonstrated that the staffing in

place had adequately supported residents to engage in positive behaviour.

### Regulation 17: Premises

The premises of the designated centre was seen to be presented in a well maintained manner on the day of inspection. The premises provided ample space for residents and efforts had been made to give it a homely feel. For example, there were photos on display in the centre while rooms were well furnished and decorated.

Judgment: Compliant

### Regulation 18: Food and nutrition

As evident by documentation in the designated centre including the report of a dietitian, a recommended diet for one resident had not been followed throughout much of 2019.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place. Identified risks in the designated centre were set out in a risk register while risks related to specific residents were contained in individual risk management plans. Both the risk register and individual risk management plans were noted to have been reviewed recently. An emergency plan was in place that provided guidance on what to do in the event of specific emergencies taking place such as fire or loss of power.

Judgment: Compliant

### Regulation 28: Fire precautions

The designated centre had been provided with fire safety systems including a fire alarm, emergency lighting and fire extinguishers. These were being serviced at regular intervals by external contractors to ensure that they were in proper working order. Fire drills were taking place regularly and relevant fire safety training had

been provided to all staff.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Arrangements were in place to meet the health, personal and social needs of residents. Such needs and how to provide for them were set out in residents' individual personal plans. Such plans were subject to regular review and informed by assessments but it was noted that some assessment documents for residents were not completed in full. Some personal plans were not provided for in an accessible format.

Judgment: Substantially compliant

### Regulation 6: Health care

There was regular monitoring of residents' healthcare needs and residents were supported to access a range of allied health professionals such as general practitioners, psychiatrists, opticians, dentists and dietitians.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Positive behaviour support plans were in place which provided clear guidance to staff on how to support residents to engage in positive behaviour. Staff members spoken with demonstrated a good knowledge of the contents of these plans. Relevant training in de-escalation and intervention was provided to all staff. However, there had been some recent incidents in the centre where it was not demonstrated that the staffing in place had adequately supported residents to manage their behaviour. Any restrictive practices in use were subject to assessment and review.

Judgment: Substantially compliant

### Regulation 8: Protection

All staff were provided with relevant safeguarding training along with training on how to provide intimate personal care. Staff members spoken with demonstrated a good awareness of any safeguarding issues and how to respond to these. Evidence was seen that issues of a safeguarding nature were appropriately reported within the designated centre and investigated. While arrangements were in place to safeguard residents from various forms of abuse, the processes around residents' finances were not consistently followed to ensure they protected residents against the possibility of financial abuse.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were seen to be treated in respectful manner by staff members present during the course of this inspection. Regular residents' meetings were taking place in the designated centre where residents could express their views regarding the running of the centre and where information was given to residents in areas such as complaints, meals, activities and rights.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kilbride House OSV-0003377

Inspection ID: MON-0024123

Date of inspection: 19/06/2019

## 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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: PIC will review recruitment processes for the center to ensure consistency in Staffing and continuity of care for residents. PIC will ensure that the usage of staff is in line with the Statement of Purpose for the center.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider Nominee will review the Six Monthly unannounced Inspection process to ensure that Specific corrective action is implemented to address any concerns identified during this visit.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	

<p>PIC will ensure all relevant notifications are completed and issued to the Authority within 3 working days as per Regulation 31.</p>	
<p>Regulation 18: Food and nutrition</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>PIC will discuss Residents Dietician report and proposed meal planner at team meetings and ensure staff are being consistent with same by ensuring familiarity across the team. PIC will ensure all recordings of nutritional intake is completed daily. PIC will continue to ensure monthly weight records are up to date. PIC is working with staff to encourage Resident to engage in exercise on a daily basis. Resident has currently lost 6 pounds with these control measures in place</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>PIC is currently reviewing all Comprehensive Needs Assessment, Personal Plans and related documents and will ensure that these are all available in accessible format for each resident.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>PIC will review staffing resources for the center and ensure staffing resources are in line with SOP. PIC will review all incidents and identify and action learning from same and discuss and action at daily handovers and team meetings. PIC will discuss strategies to support residents with behavior of concern at team meetings and staff debriefs to ensure all staff are aware of interventions.</p>	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: PIC will ensure that all staff are aware of the finance Policy. This Policy will be covered at next team meeting. PIC will conduct weekly over sight checks on finances of residents to ensure that the policy is been implemented correctly.	

## 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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	01/09/2019
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Not Compliant	Orange	01/09/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Substantially Compliant	Yellow	31/12/2019

	unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	01/09/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and	Substantially Compliant	Yellow	01/09/2019

	circumstances, but no less frequently than on an annual basis.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	01/09/2019
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	01/09/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/09/2019