



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

Issued by the Chief Inspector

Name of designated centre:	The Court - Kingsriver
Name of provider:	Kingsriver Community Holdings Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	27 July 2023
Centre ID:	OSV-0007915
Fieldwork ID:	MON-0031948

About the designated centre

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

The Court - Kingsriver is a designated centre operated by Kingsriver Community Holdings CLG. The designated centre provides a community residential service for up to four adults with a disability. The centre comprises of two houses within a close proximity to each other in an urban area in County Kilkenny. Each house comprises of a sitting room, dining area, kitchen, bathrooms and individual resident bedrooms. The designated centre is staffed by a team leader, social care workers and health care assistants. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
Thursday 27 July 2023	09:40hrs to 16:45hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

Since the last inspection in October 2022, the provider had completed a planned reconfiguration of the service and reopened their second designated centre. The provider supported five residents to transition from this designated centre into the second centre. Following the transition, the provider submitted an application to reduce the capacity of this centre from nine residents to four residents and to reduce the footprint of this centre by removing one unit. On this inspection, the provider informed the inspector of a further planned change to move one of the units of this centre to a new premises over the coming year.

At the time of the inspection, this centre provided a community residential service for up to four adults with a disability. The inspector had the opportunity to meet with two of the three residents currently living in the centre over the course of the inspection. One resident was away on a planned holiday on the day of inspection. Overall, based on what the residents communicated to the inspector and what was observed, the inspector found that the residents enjoyed a good quality of service. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner.

On arrival to the first unit of the centre, the inspector briefly met with one resident who was preparing to leave the centre to attend their day service. They welcomed the inspector and spoke positively about the care and support provided in the centre. They informed the inspector about a planned move to a new house in the coming months and stated they were looking forward to the move.

In the afternoon, the inspector visited the second house. The inspector had the opportunity to meet with the resident living in this house. The resident told the inspector about the improvements in the consistency of staffing and spoke positively about the staff team. The resident told the inspector about their interests and recent achievements in courses in literacy, drama and art. The resident did note that they would like to have more control of their finances and was working with the provider regarding this. In both houses, the residents appeared relaxed and comfortable in their home and in the presence of the staff team.

The inspector also reviewed three questionnaires completed by the residents describing their views of the care and support provided to the residents in the centre. Overall, the questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the residents. However, one questionnaire noted that they would like more control over their finances. Another questionnaire highlighted that at times when they were supported by staff who were

not able to drive the centre's vehicles, this could impact on their choices.

The inspector carried out a walk through of the centre accompanied by the person in charge. As noted the designated centre consists of two houses in close proximity to each other. The first house is a three storey house which consisted of a sitting room, kitchen/dining room, sun room, office, two individual resident bedrooms, three spare rooms and a number of shared bathrooms. The second house which was a two storey house consisted of a sitting room, kitchen/dining room, office, resident bedrooms and spare bedroom. Overall, the houses were decorated in a homely manner and residents' bedrooms were personalised with personal items and pictures important to them. While, the inspector did observe some wear and tear on the walls of one unit, this had been self-identified by the provider.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in training and development, governance and management, fire safety and medication management.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management system in place which ensured a good level of oversight of care delivery in the designated centre. However, some improvements were required in training and development and governance and management.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure appropriate oversight and that the service provided was effectively monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits. These quality assurance audits identified areas for improvement and action plans were developed in response. However, the timeliness of the six-monthly unannounced provider visits required improvement.

From a review of the roster, it was evident that there was an established staff team in place which ensured continuity of care and support to residents. The inspector observed positive interactions between the residents and the staff team. The residents spoke positively about the staff team and the care and support provided. From a review of training records, for the most part the staff team had up to date training. However, some improvement was required to ensure all staff had up to date training.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was responsible for one other designated centre and was supported in their role by a team leader.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had planned and actual staffing rosters in place. The inspector reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents. At the time of the inspection, the centre was operating with no vacancies. Since the last inspection, the provider had reduced the reliance on agency staffing and they informed the inspector they were in the process of building up a relief staffing panel.

On the day of the inspection, the registered provider ensured that there were staffing levels to meet the assessed needs of the residents. In the first house, during the day the two residents were supported by two residential staff members. At night, a waking-night staff and a sleep-over staff were in place to support the two residents. In the second house, the resident was supported on a one to one basis throughout the day.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the majority of the staff team in the centre had up-to-date training in areas including safe administration of medication, fire safety and de-escalation and intervention techniques. However, some improvement was required to ensure all of the staff team had up to date training in areas including de-escalation and intervention techniques, manual handling and safe administration of medication.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records it was evident that the staff team were provided with supervision in line with the provider's policy. A supervision schedule had been developed for the upcoming year.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which contained all of the information as required by Regulation 19.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge reported to a Chief Operations Officer, who in turn reports to the organisation's Board. As noted, the person in charge was responsible for one other designated centre and was supported in their role by a team leader.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The quality assurance audits included the annual review for 2022 and six-monthly provider visits. The audits identified areas for improvement and action plans were developed in response. However, some improvement was required in the timeliness of the six-monthly provider visits.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by

Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided good quality care and support to the residents. However, some improvement was required in fire safety and medication management.

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their assessed needs.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills. However, some improvement was required in the recording of fire drills.

Regulation 12: Personal possessions

On the previous inspection, improvements were found to be required in the oversight arrangements for resident finances. The inspector reviewed the systems in place to support the residents to manage their finances. The inspector found that there were appropriate local systems in place to provide oversight of monies held by the residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and daily checks on the money held in the centre. The provider had completed money management assessments and it was evident that the provider was supporting each resident based on their individual requirements.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The designated centre was decorated in a homely manner and generally well-maintained. The residents' bedrooms were decorated to reflect their individual tastes.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted residents safety and were subject to regular review. There was an up to date risk register for the centre and individualised risk assessments in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate. A review of records demonstrated that regular fire drills took place including night time drills. However, some improvement was required in the recording of fire drills to demonstrate that all persons could be safely evacuated in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate and suitable practices relation to the ordering, receipt, prescribing, disposal and administration of medicines. The inspector observed secure storage for medication. There was evidence of regular audits being completed on the medications. However, it was not evident that an assessment to self-administer medication had been completed for some residents within the last year. This required review. In addition, the inspector observed some improvement required in the recording of opening dates on some medications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of needs in place which identified the resident's health, social and personal needs. The assessment informed the

residents' personal plans. The inspector reviewed the a sample of residents' personal files and found that they appropriately guided the staff team in supporting the residents with their identified needs, supports and goals.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The health care plans appropriately guided the staff team in supporting the residents with their health needs. The provider had ensured that the residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. The behaviour support guidelines outlined proactive and reactive strategies to support the residents. Residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified, assessed and reviewed. The inspector was informed that the provider was in the process of expanding the remit of the Human Rights Committee to review restrictive practices.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. The inspector reviewed a sample of incidents and accidents occurring in the designated centre and there was evidence that incidents were appropriately managed and responded to. Residents were observed to appear comfortable and relaxed in their home and in the presence of the staff team and management.

There were appropriate systems and protocols in place to manage identified safeguarding concerns. For example, while there was a significant safeguarding concern active in the designated centre, the provider demonstrated that they had

taken a number of appropriate actions to manage this concern and to protect the resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Court - Kingsriver OSV-0007915

Inspection ID: MON-0031948

Date of inspection: 27/07/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The training officer has a training schedule completed for the remainder of 2023 and training is allocated a minimum of 4 weeks in advance to ensure staff have sufficient notice of training. All outstanding training will be completed by 31st December 2023	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 6 monthly unannounced provider reviews will be completed as per regulations and at 6month intervals.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All staff have been informed that the names of all people, including residents, are to be recorded in the fire drill recording forms when completing fire drills. They have also been informed to detail any issues relating to evacuating residents if applicable.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Key workers will complete a self-assessment on residents for administering medication as requested. Staff have been requested to access labels so that dates of when medication bottles are opened/expired can be recorded, this will ensure that expired medication can be returned to the pharmacy.	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	22/08/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an 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	Substantially Compliant	Yellow	31/12/2023

	concerns regarding the standard of care and support.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2023
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	31/08/2023
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in	Substantially Compliant	Yellow	30/09/2023

	accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			
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