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:	Kilpedder D.C
Name of provider:	St John of God Community Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	05 November 2024
Centre ID:	OSV-0002883
Fieldwork ID:	MON-0036213

About the designated centre

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

This is a centre providing residential care and support to six adults with disabilities. It is based in a rural setting in Co. Wicklow with transport provided so residents can access local nearby towns/villages and frequent amenities such as parks, shops, restaurants, cafes and beaches. The centre comprises of a large detached two storey house. Each resident has their own private bedroom decorated to their individual style and choice. Communal facilities include a large kitchen/dining room, a large sitting room, a small activities/relaxation area and there are a number of spacious well-equipped bathrooms on each floor. The centre also provides a utility room and large private garden area for residents to avail of when they so wish. The staff team consists of a person in charge, a supervisor and a team of social care workers, nurses and relief healthcare assistant.

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 (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 5 November 2024	09:00hrs to 17:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centre's level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision on the renewal of the registration of the centre.

Overall, the inspector found that residents in this designed centre were supported to enjoy a good quality life. The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The provider and staff promoted an inclusive environment where each of the resident's needs, wishes and preferences were taken into account. On review of feedback provided by families of residents, the inspector saw that in relation to the quality of care and support provided to residents, the feedback it was very positive.

At the time of this inspection, there were six residents living in the centre and the inspector was provided with the opportunity to meet with four of the residents. One of the residents spoke with inspector on a number of occasions through-out the day. Residents living in the centre used different forms of communication and where appropriate, their views were relayed through staff advocating on their behalf. Residents' views were also taken from the designated centre's annual review, Health Information and Quality Authority's (HIQA) residents' surveys and various other records that endeavoured to voice residents' opinions.

The inspector used observations alongside a review of documentation and conversations with key staff and management to inform judgments on the residents' quality of life. The inspection was facilitated by the person in charge and the supervisor for the duration of the inspection. The person participating in management, joined the inspection for feedback at the end of the inspection.

The centre comprised of a large detached two storey house. Each resident was provided their own private bedroom which had been decorated to their individual style and choice. Communal facilities included a large kitchen/dining room, a large sitting room, a small activities/relaxation area. There were a number of spacious well-equipped bathrooms in the house. The centre also provided a utility room and large private garden area. In the garden area there was a large polly-tunnel, storage shed and two large specialised swings. There was also a large outdoor activity room to the back of the house however, this was currently not in use due to a fire safety issue.

During the inspection, the inspector observed that residents seemed happy with their bedrooms and appeared proud when the inspector complimented the layout and décor of their room. Overall, the inspector observed the centre to be welcoming and homely and to be clean and tidy and in good upkeep and repair.

In advance of the inspection, residents were each provided with a HIQA survey. Three of the six residents chose to complete the surveys. Family members completed surveys on behalf of two residents and one resident completed their survey with the support of their staff member. The surveys relayed positive feedback regarding the quality of care and support provided to residents living in the centre.

Surveys relayed that residents found the centre was a nice place to live in and that they liked the food and had their own bedroom. The surveys relayed that residents' felt staff knew what was important to them and were familiar with each of their likes and dislikes. Surveys relayed that staff provided help to residents when they needed it.

Some of the positive comments from families included; 'staff did a fantastic job of doing up my family member's room', 'The thought and consideration of what my family member would like was everywhere in their room'. 'Staff and family advocate for residents', 'residents have been able to experience making friends and having lifelong house-mates', 'staff support residents with decision making and consult with family for bigger decisions'. One of the residents who completed the form with their staff commented "I am happy here in my home".

Throughout the inspection, the inspector observed residents appearing relaxed and happy in their home. On the day, the inspector observed some residents heading out in the community to enjoy an activity and some residents staying at home and enjoying an activity there. For example, residents enjoyed going swimming in a pool in Dublin, one resident went to the local church to attend a mass service and three residents availed of reflexology, which was provided to them in their home.

Overall, residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. A new accessible vehicle had been sourced at the end of October 2024 and since January 2024, an on-site day service facilitator's hours had been increased from part-time to full time. On speaking with staff, the inspector was informed that residents were now in receipt of a greater choice of weekly meaningful activities at home and in the community and that this had brought positive outcomes for residents in terms of the their wellbeing and development.

Through observations and a review of menu plans, the inspector saw that residents were provided with a choice of healthy meal, beverage and snack options. Where residents required assistance with eating or drinking, there was a sufficient number of appropriately trained staff available to support residents during mealtimes and were consistent with the residents' individual dietary needs and preferences as laid out in their personal plan.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff clearly

interpreted what was being communicated. During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support.

However, some improvements were needed, for example, in areas relating to centres premises, restrictive practices and staff training. These are discussed further in the next two sections of the report which 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 delivered to each resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. 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.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place. Since the last inspection, the provider had made improvements to the designate centre that had resulted in positive outcomes for residents and in particular, in relation to increased choice of meaningful community activities. The provider had increased the working hours of the on-site day service facilitator and purchased a new accessible vehicle for the centre.

The centre had a clearly defined management structure in place which was led by a capable person in charge. They were supported in their role by a supervisor and a person participating in management.

The person in charge was an experienced, qualified professional and demonstrated their knowledge of the residents' assessed needs. They were also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place.

The person in charge carried out a schedule of local audits throughout the year and followed up promptly on any actions arising from the audits. These audits assisted the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery.

The provider had effective systems in place to monitor and audit the service. An annual review of the quality and safety of care between January 2023 and December 2023 had been completed, six-monthly unannounced visits to the centre had been carried out in March and again in September 2024. On completion of these audits, actions required where transferred over to the centre's quality enhancements plan for the person in charge to follow up on and address issues identified, in a timely manner.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. There was a staff roster in place and it was maintained appropriately. There were two staff vacancies in the centre. These vacancies were being covered by members of the current staff team as well as relief and agency staff who were familiar to residents.

The inspector reviewed a sample of staff files and found that they included all Schedule 2 requirements. The inspector spoke with a number of staff during the inspection and found that they demonstrated appropriate understanding and knowledge of policies and procedures that ensure the safe and effective care of residents. On the day of the inspection, the inspector observed kind, caring and respectful interactions between staff and residents throughout the day.

There was a training schedule in place for all staff working in the centre and this was regularly reviewed by the person in charge. Overall, staff were provided with appropriate training. However, some improvements were needed to ensure all staff training was up to date and that, where required, staff were provided with training specific to residents' assessed needs. This was to ensure that staff were provided with the necessary skills and training to the delivery quality, safe and effective services that catered for each resident's assessed needs.

There was a schedule in place for staff one-to-one supervision and performance management meetings to support staff perform their duties to the best of their ability. A sample of staff supervision records were reviewed and observed to provide a space for shared learning, personal development and a review of training requirements

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There was appropriate information governance arrangements in place to ensure that the designated centre complied with all notification requirements.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge divided their role between this centre and five others. The local monitoring systems and structures in place supported this arrangement in ensuring effective governance, operational management and administration of the designated centres concerned. The person in charge was supported by a front-line supervisor who divided their time between this and one other centre.

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Through speaking with the person in charge, the inspector found that they demonstrated sufficient knowledge of the legislation and their statutory responsibilities of their role. The person in charge was familiar with residents' needs and endeavoured to ensure that they were met in practice.

There was evidence to demonstrate that the person charge was competent, with appropriate qualifications, skills and sufficient practice and management experience, to oversee the residential service and meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters for the months of August to October 2024 indicated that there were sufficient staff on duty to meet the needs of residents on a daily basis.

The current staffing arrangements were made up of a person in charge, a supervisor (social care leader), social care workers, nurses, relief healthcare assistant and regular agency social care workers.

The roster demonstrated that the supervisor was based on-site in the centre and the person in charge had a regular presence in the centre each week.

It was evident that the person in charge strived for excellence through shared learning and reflective practices. The person in charge advised the inspector of

improvements made to the centre's roster as a result of shared learning at a recent area person in charge meeting where inspection outcomes relating to staff rosters had been discussed. For example, the designated centre's roster clearly identified the days and times that the person in charge and supervisor were present in the centre.

From speaking with staff, the inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. Staff relayed to the inspector the positive outcomes for residents since the increase in choice of meaningful activities in their daily lives and advocated for further resources to enhance residents choice during evening and weekend times.

A sample of seven staff files were viewed and were found to meet the requirements of Schedule 2 of the regulations. The sample included details of five permanent staff, one relief staff and one agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

One to one supervision and performance management meetings, that support staff in their role when providing care and support to residents, was being completed in line with the organisation's policy. Staff who spoke with the inspector, advised that they found the meetings to be beneficial to their practice.

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

From reviewing the training matrix for the staff team and specific staff training records of the staff team, including the supervisor, the inspector found that staff were provided with training to ensure they had the necessary skills and knowledge to respond to the needs of the residents.

For example, staff had undertaken a number of training courses, some of which included the following:

- Human rights
- Manual handling
- Fire safety
- Epilepsy
- Dysphagia
- Safe medication management
- Infection prevention and control including;
- safeguarding vulnerable adults

However, improvements were needed to ensure all staff training was up-to-date. For

example three staff were due positive behavioral support training and eight staff were due wheelchair clamping training. The provider's annual review for 2023 had identified that wheel-clamping training was required for all staff and that this action would be completed in 2024. However, as of the day of the inspection only five staff had completed the training. This meant that eight of the staff working in the centre, where a high number of residents required mobility equipment, were not provided with this training. The inspector was informed that, currently there was no training dates in place however, there were plans to train an in-house trainer so that they could deliver the wheel-clamping course throughout the service.

In addition, not all staff were provided with training that was specific to the assessed needs of residents. For example, staff had not been provided training relating to eating behaviours such as PICA.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of Schedule 3 of the regulations. The provider had an index in place on where to access the other pieces of information if required.

Judgment: Compliant

Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. Overall, the records were appropriately maintained. The sample of records reviewed on inspection, overall, reflected practices in place.

On the day of the inspection, the person in charge organised for staff records to be made available to the inspector for review. On review of a sample of seven staff files (records), the inspector found that they contained all the required information as per Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the

requirements of the regulation.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance submitted to HIQA and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. Overall, there was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre; The person in charge was supported by a person participating in management and assisted by a front-line supervisor to carry out their role in this centre.

The provider had completed an annual report in January 2023 of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. There were a number of actions to be addressed in 2024, many of which had been completed. For example, increased hours for day service provision was put in place and a new vehicle was purchased. This led to positive outcomes for residents living in the centre as they were provided with increase choice and participation in meaningful community activities that were in line with their likes and wishes.

In addition, to the annual review there was a comprehensive local auditing system in place in the centre to evaluate and improve the provision of service and to achieve better outcomes for residents. The PIC audit schedule monitored some of the following areas; Documentation, complaints, transitions, personal plans, general welfare, restrictive practice and quarterly checks of residents finances.

In addition, the centre underwent an infection prevention and control audit in June 2024 and a fire safety audit in September 2024. These audits monitored the effectiveness of systems and measures in place to ensure the health and safety of residents and staff.

There was a quality enhancement plan, (QEP), which was regularly reviewed and updated by local and senior management. Actions required from the unannounced 6 monthly reviews were added to the plan to monitor their progress and planned completion.

Staff team meetings were taking place regularly and provided staff with an opportunity for reflection and shared learning. On review of the minutes of the last two meeting the inspector saw that topics such as safeguarding, accidents and incidents, roster planning, infection prevention and control measures, quality enhancement plan, health and safety, and updates on the care and supports provided to residents were discussed at the meetings. Decisions were made and followed on by actions and timeframes to be completed.

Furthermore, regular 'area designated centre meetings' for persons in charge and supervisors, reviewed health and safety, recruitment, person in charge meeting updates and communication and provided a space for shared learning relating to the quality of care and support provided to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had in place a policy on admission, entry, transition, transfer, discharge and exit.

There were contracts of care in place for all residents. The inspector reviewed three contracts of care in place for residents. Contracts of care were written in plain language, and terms and conditions were clear and transparent. Fees and additional charges or contributions that residents made to the running of the designated centre were clearly detailed in the residents' contracts, and agreed with the them before signing.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room function.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by S.I. No.

367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and overall, within the required timeframes as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. On review of team meeting minutes and through speaking with the supervisor and person in charge, the inspector found that where there had been incidents of concern, the incident and learning from the incident, had been discussed at staff team meetings.

Where there were restrictive practices identified on the day that had not been notified as required, these are addressed under regulation 7.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure underpinned by a comprehensive policy. The complaints procedure was available in an easy-to-read format and accessible to residents. A copy of the procedure alongside information on advocacy was located in a communal space in the centre. From speaking with staff and a review of records, the inspector saw that the complaints procedures were regularly discussed with residents at their keyworking meetings to promote awareness and understanding of the procedures.

The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, where possible. The inspector was informed on the day, that there were no open complaints.

The inspector reviewed a complaint that previously been made by a resident and found that it had been recorded and managed appropriately in line with the provider's own policy. The inspector saw that the complaint had been recently closed resulting in positive outcomes for the resident and their peers.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The inspector found that the designated centre was well run and provided a homely and pleasant environment for residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, to ensure positive outcomes for residents at all times, some improvements were needed to the following areas; restrictive practices, premises and residents' personal plans.

Overall, the design and layout of the premises of the designated centre were in line with the statement of purpose and met the needs of residents living in the centre. The house was observed to be clean and tidy and in good upkeep and repair. However, improvements were needed to ensure that all spaces within the premises, such as the residents' sitting room and a resident's activity space, provided a homely and relaxing environment at all times.

The person in charge was endeavouring to ensure that an assessment of need was completed for each resident on an annual basis and in consultation with each resident, their family, representatives and where appropriate included multi-disciplinary input. Where appropriate, there was an accessible version of the plan available to residents. However, improvements were needed to the section in the plan that related to residents' goals, their progress and follow-up actions. This was to ensure that all residents were support to engage in meaningful goals and that their progress and achievements were recognised providing a sense of achievement for each resident.

Overall, the inspector found that he provider and person in charge promoted a positive approach in responding to behaviours that challenge. At the time of the inspection, the inspector was advised that no resident required a positive behavioural support plan. However, a review of two residents personal plans was required to ensure that the corresponded with the current presentation of the residents concerned.

The inspector saw that, for the most part, where restrictive procedure were being

used, they were based on centre and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. However, not all restrictive practices had been identified as such and therefore were not in line with best practice or had not been referred to the provider's human rights restrictive practice committee in line with the provider's associated policy to ensure that due process was followed. As such the provider could not be ensured that these practices in place were the least restrictive for the shortest duration necessary

The provider had ensured that the risk management policy met the requirements as set out in the regulations. The inspector was advised on the day that policy which was due a review in July 2024 was currently under review. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. here was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks. In addition, individual and location risk assessments were in place to ensure the safe care and support provided to residents.

Residents living in the designated centre were protected by appropriate safeguarding arrangements. Staff were provided with appropriate training relating to keeping residents safeguarded. The person in charge and staff demonstrated good levels of understanding of the need to ensure each resident's safety. There was an appropriate level of oversight to ensure that safeguarding arrangements ensured residents' safety and welfare. Safeguarding measures were in place to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

There were infection, prevention and control (IPC), measures and arrangements to protect residents from the risk of infection. From a review of documentation, from observations in the centre and from speaking with staff, the inspector found that the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents.

The inspectors found that the systems in place for the prevention and detection of fire were observed to be satisfactory. There was suitable fire safety equipment in place and systems in place to ensure it was serviced and maintained. There was emergency lighting and illuminated signage at fire exit doors. Local fire safety checks took place regularly and were recorded and fire drills were taking place at suitable intervals.

Regulation 12: Personal possessions

The inspector found that there were systems in place to ensure that each residents' personal possessions were respected and protected; Each resident was provided with an inventory of their personal possessions and this was included in their personal plan. On a walk around of the centre, the inspector observed that each

bedroom was equipped with sufficient and appropriate storage each for resident's personal belongings. For example, there were wardrobes, shelving units, drawers, and bed-lockers.

The centre provided bedding including duvet covers and bed linen. Resident chose their own bed linen in line with the decor of their room and their own likes and preferences.

There were laundry facilities available to residents if they wished to avail of them, including a washing machine and dryer and an outside clothes line.

Residents were supported to express themselves through their clothing and styles and colours that were of preference to them. On the day of the inspection, when the inspector complemented residents outfits, residents appeared to understand and seem happy to receive the complement.

Records of all residents' monies spent were transparently kept in line with best practice and the provider's policy on managing residents' finances. Records of residents' possessions deposited or withdrawn from safekeeping were accurately maintained and kept up to date. There was a quarterly report submitted to the line manager regarding residents finances and personal property, with the most recent completed on 09 October 2024. The report reviewed cashbook, bank account and post office transitions and looked to see if there were any areas of concern or actions to be agreed. It also referred to the inventory of assets own by each resident. Overall the inspector found that these systems ensured that all residents' personal possessions were accounted for and were protected at all times.

Judgment: Compliant

Regulation 13: General welfare and development

There had been improvements to the resources available in the centre which saw positive outcomes for residents and in particular, in relation to participating in meaningful activities in the community.

On review of activity records, residents personal plans, activity planners and speaking with residents, the inspector found that residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected.

The inspector found that residents were assisted to exercise their right to experience a range of relationships, including friendships and community links, as well as personal relationships. Residents were engaged in their local community through many different social activities including music clubs, swimming classes, attending local concerts and musicals and enjoy outdoor parks and centres.

The residents were enabled and assisted to communicate their needs, wishes and

choices which supported active decision making in their lives including their care. During monthly key working sessions, residents were provided an opportunity to relay their choices in relation to preferred activity and or interest.

On review of the centres activity folder, and separately in three residents personal plans, the inspector saw photographs of residents enjoying activities such as grooming and feeding horses, attending musicals, dining out in local eateries, magic table at the local library, piano lessons at music classes, but to mention a few.

On advocating for residents, staff and management advised of the positive outcomes and happiness for residents that the additional resources had brought and further advocated for continued improvements in this area and in particular during evening times and weekends.

Judgment: Compliant

Regulation 17: Premises

The physical environment of the house was clean and in good decorative and structural repair. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the designated centre.

Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms which included family photographs, paintings and memorabilia that were of interest to them. During the walk around of the centre, the inspector observed four of the six residents' bedrooms and found they to be personal to each resident and relayed their likes an interests. On review of feedback from families, one family member noted, that staff "did a fantastic job" of doing up their family members' bedroom.

The residents living environment provided appropriate stimulation and opportunity for the residents to rest and relax. Communal areas were spacious and allowed easy access for residents using mobility equipment. However, some improvements were needed. For example,where a resident was provided with a personalised sensory area to support them to have time out and relax, the inspector observed three wheelchairs stored in the area. This impacted on the effectiveness of the space to provide a pleasant relaxing and open space.

In addition, the inspection observed their be an office area in one corner of the residents' sitting room. There was a large notice board, a desk, large bulky machines such as a printer and computer. The inspector was advised that staff were recently provided with laptops as an alternative to the computer. Overall, a review of the layout of the residents' sitting room was needed to ensure it provided a homely relaxed environment for residents to enjoy.

There was an outdoor cabin, included on the designation centre's floor plans, which had been donated by residents' 'friends and family' group, to provide a space for residents to enjoy activities. However, due to the location of the cabin, a fire safety risk had been identified and the cabin was not in use. On the day of the inspection, the inspector was advised that there was a plan to review a number of possible options for the future of the cabin by the end of 2024.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy to read language and was available to everyone in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The inspector was informed by senior management that the policy, which was out of date since July 2024, was currently under review.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

For example, the person in charge had completed a range of risk assessments with appropriate control measures, that were specific to residents' individual health, safety and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that, the infection prevention and control measures were effective and efficiently managed to ensure the safety of residents. For example;

The centre was observed to be clean and that cleaning records demonstrated a satisfactory level of adherence to cleaning schedules. There were day and night time cleaning checks in place, for residents' bedrooms, communal areas and residents mobility equipment, including hoists. There was also a cleaner employed to work in the centre twice a week.

The inspector reviewed a sample of flushing checks in place during August to October 2024 for two areas in the house that were not in regular use and saw that staff were adhering to the checks.

The inspector observed appropriate cleaning equipment and cleaning products and saw that they were stored appropriately.

An infection prevention and control audit had taken place in the centre in June 2024 and overall, demonstrated the effectiveness of the measures in place to protect residents.

The inspector reviewed training schedules that demonstrated that, staff had completed specific training in relation to infection, prevention and control and overall, refresher training was up-to-date.

On review of the centre's infection, prevention and control documentation, the inspector saw that there were satisfactory contingency arrangements in place in the case of an infectious decease outbreak. The contingency plan for the centre had been updated during 2024. There were individual self-isolation plans in place for each residents and they were found to be person-centred in nature. Plans included residents likes and preference, so that these could be implemented during times of self-isolation.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that there was effective fire safety management systems in the centre that ensured the safety of residents in the event of a fire.

On review of the centre's fire safety folder, the inspector saw that emergency lights, fire alarms, blankets and extinguishers were serviced by an external company within the required timeframe.

Staff completed daily, monthly and quarterly fire checks of the precautions in place

to ensure their effectiveness in keeping residents safe in the event of a fire.

All staff had completed fire safety training and were knowledgeable in how to support residents evacuate the premises, in the event of a fire.

Regular fire drills were taking place, including drills with the most amount of residents and the least amount of staff on duty as well as different scenarios. This was to provide assurances that residents could be safely and promptly evacuated and to ensure the effectiveness of the fire evacuation plans. A day time drill had taken place in June 2024 and a night-time drill in September 2024.

In addition, the person in charge had prepared fire evacuation plans and resident personal evacuation plans for staff to follow in the event of an evacuation. These were reviewed for their effectiveness during fire drills and reviews.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

From a review of a sample of three residents' personal plans overall, the inspector found that the plans demonstrated that each resident was facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected. Personal plans were regularly reviewed and residents, and their family members, were consulted in the planning and review process of their personal plans.

The person in charge carried out regular audits of the documentation within the personal plans to ensure information within them was relevant and up-to-date. However, some improvements were needed to ensure these audits were effective at all times. See regulation 7 for further details.

Residents were provided with an accessible format of their personal plan in a communication format that they understood and preferred. There were photographs and picture formats of activities residents had taken part in within their plan, on separate notice boards and folders.

However, the inspector found that a review was needed of residents' goals to ensure that they were meaningful in nature and were in addition to what residents had a right to. For example, two resident plans included ‘participation in the community’ as a personal goal.

In addition, improvements were needed to the way residents’ goals were monitored and progressed. For example, for one resident, the information in the progress and follow-up sections of their goals were repeated for three months in a row. For another resident, progress of two of their goals was noted as 'on-going', with no update on progress achieved to date.

Overall, a review of each resident's goal planning and progress was needed to ensure that residents were supported to choose goals that were meaningful to them and that they were supported to progress and develop their goals in a way where they could celebrate achievements.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that a review of residents' records, including their assessments and care plans, was required to ensure that they accurately relayed information regarding residents' current behaviours. For example, on review of two residents' personal plans, the inspector saw that they had been recently assessed as having behaviours that challenge. There had been previous tracking charts in place for one resident relating to self-injurious behaviours and there were guidelines in place, (written by staff), on how to support behaviours that challenge for another resident. However, on speaking with management during feedback, the inspector was informed that there were no current behaviours of concern for either resident.

There were a number of restrictive practices used, which had been appropriately logged and notified to the Chief Inspector in line with the regulations. However, through review of residents' tracking folders, the inspector found that not all practices in place had been identified as restrictive and that they had not been logged or notified to the Chief Inspector or processed in line with best practice or the provider's own policy.

For example, night-time checks were taking place for all residents living in the centre. On review of the checks the inspector saw that one resident was checked during the night every four hours to see if they were comfortable, another resident was checked every hour to see if they were comfortable, breathing and if their personal care items were in tact. One other resident was checked every two hours to make sure their bedding is in place, safety wise. Overall, the inspector found that a review by the provider and person in charge of night-time checks was required to ensure that all restrictions in use were proportionate to the risk of harm and were in line with rights-based care.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems were in place to safeguard the residents in their home.

Where safeguarding incidents had occurred in the centre, the person in charge had

followed up appropriately and ensured that they were reviewed, screened, and reported in accordance with national policy and regulatory requirements.

The inspector also noted the following:

· safeguarding and incidents were discussed at staff meetings.

· The training matrix demonstrated that all staff had been provided training in safeguarding of vulnerable adults and all was up-to-date.

· from reviewing seven staff files with regard to schedule 2 of the regulations, all seven staff had appropriate vetting in place.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

· information on how to contact the designated officer, complaints officer and independent advocacy was on display in the centre in a communal area.

· Two staff members spoken with in detail on the day of the inspection, were knowledgeable about their safeguarding remit; Staff understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary They told the inspector that they would report a concern to the person in charge/designated officer if they had one and were aware of the policies and procedures in place relating to safeguarding.

Residents' personal plans included person-centred and up-to-date intimate care plans. The plans detailed the supports required to protect each resident's autonomy and dignity in delivering personal care.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilpedder D.C OSV-0002883

Inspection ID: MON-0036213

Date of inspection: 05/11/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Clamping training scheduled by HR, • PBS training session scheduled, and remaining staff will be scheduled with the Callan Institute on the 2025 training calendar, • PICA training video sourced and all staff to complete. • Theses improvements will ensure staff training is brought up to date.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Plan made with senior management to remove the seomra, delayed due to cost of re-locating it, • Office in the living room, to create a more homely space- due to needs of residents, staff supervision is required, storage area will be built for the printer to remove that visual. Big noticeboard to be moved to area upstairs with all documents and smaller noticeboard with essential documents downstairs. Overall, a review of the living room will be carried out to ensure the space is a homely and relaxed environment. • Wheelchairs in sensory room space- both being stored in the resident bedrooms during the day and will be brought to sensory room at night, as used for fire evacuation at night. This will be discussed at December team meeting.	

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: • Goals- quality of goals to be discussed at team meeting. Person in charge & Social care leader will review as part of audits. This will ensure that the resident's goals are meaningful in nature, in addition to what they have a right to. • Goal tracking – keyworkers to review these monthly as part of the monthly keyworker meeting. New documentation for goal tracking in place. More detail to go into these and ensure accurate information is being documented. To be discussed with all staff at team meeting and individual supervision meetings. Person in charge and social care leader to review goal tracking as part of audits. This will improve the overall way that the resident's goals are monitored and progressed.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • Full review of waking night observations to be completed by the person in charge and social care leader, including rationale and times of checks for each resident to clearly outline what is needed for everybody. This will ensure that all restrictions are in line with rights- based care. • Restrictions will be reported in next quarter by Person in charge, • Human rights committee referrals will be submitted as per policy once due process has been followed for the affected residents, • PBS training scheduled for staff.	

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)(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	30/04/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/03/2025

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	30/04/2025
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	28/02/2025