Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kingfisher 3
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	04 September 2024
Centre ID:	OSV-0004840
Fieldwork ID:	MON-0035232

About the designated centre

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

Kingfisher 3 consists of a semi-detached two-storey house, two semi-detached three-storey houses and two detached two-storey houses located in the same area in housing estates on the outskirts of a city. At the time of this inspection residents only resided in the three semi-detached houses with the provider seeking to remove the other two houses from the centre. The centre provides full time residential care for up to seven residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the three occupied houses of the centre include kitchen-dining rooms, living or sitting rooms, bathrooms and staff rooms. The residents are supported by the person in charge, social care workers, health care assistants/support workers and instructors..

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 September 2024	08:40hrs to 18:20hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The seven residents living in this centre were met during this inspection. Most residents did not engage directly with the inspector but those that did generally provided positive feedback. Surveys completed for six residents mostly contained positive feedback with some highlighting that residents had recently moved houses. The houses where residents lived were seen to be well-presented.

At the time of this inspection, this centre was comprised of five separate houses in the same area but two of these houses were not in use by the provider who had applied to remove these from the centre. Residents had been living in these houses up until August 2024 before they transitioned to two of the other houses of the centre. As a result, three of the centre's five houses were occupied at the time of this inspection and combined these three houses provided a home for seven residents. All three houses were visited during this inspection with the inspector meeting all seven residents. The inspector also used these visits to review documentation, observe interactions and speak with staff and management of the centre.

The inspector spent the bulk of the inspection day between two houses of the centre. These were the newest houses for the centre and were of a similar design and layout. Both houses, which had three floors, were observed to clean, well-furnished and modern in their general appearance. The two houses each had access to their own small enclosed paved area to the rear that had some potted plants. While the two houses had stairs connecting all three floors, a lift was present in each house that operated between the kitchen-dining rooms on the ground floor and the staff offices on the first floor. It was indicated to the inspector that residents generally used the stairs when moving around the house and had no issues in doing so.

Residents who lived in these houses had transitioned there from the two houses of the centre that the provider was seeking to remove from this centre. The inspector was informed that residents had been supported to make visits to the newer houses before transitioning. It was also indicated that most residents had settled into their new homes but incident records reviewed and discussions with staff suggested that one resident was still adjusting to the transition. Such information indicated that this resident was impacting a peer that they lived with and a contributory factor suggested for this was that the residents' new home provided less communal space than their previous home. This will be discussed further elsewhere in this report.

All five residents who lived in the newest houses were met by the inspector while he was present in these houses. While some residents did look at the inspector, none of them interacted directly with him. One of these residents also appeared anxious at times when the inspector was present in the communal areas of the resident's house so the inspector withdrew from these areas when this was observed. The residents in both houses left their homes at various points to attend day services, go

bowling, go for a walk, get coffee or do some shopping. Staff members supported residents with these with vehicles provided for both houses.

While the inspector was in the two houses when staff and residents were present, the atmosphere was generally calm. The staff present was very respectful in their interactions with residents. For example, one staff member was helping a resident with personal care when the inspector arrived in one house and made efforts to ensure the privacy of the resident when doing do. On another occasion in the second house, one of the residents was playing with some soft balls when they dropped one of them behind a couch. A staff member promptly retrieved the ball from behind the couch when alerted to this.

Although the five residents in the first two houses visited did not engage directly with the inspector, while he was in these houses, the inspector was provided with completed surveys for six residents across the three occupied houses of the centre. Three of these surveys were answered for residents by staff, staff supported residents to complete two other surveys and the final survey was marked as being answered by the resident themselves but with staff filling in the answers. These surveys asked questions on various areas covering life in the centre with respondents given an opportunity to indicate answers of 'yes', 'no' or 'it could be better'. Overall, the six surveys indicated 'yes' answers for the vast majority of questions. This indicated positive responses in the areas queried that included food, rights, activities and staff support.

Some narrative comments were also included in some of the surveys. For example, one survey commented "I go out for walks and outings a lot, also go to concerts" while another stated "sometimes at day service I don't have a choice". Given that some residents had recently transitioned between houses of the centre, some surveys commented on this directly. One stated "My new house is the same area and community as my old house, this was important to me. I live next to my friends who moved a week before me. This is also very important to me". Another survey stated "I am still getting used to the new house but it's getting easier every day". The same survey also stated "we had to move house because of fire regulation, we didn't have much choice".

Towards the end of the inspection, the inspector visited the third occupied house of the centre where two residents were living. Both of these were present when the inspector arrived and greeted the inspector. One of these residents was engaged in building a Lego model while the inspector was present but indicated to the inspector that they were getting on well. This resident liked to make things and had a shed in the rear garden of their home where they kept things that they had built. The resident gave permission to the inspector to look in this shed where the inspector saw a model of a train and town that had been built and painted by the resident. Aside from this shed, the inspector also reviewing the house where this resident which was seen to be clean and well-presented on the day of inspection.

After speaking with staff and management, the inspector sat with the second resident living this house as they watched television in the house's living room in the company of centre management. Given the needs of the resident, the person in

charge suggested that the inspector write out some questions for the resident to read and respond to. The inspector then wrote an introduction for himself and asked if he could ask the resident some questions about living in their home on a notepad provided. The resident then read this notepad and indicated that the inspector could ask them some questions. The inspector then proceeded to write out following questions; do you like living in this house, do you feel safe living here and are the staff good to you?

The resident indicated yes for all of these questions. The inspector also asked if the resident was able to do the things that they wanted to do while living in this house. The resident made a hand gesture to this question with the person in charge indicating that this meant "unhappy". The inspector then asked if the resident had told staff about this with resident indicating that they had (this matter related to complaints made by the resident which are discussed further under Regulation 9: Residents' rights). After this the inspector asked if there was anything else the resident wanted to tell or show the inspector. The resident gave a thumbs up to this and returned to watching television. The inspector took this to mean that there was nothing else the resident wanted to highlight. The inspection concluded shortly after this.

In summary, five of the residents living in this house had recently transitioned between houses of the centre with one resident highlighted as still adjusting to this move. Residents were supported by staff members on duty in an appropriate and respectful manner. One resident indicated that staff were good to them with staff support commented on positive in surveys completed. Such surveys generally indicated positive responses to topics queried with some additional comments also made in these.

The next two sections of the report 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.

Capacity and capability

Information provided during this inspection raised concerns around the governance and oversight of the centre during the first six months of 2024. It was noted though that there had been improvement since that time although a number of regulatory actions were identified on the current inspection.

Previous inspections of this centre had identified that there was not suitable fire containment measures in two of the three houses that traditionally made up this centre. As a result, when the centre last had its registration renewed until December 2024 by the Chief Inspector of Social Services, a restrictive condition was attached that required to come into compliance with Regulation 28: Fire precautions by 12 December 2022. The provider subsequently successfully applied to vary the time

frame for this condition to 12 December 2024. In response to this restrictive condition, the provider had added two houses to the footprint of this centre in July 2024. It was indicated that these two new houses had improved fire safety systems and that they would be used to provide new homes for residents living in the existing houses without suitable fire containment. Such residents had transitioned between these houses in August 2024. The provider had also applied to remove the centre's restrictive condition, to remove the two houses without suitable fire containment and to renew the centre's registration for three years beyond December 2024.

The current inspection was intended to inform decisions on all of these applications and to assess compliance with regulations since the previous inspection in November 2022. That inspection focused on the area of infection prevention so only one regulation was considered then. Further regulations were considered during the current inspection and a number of regulatory actions were identified. Some of these were paper based actions, such as the content of a directory of residents, which did not pose a high risk to residents. The inspection also found evidence of good support in some areas such as positive behaviour support. However, information provided during this inspection raised concerns around the governance and oversight of the centre during the first six months of 2024. Such matters contributed to areas of non-compliance identified during the current inspection such as staff supervision and aspects of personal planning. It was acknowledged though that the governance and oversight concerns for this centre had been self-identified by the provider. Since these had been identified, changes had been made to the governance of this centre which was a positive development.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration which contained most of the required documentation. However, at the time of this inspection the following were outstanding:

- While floor plans had been submitted, the actual layout of two houses was different to what the floor plans suggested. As such, updated floor plans were required. While amended floor plans were submitted in the days following the inspection, some slight alterations were needed to reflect the use of lifts and to adhere with relevant guidance related to floor plans issued by the Chief Inspector.
- Appropriate evidence of the provider's insurance for two of the houses that the provider sought to renew the centre for had not been submitted.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The current person in charge had been appointed in August 2024 and during this inspection, they demonstrated a strong awareness of operations in the centre and of the residents living there. Since they had started in the role they had reviewed relevant matters such as restrictive practices and had identified gaps in areas such as personal plans.

Information provided following this inspection indicated that the person in charge had the appropriate qualifications and experience to fulfil the role of person in charge. The person in charge was responsible for this designated centre only.

Judgment: Compliant

Regulation 15: Staffing

Staffing in a designated centre must be in keeping with the needs of the residents and the centre's statement of purpose. The centre's statement of purpose had been reviewed in August 2024 and outlined the staffing in whole-time equivalents and the general staff levels by day and night. Such staffing arrangements were intended to meet the needs of residents living in this centre. The inspector reviewed staff rotas from 30 June 2024 on and found that staffing was being provided in a manner consistent with the statement of purpose. This was confirmed through discussions with staff and management while it was also acknowledged that additional staff support had been provided for one house to support a resident's transition there.

However, it was highlighted that in another house, there had been some recent instances where a resident could not participate in a chosen activity. This was contributed to by one staff member being on duty in that house. This will be discussed further under Regulation 9: Residents' rights. Aside from this matter the staff rotas reviewed indicated that there was an overall good consistency of staff support. This is important in promoting consistent care and professional relationships. Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

When present in the occupied houses of this centre, the inspector saw that copies of the Health Act 2007 along with relevant regulations and standards were available for staff. Other records provided during this inspection indicated that the majority of staff had completed in-date training in key areas to support residents. There were some gaps though in training in de-escalation and intervention although it was

noted that some dates for such staff to receive training had been booked.

It was highlighted to the inspector that staff working in this centre were to receive formal supervision on a quarterly basis. Based on records provided during this inspection the majority of staff working in the centre had not received such formal supervision during 2024. It was acknowledged that the new person in charge had provided formal supervision for some staff since their appointment and had other supervisions scheduled following this inspection.

Judgment: Not compliant

Regulation 19: Directory of residents

A directory of residents was being maintained for this centre which was made available for the inspector to review. It was seen that this directory contained most of the required information for all residents including their dates of admission to this centre and the residents' general practitioner details. However, the directory of residents provided did not include the name and address of any authority, organisation or other body who had arranged the residents' admission to the centre.

Judgment: Substantially compliant

Regulation 21: Records

Under this regulation records must be kept of any occasion when a restrictive practice is used in respect of a resident and how long it is used for. Within the centre there were times when a door might be locked in one house or stair gates used in another house. Although these were recognised by the provider as being restrictive practices, records were not being kept of when these restrictions were used and how often they were used for.

Judgment: Substantially compliant

Regulation 23: Governance and management

Under this regulation the provider is required to conduct an annual review of the quality and safety of care and support provided in the centre and to assess if such care and support is in accordance with national standards. Since the November 2022 inspection, two such annual reviews had been completed for the centre which also provided for feedback from residents and their representatives. These annual

reviews were reflected in written reports which provided to the inspector. When reading these, the inspector noted that large portions of the two annual reviews were identical in their content. It was also noted that the most recent annual review, as completed in March 2024, indicated that there was no quality improvement needed in the centre.

Another regulatory requirement is for a provider, or its representative, to conduct unannounced visits to the centre every six months. These also assess the quality and safety of care and support in the centre and must be reflected in written reports that include plans to address any issues identified. Since the November 2022 four provider visits were conducted for this centre. This included one in January 2024 and another in June 2024. Again, reports of these were provided to the inspector to review. However, when reviewing the report of June 2024 visit, it was notable that there was a number of actions identified by the auditor. This was in marked contrast to the March 2024 annual review. The June 2024 visit report also found that there was no evidence of follow up on recommendations arising from the January 2024 provider visit to the centre.

The January 2024 provider visit report for the centre did include an action plan but when reviewed by the inspector, it was noted that no responsibilities or time frames were indicated for completing actions. This was notable given that the November 2022 inspection had specifically highlighted that actions identified and time frames for completion of action in the centre's audit were not consistently completed. In addition, the overall content of the June 2024 provider visit report raised concerns around the governance and oversight of the designated centre during the first six months of 2024. When queried on this inspection it was indicated that during this period there was a reliance on verbal assurance that actions were completed without verifying that such actions were completed. Documentation reviewed and discussions during this inspection also indicated that there was an infrequent management presence in the houses of this centre during the same period.

While such matters raised concerns, and contributed to some of the regulatory findings on this inspection in areas such as staff supervision, it was acknowledged that these matters had been self-identified by the provider through the June 2024 visit. Since that visit there had been some management changes for the centre which included the appointment of a new person in charge while the centre had been discussed amongst senior management of the provider. A defined action plan for the June 2024 provider visit had also been put in place which assigned time frames and responsibilities for completing actions. Progress was being made with such actions. It was notable that since starting in their role the person in charge had also reviewed matters in a number of areas such as risk and restrictive practices, and had identified other areas as needing improvement such as personal planning. Staff spoken with commented positively on the impact of the new person in charge.

It was acknowledged by the inspector that the June 2024 provider visit to the centre focused on relevant areas and provided evidence that the provider did have some effective monitoring systems in operation. However, as highlighted above such visits must be unannounced and when reading the report of the June 2024 visit, the inspector saw clear reference being made to the auditor seeking documents in

advance of the visit. Given the regulatory requirements, the inspector sought assurance that this practice did not compromised the required unannounced nature of such visits. It was stressed to the inspector that it did not. Following the inspection communication was received indicating that information could be sought anywhere from one day to several weeks before a provider visit. This communication also indicated that the auditor would not advise of the date of an upcoming provider visit as part of the request for information.

Despite this, the same communication also stated "the reviewer usually makes contact within 24 hours of the start of the unannounced visit to ensure access to the designated centre at the time of the visit". This appeared to suggest that such visits were announced in advance, albeit at short notice. Further assurances was subsequently requested form the provider on this matter outside of this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the centre that had been recently reviewed and contained most of the required information such as details of the staffing arrangements in place and the criteria used for admission. The statement of purpose also included a description of rooms in the centre and their size. However, it was noted by the inspector that some of the information outlined in this area was inaccurate. For example, the sizes of some rooms were different to those indicated on the floor plans. In the days following the inspection a revised statement of purpose was submitted which addressed such issues although it was noted that the use of lifts in two houses was not reflected in the statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Under this regulation the Chief Inspector must be informed of particular events or allegations that happen in a designated centre within a specific time period. Amongst the events that must be notified are allegations of misconduct by the provider or staff which must be notified within three working days. However, based on the content of documentation reviewed and discussions with management of the centre, the inspector was not assured that an issue of potential misconduct had been notified to the Chief Inspector in a timely manner when this inspection took place.

In addition, matters of a safeguarding nature must be notified to the Chief Inspector within three working days. At the time of this inspection, the Chief Inspector had not

received any notification of a safeguarding incident from this centre in over 12 months. However, as discussed further under Regulation 8: Protection, there were some incidents occurring in one house which suggested one resident was negatively impacting on another. No notification related to this had been submitted at the time of inspection.

Judgment: Not compliant

Quality and safety

While guidance on supporting residents' needs was contained within their personal plans, aspects of personal planning needed improvement. Incidents occurring in one house suggested that one resident was being impacted by a peer.

Residents had personal plans in place which provided guidance on how to meet their needs. This included how to support residents to engage in positive behaviour. It was noted though that some parts of residents' personal plans needed further review while person-centred planning for residents required improvement based on documents reviewed. Improvement was also needed regarding aspects of fire containment in the two newest houses of the centre but overall the fire containment in these houses was improved compared to the two houses that the provider was seeking to remove from the centre. Within one of the newer houses, incident and complaint records reviewed suggested that one resident was being impacted by a peer that they lived it. The trend of such incidents and complaints coupled with some of the descriptions used suggested potential safeguarding impacts. It was highlighted though that such incidents were contributed to by residents having only recently moved into the house with one resident in particular still adjusting to move. Given the incidents that were occurring, there was some consideration being given to seeking to increase communal space for this house.

Regulation 17: Premises

While at the time of this inspection, five houses were included within the footprint of the centre, residents only lived in three of the houses with the provider seeking to remove the other two houses through registration applications. All three houses where residents lived were visited during this inspection and were all found to be clean, well-furnished and well-presented. Despite this, there were indications that one of the houses might not suit the needs of all residents living there in the longer term. For example:

- It was highlighted that one resident living in this house could benefit from having an individualised setting.
- Given incidents that were occurring in the centre, as discussed further under

Regulation 8: Protection, there was some consideration being given to increasing the amount of communal space provided by the house by adding an external unit to the house. Communal space in the current layout of this house was smaller compared to the previous house where residents lived.

- The house had a lift that operated between the ground and first floors but one resident's bedroom was on the second floor of the house. Concerns had been raised around the suitability of this given the resident's needs. While a recent assessment conducted had highlighted that the resident could use the stairs, something which was seen during the inspection, the resident had a progressive condition that could pose challenges in this area in the years ahead.

While such matters needed ongoing review, it was acknowledged that this house and another house had been obtained by the provider in response to the restrictive registration condition attached to the centre. It was also noted that provider had made efforts to obtain bungalows for residents to live in but had been unable to do so.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Based on observations of the inspector, the three houses visited during this inspection had been provided with appropriate facilities to store food hygienically. These facilities included presses and fridges.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was in place for this centre that was seen to be presented in an easy-to-read format and contained all of the required information. This included how to access inspection reports and the arrangements for visiting.

Judgment: Compliant

Regulation 28: Fire precautions

Of the five houses that were part of the centre at the time of inspection, two of these did not have adequate fire containment but were not being used by the

provider. The provider had also applied to remove these two houses from the centre's footprint. Residents used to live in these two house but in August 2024 they had transitioned into two other houses that had been added to this centre in July 2024. This was related to the restrictive condition attached to the centre. These two new houses had fire safety systems provided including fire alarms, emergency lighting and fire extinguishers. They also had fire doors which are intended to prevent the spread of fire and smoke. Overall, these two new houses had improved fire containment measures compared to the two houses that the provider was seeking to remove from the centre.

Despite this, in the two new houses, the inspector identified that improvement was needed regarding fire containment. These related to the following:

- The majority of fire doors in both houses had gaps under them which could negatively impact the intended purpose of the doors.
- Each of the two houses had a utility room which contained washing and drying machines. While the doors to these utility rooms did appear to be fire doors, neither door had a self-closer to ensure that the doors closed fully under their own weight. In addition, the door frame for both of these doors did not have a fire seal in place.
- Both of the houses had a lift that operated between the ground floor and first floor. When viewing both lifts the inspector noted a small gap in the around the parameter of the lift's base which could allow smoke to pass from one floor to the other in the event of a fire.
- In one of the houses, a fire alarm sensor was seen hanging from the ceiling via a cable in a staff office.

No fire safety concerns were observed in the fifth house of the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents living in this centre had individualised personal plans in place. Such plan are required by the regulations and are intended to set out the health, personal and social needs need for residents while also providing guidance for staff in meeting these needs. During the course of this inspection documents relating to the personal plans of four residents were reviewed by the inspector. These were found to contain some good and recently reviewed information and guidance in some areas while there was also documentary evidence of multidisciplinary review. However, when reviewing these personal plans the following was noted;

- Some documents within the personal plans, such as annual health reports and health passports had not been completed
- Other documents did not take account of some residents transitioning between houses of this centre or had not been reviewed in over 12 months

or. For example, a communication profile had not been reviewed since September 2022.

To involve residents and their representatives in the review of their personal plans, a process of person-centred planning was followed in the centre. When reviewing personal plans the inspector noted that this process had identified particular outcomes for residents to achieve with time frames and responsibilities assigned for helping residents achieve these outcome. Despite this, when reviewing documentation related to these the following was noted;

- Some of the outcomes identified for residents were basic or broad in nature such as maintaining their health and helping to participate in activities.
- While some outcomes had been reviewed since they had been first identified through the person-centred planning process, others had not so it was unclear how or if these outcomes had progressed. For example, one resident had a goal for staff to assist and encourage the resident to put their clothes in the washing machine but there were no documented evidence of review for this.
- One resident's personal planning documents made a number of references to a peer so it was unclear if the person-centred planning process had been individualised to the resident.

Aside from matters related to residents' personal plan, this regulation also requires there to be suitable arrangements in place to meet the needs of all residents. In one house, it was highlighted to the inspector that in recent times, there had been a change in circumstances related to one resident. This had contributed to the resident being involved in particular incidents. Discussions with staff and management, along with documentation reviewed indicated that a lot of effort was going into supporting this resident and to maintain their independence. An assessment for this resident from a psychologist was also to be conducted with a view to identifying any additional needs that the resident had and how to support them.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Recently reviewed guidance on supporting residents to engage in positive behaviour was present within residents' personal plans. Staff spoken with demonstrated a good awareness of such guidance. Records provided indicated that most staff had completed training in de-escalation and intervention. Some gaps though were noted though in this area which are addressed under Regulation 16: Training and staff development.

Any restrictive practices in use in the three houses of the centre had been subject to recent review based on documents reviewed. Such review included the input of a

multidisciplinary team while easy-to-read documents had been produced to help explain to residents why restrictive practices were being used.

Judgment: Compliant

Regulation 8: Protection

At the time of this inspection, the Chief Inspector had not received any notification of a safeguarding incident from this centre in over 12 months. However, when reviewing incident records in one house, the inspector noted a recent trend of incidents and complaints in that house which suggested that one resident was being impacted by another. Such incidents typically involved one resident leaving a room when another resident entered with reference made to the former resident sometimes being nervous or anxious during these incidents. One complaint record referenced the resident having a look of fear. Such incidents reports and complaints had been reviewed while the provider's multidisciplinary team had also reviewed such matters. Despite this, the incident reports and complaints records reviewed made no reference to potential safeguarding matters being considered.

This was queried with management of the centre who indicated that there may have been a difference in how some staff supporting these residents interpreted these incidents while additional psychological input had been sought to support both residents. It was also highlighted that the residents involved had only recently transitioned into their current home having lived elsewhere for a long time before that. One of these residents had found this transition difficult and still adjusting to the move. In addition, these residents' current home offered less space compared to the previous home which was indicated as being a contributory factor. As a result, some consideration was being given to increasing the communal space available in this house.

While the recency and impact of the transition was acknowledged by the inspector, taking into account the information gathered on this inspection, the inspector was not assured that the potential for abuse had been sufficiently considered.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence that residents' rights were being promoted in some areas. For example, residents' meeting were happening on a weekly used which were used to the give residents information. In addition, during the morning of the inspection, a staff member, who was assisting a resident with personal care in a bathroom, made

appropriate efforts to maintain the privacy of a resident while doing so.

It was noted though that in one house, where two residents lived, that there was only one staff member on duty at certain times. The inspector was informed that while both of these residents got on, they had different interests and preferred different activities. As a result, if one resident wanted to go out for an activity and the other did not, then neither resident could leave the house. There had been two instances in August 2024 where this had happened which meant that one resident could not pursue their preferred activity. This impacted the resident's right to choose how they went about their day. It was acknowledged though that the resident had been supported to make complaints about both and the provider was making efforts to support both residents. A change in circumstances for the other resident involved also contributed to such matters with the provider seeking to support this resident.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kingfisher 3 OSV-0004840

Inspection ID: MON-0035232

Date of inspection: 04/09/2024

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**
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: • The lifts, the corrected measurements and corrected OSV number have been added to the floor plans and submitted to HIQA on 3.10.24 • Confirmation of Insurance cover in respect of all risks for Property Damage, Contents and Public & Employers liability for all properties within the designated centre submitted to HIQA following inspection.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Since the inspection 8 supervisions were carried out by 3.10.24. • The provider commits that all remaining staff who were out of date for support and supervision will have been provided same by 31.10.24 • Since the inspection 1 staff has receiverd refresher training de-escalation and intervention. The remaining staff who were out of date for refresher training session in de-escalation and intervention have been booked to complete this training on 3.12.24	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: • In recent years all referrals to the provider are channelled through the HSE. • The directory of residents is generated through our own national residents' database,	

OLIS, which does not currently provide us with the name and address of the referring body.
• We have requested that this system is updated for future admissions so that the name and address of any authority, organisation or other body which arranged residents' admission to the centre is included.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

• This practice of having a recording log of frequency and duration in relation to usage of the restrictive practices in the designated centre is currently not in our Restrictive practice policy.
• This policy is currently under review and this feedback will be considered.
• In the interim the duration in which one restriction is carried out is being recorded.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• The 6 month unannounced report which was issued on 3rd July identified significant gaps in governance of the designated centre.
• A meeting with the governance team as well as the Head of Quality, who overseas the 6 month unannounced process, took place on 24th July to review the finding of the report.
• Since the 6 month report was issued a new Person in Charge was appointed to the Desiganted Centre.
• At the meeting it noted the actions that had been taken since the 6 month unannounced report was issued.
• It was agreed that these actions were prioritised but that a more comprehensive plan to address gaps identifed would be required.
• The PICS and PPIM agreed to prepare a Tracker template for identifying actions and for following up.
• This action would be monitored by the wider governance team. A meeting for 8th October was scheduled for the first monitoring meeting.
• In advance of this meeting a comprehensive Action plan was submitted.
• A schedule for the review of My Profile My Plan for each resident has been set out in the plan and will be compelted by 28th February 2025. Three MPMPs reviews have been completed todate.
• All restrictive practices have been reviewed by the MDT supporting residents in this desiganted centre.
• All behaviour support plans pertaining to residents in this desiganted centre have been reviewed and updated.
• PCP training for staff who are keyworkers has been booked. Three staff have completed part 1 of the training and the remaining staff will have training completed by 31st December 2024. In the interim PCPs are being reviewed by the Person in Charge.
• Follow up governance meeting is scheduled for 20th November 2024

• A response to the inspector's request for additional information regarding the 6 month review process was submitted by the Director of Services to the regulator on 16/09/2024.

Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The lifts, the corrected measurements and corrected OSV number have been added to the floor plans and submitted to HIQA on 3.10.24	

Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • In relation to absence of notification of misconduct to the regulator; we advise that as the disciplinary process had not commenced for matters outside of the control of the Service and therefore no disciplinary action followed we did not notify the regulator. • In relation to observations of a resident negatively impacting another shortly after the peers had moved to a new house; the provider held an MDT to review the impact the move and in assocation the potentially negative impact one resident was having on another during the "settling in" period. Psychology support was expedited to the house to review the interactions between the peers and no safeguarding concern was noted. Staff, management and MDT personnel considered the possibility that the behaviour of one resident may have an abusive impact on his peer. The team considered the types of behaviour set out in Appendix 1 of the BOC Safeguarding Policy as emotionally abusive, and mindful of that and on the basis that the behaviour was not directed at any individual, a supportive rather than protective response was deemed appropriate. In future, as per organisation guidance, this decision will be noted on the relevant AIRS form to evidence the decision making outcome in order to ensure clarity. **The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations**	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The eye condition of the resident with degenerative eye condition will continue to be monitored and through opthalmology review and OT environmental assessment review. The bedroom location will be reviewed as a priority when need indicates. • As part of supporting residents transitioning to their home the MDT did discuss the possibility of purchasing an outdoor space for the residents in order to support them to have individualised space during the day if necessary. • For now the MDT are satisified that residents are settling in well intor their new home	

after the initial settling in period and the requierment for this room is not considered a priority at this time.
• This option will be considrered again if determined as a requirement to support residents in their new home.
• We have commited to continuing the search for bungalow accomodation to meet the needs of all residents, particularly with degenerative or age related needs.
• As part of the annual review of the residents needs we will review whether bungalow accommodation is required for the individuals

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• The facilities management team have commited to having remedial works completed to address this issued on all fire doors in both identifued houses by 31.10.24
• The facilities management team have commited to having self closer and fire seal installed on the utility room fire doors in both identifued houses by 31.10.24
• The facilities management team have engaged the installer of the lifts and they have commited to addressing the sealing of the identified gaps by 7.11.24
• The fire alarm sensor was repaired on 5.9.24

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

• The 6 month unannounced report which was issued on 3rd July identified significant gaps in governance of the designated centre.
• A meeting with the governance team as well as the Head of Quality, who overseas the 6 month unannounced process, took place on 24th July to review the finding of the report.
• Since the 6 month report was issued a new Person in Charge was appointed to the Desiganted Centre.
• At the meeting it noted the actions that had been taken since the 6 month unannounced report was issued.
• It was agreed that these actions were prioritised but that a more comprehensive plan to address gaps identifed would be required.
• The PICS and PPIM agreed to prepare a Tracker template for identifying actions and for following up.
• This action would be monitored by the wider governance team. A meeting for 8th October was scheduled for the first monitoring meeting.
• In advance of this meeting a comprehensive Action plan was submitted.
• A schedule for the review of My Profile My Plan for each resident has been set out in the plan and will be completed by 28th February 2025. Three MPMPs reviews have been completed todate.
• All restrictive practices have been reviewed by the MDT supporting residents in this desiganted centre.
• All behaviour support plans pertaining to residents in this desiganted centre have been

reviewed and updated.
• PCP training for staff who are keyworkers has been booked. Three staff have completed part 1 of the training and the remaining staff will have training

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

• In relation to observations of a resident negatively impacting another shortly after the peers had moved to a new house; the provider held an MDT to review the impact the move and in assocation the potentially negative impact one resident was having on another during the "settling in" period. Psychology support was expedited to the house to review the interactions between the peers and no safeguarding concern was noted.
• Staff, management and MDT personnel considered the possibility that the behaviour of one resident may have an abusive impact on his peer. The team considered the types of behaviour set out in Appendix 1 of the BOC Safeguarding Policy as emotionally abusive, and mindful of that and on the basis that the behaviour was not directed at any individual, a supportive rather than protective response was deemed appropriate.
• In future, as per organisation guidance, this decision will be noted on the relevant AIRS form to evidence the decision making outcome in order to ensure clarity.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• We are monitoring the identified dynamic.
• We have commenced applying bespoke funding for one individual at adapted hours than originally recruited for to reduce impact on their peer.
• This was first utilized on 26.9.24 and was effective and will happen going forward.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	16/10/2024
Registration Regulation 5(3)(a)(e)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by a copy of any contracts of insurance taken out in accordance with Regulation 22 of the Health Act	Substantially Compliant	Yellow	16/10/2024

	2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.			
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	31/12/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/12/2024
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	04/10/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	03/10/2025

Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	04/10/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	04/10/2024
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 concerns regarding the standard of	Substantially Compliant	Yellow	04/10/2024

	care and support.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	07/11/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	04/10/2024
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	04/10/2024
Regulation 31(1)(g)	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 of misconduct by the registered provider or by staff.	Not Compliant	Orange	04/10/2024
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a	Substantially Compliant	Yellow	31/03/2025

	review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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.	Not Compliant	Orange	31/03/2025
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account	Not Compliant	Orange	31/03/2025

	changes in circumstances and new developments.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	04/10/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	04/10/2024