

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by S.O.S. Kilkenny Ltd
<b>Centre ID:</b>	ORG-0011307
<b>Centre county:</b>	Kilkenny
<b>Email address:</b>	sdownes@soskilkenny.com
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	S.O.S. Kilkenny Ltd
<b>Provider Nominee:</b>	Francis Coughlan
<b>Person in charge:</b>	Stephanie Downes
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector(s):</b>	Louisa Power;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	6

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
08 July 2014 08:00	08 July 2014 18:30
09 July 2014 08:00	09 July 2014 15:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

As part of the inspection inspectors met with residents, the provider, the person in charge, the deputy residential manager and staff members. The provider outlined to inspectors that the centre had initially comprised of an apartment complex and 3 houses however, the provider believed that 3 houses did not in his view meet the criteria in relation to a designated centre for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. The provided presented inspectors with a position paper that gave a number of reasons why he held this view including the tenancy arrangements and the independence of tenants. In addition, the provider confirmed that "no direct care support was provided to any of the tenants in any of the 3 properties". Inspectors visited these houses and spoke to a number of residents about their arrangements. Inspectors agreed with the providers' contention that these 3 houses were not part of a designated centre for the following reasons:

- each house was occupied by persons on the basis of a clearly defined, lawful and written tenancy agreement
- accommodation was provided at the premises however, the amount of contact/care/support service provided to any of the persons residing in these houses was minimal

- residents to whom inspectors spoke were clear that they were independent of the providers' service and outline how they accessed community services such as General Practitioner (GP) directly
- residents were clear that SOS provided services that landlords normally provided such as repairs to premises
- the provider was clear that his organisation was not responsible for any residential service provision to these 3 premises in any real and substantive way.

Therefore inspectors did not inspect these houses and inspected only the apartment complex in relation to conducting this monitoring and compliance inspection. Inspectors met with the person in charge and discussed the management and clinical governance arrangements and the role of the person in charge. Inspectors noted that a new deputy residential manager had been appointed and was still being inducted into this role. Inspectors reviewed a number of centre-specific policies and procedures in relation to the centre. Inspectors met with a number of the staff and examined policies and procedure documentation which covered issues such as policies, procedures, medication management, accidents and incidents management.

The person in charge informed inspectors that she endeavoured to provide a person centred service to effectively meet the needs of residents. The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- personal plans required updating
- there were health and safety issues including fire safety issues
- there were issues in relation to the prevention of healthcare-associated infections
- safeguarding practices/procedures in relation to visitors were not adequate
- the management of CCTV cameras needed updating
- there were issues with residents personal planning
- medication administration records required updating
- the statement of purpose was not adequate.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors reviewed the statement of purpose and noted that all residents were afforded respect, choice and dignity at all times through a holistic and person centred approach to care and a welcoming and homelike environment was provided. The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff prior to admission. In relation to one prospective resident; inspectors noted that this person was afforded the opportunity to visit the centre on a number of occasions prior to admission. In addition, there were trial period arrangements that allowed this person to settle into the centre for a period. Minutes of admission preparation meetings were viewed by inspectors which detailed a structured assessment of this prospective resident. This assessment included the individual supports this person may require in relation to home living, community integration, lifelong learning, employment, social and protection/advocacy supports that may be required.

Inspectors were informed by the person in charge that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors noted that there was an admission policy dated as reviewed in March 2014 and detailed preadmission arrangements and the admissions process. In addition, this policy detailed arrangements to take account of the need to protect residents from abuse by their peers. Inspectors reviewed copies of the written agreements in relation to the term and conditions of admission to the centre and noted that such contracts detailed the support, care and welfare of the resident and details of the services to be provided for that resident or where appropriate, the fees to be charged in relation to residents care and welfare in the designated centre as required by the regulations.

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were informed by staff that there were a number of options available for all residents in relation to activities. For example in the centralised activation centre there were activities such as, sport, art and creativity, drama, gardening, and photography. Some residents attended flip side art studio based in Kilkenny city and other residents worked in various locations in the city. During the inspection, inspectors noted that a number of residents participated in their own individualised activities; often on a one to one basis. For example some residents regularly enjoyed relaxing in their apartment sometimes just watching television, listening to music, going for walks or coffee. One resident owned a small dog who he walked each day. Inspectors also noted that a number of residents regularly visited their friends, went to the local shops and attended Mass in the local church on Sundays and religious occasions. Residents to whom inspectors spoke stated that they also enjoyed eating out, going to hurling matches or the cinema, one described enjoying golf and others enjoyed bowling. One resident described how he enjoyed playing the keyboards and the spoons. Inspectors noted that this resident also played three nights a week with a local band. From a selection of personal plans viewed inspectors noted there was an established social activities schedule available and evidence of an assessment process that identified each resident's educational, employment and/or training goals. Some residents to whom inspectors spoke outlined that they had regular roles within their apartment and inspectors noted that such roles formed part of residents' goals in their personal plans.

There were a number of centre-specific policies in relation to the social care and welfare of residents. These policies included the temporary absence of a resident and internal transfer/transition of resident within the residential service and assessing and management of individual social care needs. Inspectors reviewed a selection of personal plans which were centre-specific. Inspectors noted that personal plans were made available in an accessible format, to the resident and, where appropriate, his or her representative. There was evidence of a range of assessments being used and ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There was evidence of interdisciplinary team involvement in residents' care including nursing, dietician, social work, psychiatric and General Practitioner (GP), dentist and chiropody services. Inspectors were informed that care staff fulfilled the role of individual residents' key workers in relation to individual residents care and support. There were identified key workers responsible for pursuing objectives in conjunction with individual residents within each residents' personal plan and reviewing such plans annually or as required. There was also evidence of a number of individualised risk assessments and self care assessments. However, there were a number of issues with the personal plans including the following:

- one of the personal plans did not have agreed time scales and set dates in relation to identified goals and objectives
- some personal plans did not adequately record recommendations arising out of each personal plan review and did not include the rationale for any proposed changes; or the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

This was the centre's first inspection by the Authority.

**Findings:**

The centre consisted of an apartment complex of 7 individual two bedroom apartments and one communal apartment located in a residential area within easy walking distance to the town centre and all amenities. Inspectors noted that 4 apartments were located on the ground floor, one of which was the communal apartment and the remaining 4 apartments located on the first floor. There was a lift in place however, at the time of inspection the lift was not available. The person in charge outlined to inspectors that there were ongoing discussions with builders in relation to accessing this lift. Inspectors noted that 6 apartments were contained within the main building and 2 apartments adjoined the main building with individual access. Inspectors noted that the apartments were modern and were informed by the person in charge that the apartment complex was built in 2012. The statement of purpose stated that the apartment complex provided a homely environment for each individual; all rooms were fully furnished and decorated in conjunction with the resident's wishes, residents could purchase their own furniture if they wish and they are also encouraged to personalise their apartment with pictures and ornaments or any items they choose. Inspectors noted that each apartment was easily accessible, bright, well ventilated, had central heating and decorated to an adequate standard. Residents to whom inspectors spoke stated that they could choose to have televisions, computers and stereos and some had premium televisions channels and internet services in their apartments. Each of the apartments was homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. Inspectors noted that the design and layout of each of the apartments was compatible with the aims of the Statement of Purpose. There were adequate showers, bath and toilets with assistive structures in place including hand and grab rails; to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Residents that showed inspectors their apartments stated that they were happy with the living arrangements and all residents had personalised their rooms with photographs of family and friends and personal memorabilia. Inspectors noted that apart from their residents' own bedrooms there were options for residents to spend time alone if they wished with

a number of communal rooms available including the communal apartment that also served as the staff office and staff overnight facility.

Laundry facilities were provided within each apartment and were adequate. Residents to whom inspectors spoke were happy with the laundry arrangements. Equipment for use by residents or people who worked in the centre included a specialised bath chair that was in good working order and records were up-to-date for servicing of such equipment. Inspectors noted that there was an accessible external garden that was kept safe, tidy and attractive and inspectors observed a number of residents using these facilities. There were also some gardening with a couple of raised beds and hens were also kept in the garden. The inspectors noted that there was also a small garden shed that was used regularly by one resident. In addition, there was garden seating and a patio table with a parasol provided and there were some car parking spaces available to the side of the premises that were accessible for car/mini bus transport.

### **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge outlined the planned actions that would be taken to ensure that a valid certificate of compliance with statutory fire safety and building control requirements would be provided. Inspectors observed that there were fire evacuation notices and fire plans publicly displayed in each apartment. All visitors were required to sign in and also sign out when leaving the premises. Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available. Inspectors noted that fire training for staff was provided. Most staff to whom inspectors spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire. However, there were a number of issues in relation to fire safety including the following:

- there was a risk assessment in relation to one resident smoking however, it was not adequate as it did not assess the residents ability to smoke safely
- there was no centre-specific smoking policy
- not all staff had received up-to-date fire training
- one recently appointed staff had not participated in fire drills
- not all staff were adequately familiar with the fire evacuation procedures including the location of the fire evacuation assembly point
- while fire evacuations were regularly conducted in the premises however, there were inadequate arrangements in relation to ensuring the effective evacuation of the



apartments.

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included screening for falls risks, daily living support plans such as diet and weight management and behaviours that challenge. There were also assessments of risks associated with supporting positive behaviour and the management of diabetes, were appropriate. There was a risk management policy and this policy detailed the measures and actions in place to control the following risks of unexpected absence of any resident, accidental injury to residents, visitors or staff, aggression and violence, and self-harm as required by regulation. However, the risk management policy did not detail the arrangements for the identification and investigation of, and learning from, serious incidents or adverse events involving residents. There was a safety statement that detailed hazard identification which included slips, trips, falls, manual handling risks, assaultive behaviour and included measures aimed to reduce such hazards however, it was dated as reviewed in 2008. In addition, the hazard identification and assessment of risks throughout the centre was not adequate as the following risks had not been assessed:

- the railing on the upstairs landing in the context of presenting a falls risk
- the unrestricted first floor windows had been risk assessed and the identified hazard control stated that all first floor windows were to be restricted however, a number of these windows were not restricted
- visitors staying overnight had not been risk assessed
- there were inadequate risk assessments/evacuation procedures in relation to residents' with sight and hearing impairment.

Inspectors were informed by the person in charge that the cleaning of each apartment in the centre was done by residents and/or part-time cleaning staff. Inspectors noted that generally the premises appeared clean and tidy however, there were a number of issues in relation to the prevention of healthcare-associated infections including the following:

- there was a strong foul odour emanating from one apartment
- inspectors noted that 2 waste bins did not contain any lid
- the management of the hand towel in the communal apartment was not suitable.

### **Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

#### **Theme:**

Safe Services

#### **Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge and the deputy residential manager were involved in the management of the day-to-day care provision for residents in the centre. The deputy residential manager was recently appointed and was currently shadowing another manager who was stepping down from this position and returning to her own substantive post. The person in charge informed inspectors that she monitored safeguarding practices in the centre by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. During the inspection the inspectors observed the deputy residential manager and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Residents to whom inspectors spoke confirmed that they felt safe in the centre and spoke positively about the support and consideration they received from staff. Inspectors noted a positive, respectful and homely atmosphere within the premises and residents appeared relaxed positive and generally forthright in speaking about staff and living in the centre.

Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse and noted that this policy was centre-specific. Inspectors noted from staff files that adult abuse training had been provided and staff also confirmed that they had received training in relation to the policy on identifying and responding to adult abuse. Staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse. There was a policy on visiting the centre and there was a visitors' record maintained and visitors attended the centre at different times. Inspectors were informed by the person in charge that one visitor regularly stayed for 2 days each week however, there were a number of safeguarding issues in relation to visitors staying overnight including the following;

- there were no written safeguarding practices/procedures in the policies and procedures for the prevention, detection and response to allegations of adult abuse
- there was no risk assessment completed in the context of protecting this resident and other residents from potential abuse
- there were no written arrangements detailed in the visitors' policy in relation to facilitating visitors to stay overnight
- there was no detail in the residents' personal plan in relation to safeguarding practices/strategies when visitors stayed overnight.

From a selection of personal plans viewed inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. The person in charge outlined arrangements for the training of staff in the management of behaviour that challenges and detailed how an external company had been commissioned to provide this training for all staff. Staff to whom inspectors spoke were able to detail suitable strategies in relation to providing de-escalating and intervention techniques. However, a number of staff confirmed that she had yet to receive training in the management of behaviour that is challenging.

Inspectors noted that closed circuit television cameras (CCTV) were in place in a number of locations and inspectors noted that there was sign near to the entrance door to the complex warning residents and visitors of the presences of these cameras. Inspectors were informed by the person in charge that these cameras were used for security reasons; did not record images and were located mainly in external areas with one camera located in the entrance hallway. Inspectors noted that there was a policy in relation to the use and management of CCTV cameras. However, there were a number of issues in relation to the use of CCTV cameras including the following:

- the policy on the use of CCTV was not adequate as it did not adequately detail the management or the rationale for using CCTV cameras in these locations
- the policy was not centre-specific and detailed the recording, storage and management of data when in fact these cameras did not record any images
- it was unclear if due consideration/consultation with residents had been provided in relation to the proportionality of the perceived need to use CCTV cameras versus the residents' expectation to privacy in their own homes
- the use of CCTV cameras had not been outlined in the statement of purpose or the Residents Guide.

### **Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

This was the centre's first inspection by the Authority.

**Findings:**

There was evidence of some health assessments being used in relation to physical wellbeing, person-centred planning and type 2 diabetes. There were assessments in relation to aggression, unexpected absence of a resident and behaviour issues in public. There were also records maintained of referrals and follow-up appointments in relation to some residents having had urological, psychological and psychiatric assessments. Staff informed inspectors that in relation to residents accessing healthcare professionals this mainly occurred via the residents GP, public health nurse or any other healthcare appointment as required.

Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff to whom inspectors spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. Inspectors noted that residents generally had their breakfast and evening meal in their own

apartment and their lunchtime meal mainly off site. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was good. Inspectors noted that residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in each apartment. Referrals for dietetic reviews had been made, the outcome of which was recorded in the residents' personal plans. Inspectors viewed the policy and guidelines for the monitoring and documentation of residents' nutritional intake and noted that residents' weights were generally checked regularly and weight records were maintained for most residents. However, in one residents personal plan the resident had been due to be reviewed by the optician in January 2014 however, there was no written record of this appointment having been kept.

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Health and Development

### **Judgement:**

Non Compliant - Moderate

### **Outstanding requirement(s) from previous inspection:**

This was the centre's first inspection by the Authority.

### **Findings:**

There was a centre-specific medication policy dated as reviewed in February 2014 that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. There were records of training of staff in medication management and staff to whom inspectors spoke demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in the staff' office in the communal apartment however, inspectors noted that there were a number of issues in relation to administration of medication including the following:

- a number of the medication administration records were not completed/signed by administering staff
- the medication policy was not centre-specific and did not reflect actual practice for example the policy described using a medication administration system that in fact was not in use in this centre.

## **Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

### **Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

This was the centre's first inspection by the Authority.

**Findings:**

A written statement of purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided in the centre. The person in charge confirmed that she kept the statement of purpose under review and provided inspectors with a copy of the most up to date version. Inspectors noted that there was a copy of the statement of purpose in the office in each apartment. Residents to whom inspectors spoke stated that a copy of the statement of purpose had been made available to residents and their representatives and inspectors noted that the statement of purpose was in a format that was accessible to residents if required. However, the statement of purpose did not detail the total staffing complement, in full-time equivalents, for the designated centre with the management and staffing complements as required by regulation. In addition, in the visitors section of the statement of purpose there was no record of any arrangements for visitors to stay overnight in residents' apartments.

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

This was the centre's first inspection by the Authority.

**Findings:**

There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. In the absence of the person in charge, the deputy residential manager undertook her responsibilities. Inspectors spoke to the deputy residential manager who outlined how she supported the person in charge in her role on a daily basis. This support included providing effective

supervision in relation to the management of the care and welfare provision within each premises. The deputy residential manager also outlined the out of hours (on call) governance and management arrangements to ensure residents care and safety. The person in charge informed inspectors that she was also appointed as person in charge for a number of other centres. The person in charge stated that she divided her time evenly and spent more time in any one centre as required; depending on the circumstances or issues that required her attention. Inspectors noted that for each other centre there was also a deputy residential manager who regularly reported directly to the person in charge. Inspectors were satisfied that the person in charge provided effective governance, operational management and administration of this centre. Inspectors noted that there was evidence of a clearly defined management structure that identified the lines of authority and accountability and detailed responsibilities for all areas of service provision. Staff to whom inspectors spoke to were clear on the management and governance arrangements including out-of-hours managerial support.

The person in charge outlined to inspectors that there were effective arrangements being put in place to support, develop and performance manage staff to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. Inspectors viewed guidelines for a performance management system and there were performance management system review forms to be completed following any performance review. Inspectors were informed by the person in charge that these guidelines were only being implemented. However, inspectors noted that these guidelines had not been dated so no review date could be established. Nevertheless inspectors noted that staff training/orientation was planned for the following weeks in relation to rolling out these guidelines and establishing these new practices. In addition the person in charge outlined to inspectors suitable arrangements in relation to staff accessing supervision if required through the centres' employee assistance programme.

Inspectors noted that the person in charge was also supported by the provider who was located on site and was very accessible to the residents, the person in charge, the deputy residential managers and staff. The inspectors observed that the person in charge had an inclusive presence in the centre and residents and staff confirmed that she was a committed and supportive manager. Inspectors noted that residents were familiar with the person in charge and approached her with issues during the inspection. The person in charge outlined to inspectors that there was an open door policy for residents and staff to approach her or any member of the management team. Inspectors noted at the main office near the activities centre; there was a large notice board with photographs of the person in charge and the provider that also indicated if they were currently in the building. This board welcomed residents' feedback and outlined in an easy read format, how to contact any member of the management team. Throughout the inspection the person in charge demonstrated an adequate knowledge of the 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. Inspectors also noted that the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.

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**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

This was the centre's first inspection by the Authority.

**Findings:**

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. The person in charge stated that many of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing. Inspectors reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements. Staff to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors noted that copies of the standards were available in a number of the residents' houses and staff spoken to demonstrated adequate knowledge of the regulations and standards. There was an induction programme for new staff which the assistant residential manager was participating in. Inspectors noted that this programme covered issues including professional practice, policies and procedures, intimate and personal care provision, health and safety and positive behaviour support. The assistant residential manager outlined to inspectors that she was afforded protected time and was participating in this structured induction programme. The person in charge demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. The inspectors noted that ongoing staff training was provided which included the following:

- fire safety training
- adult abuse training
- first aid
- safe carrying and support
- positive behaviour support training
- standards and regulation
- medication management
- Lámh.

Inspectors reviewed a selection of staff files and noted that such files were adequate

and all documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 were available.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Vincent Kearns  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by S.O.S. Kilkenny Ltd
<b>Centre ID:</b>	ORG-0011307
<b>Date of Inspection:</b>	08 July 2014
<b>Date of response:</b>	29 July 2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

#### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

To ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Personal plans to be updated to include a record of any proposed changes to the plan, the rationale for the changes and the names of staff responsible and timeframes for completion.

**Proposed Timescale:** 15/08/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

To ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**

All residents will have a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances.

**Proposed Timescale:** 20/12/2014

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**

Risk management policy to be reviewed to include hazard identification and an assessment of risks throughout the centre.

**Proposed Timescale:** 05/09/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**

Risk management policies to be reviewed to include arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**Proposed Timescale:** 05/09/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To ensure that the risk management policy includes the measures and actions in place to control the risks identified.

**Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**

Risk management policies to be reviewed to include the measures and actions in place to control the risks identified.

**Proposed Timescale:** 05/09/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with

the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**

Procedures will be introduced to prevent and control healthcare associated infections.

**Proposed Timescale:** 19/10/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To put in place effective fire safety management systems.

**Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

**Please state the actions you have taken or are planning to take:**

Fire safety management systems currently under review. Effective systems will be implemented as a matter of urgency.

**Proposed Timescale:** 29/08/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**

Emergency evacuation plan under review, arrangements for the safe evacuation of residents to be implemented as a matter of urgency.

**Proposed Timescale:** 29/08/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**

Fire safety training will be provided to all staff.

**Proposed Timescale:** 29/08/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

To ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**

All staff will receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Proposed Timescale:** 30/11/2014

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To protect residents from all forms of abuse.

**Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**

Visitors policy to be reviewed to include protecting residents from abuse from visitors.  
Risk assessments to be carried out on visitors staying overnight

**Proposed Timescale:** 29/08/2014

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Action Required:**

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Please state the actions you have taken or are planning to take:**

Training will be provided to all residents to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Proposed Timescale:** 28/11/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

To ensure when a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**

Access to allied health professionals will be provided when required by a resident.

**Proposed Timescale:** 25/07/2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

To put in place appropriate and suitable practices relating to the administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated

centre is stored securely.

**Please state the actions you have taken or are planning to take:**

Review of medication underway, appropriate measures will be taken to ensure suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Proposed Timescale:** 01/08/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

Statement of Purpose and function will be revised to include all information required.

**Proposed Timescale:** 31/07/2014