

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cashel Downs
Centre ID:	OSV-0005610
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	S O S Kilkenny Company Limited by Guarantee
Provider Nominee:	Francis Coughlan
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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, 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 March 2017 10:30	07 March 2017 18:30
08 March 2017 10:00	08 March 2017 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the first inspection of the centre which comprised of one house and was not operational at the time of the inspection. The provider had submitted an application to register this house as part of another centre which was operational. However, during the course of the inspection the provider informed the inspector that they wanted to register the new house as a standalone designated centre.

The rationale for this was to ensure the new house would be registered expediently to ensure safeguarding concerns were addressed. The provider nominee outlined improvements required to the operational house which could impact on the registration process. These included fire safety measures and planned changes to the structure and layout of the house. The inspector was informed the changes were

required to ensure the provider was meeting the assessed needs of a resident.

At the commencement of the inspection the inspector visited the house which the provider had originally applied to register. Four residents lived in the house, three of whom were identified to move to the new house. The inspector met with a resident and spoke with staff. The resident told the inspector they were excited about moving to the new house and said they did not like living in their current home.

The inspectorate had received notifications of allegations of abuse from the provider in relation to the residents who were identified to move. From reviewing the information, speaking with residents and speaking with the person in charge, provider nominee and staff it was evident the centre the residents were living in was not meeting the residents' needs due to the incompatibility of residents living in the centre.

The provider nominee outlined how the concerns had been managed on a short term basis. This was consistent with information received by the inspector in response to the assurances sought prior to the inspection. The layout of the centre residents were living in had been reconfigured to provide separate living space for some residents and staffing levels had been adjusted.

The long term measure to address the compatibility and safeguarding concerns in the centre was to open this house and for three residents to move to the house. The monitoring inspection was carried out to inform the registration of the new centre. A number of areas were inspected to assess if the provider had systems to ensure the needs of residents and the requirements of the regulations were met.

How we gathered our evidence:

The inspector spent time with and spoke with three residents who would be living in the centre. The residents showed the inspector the new house, their new bedrooms and their personal plans. The residents told the inspector they were looking forward to moving into the house. Areas identified by residents which would improve their quality of life once they moved in included the decrease in noise, the proximity of the house to amenities and the support provided by staff who were familiar with their needs.

The inspector met with the provider nominee and the person in charge of the centre. The person in charge was also person in charge of other centres operated by the provider. Both persons outlined their roles, remit and the systems to ensure their involvement in other centres and roles would not impact negatively on the operation of this centre.

The governance was further strengthened by a team leader who had been appointed to the role eight months prior to the inspection. This person was the team leader of the centre the residents were moving from and one individualized service. The inspector met with the team leader as part of the inspection.

The inspector viewed the premises and reviewed the systems to ensure support provided to residents would meet residents' assessed needs and be in compliance

with the regulations and standards. This included policies, procedures and residents' assessments and support plans. The inspector also interviewed the person in charge, the provider nominee and a staff member. In addition, the inspector spent time reviewing information with the team leader.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The document stated the service will be available to men and women who have a mild to moderate intellectual disability with complex needs and significant behaviours that challenge.

The statement of purpose described the service as high support and stated three staff will be employed to provide 24 hour support to assist residents to live independently within their community. It also stated the staffing levels would be reviewed when there was a new admission to the centre.

The centre comprised of a house which was located on the periphery of a large town and within walking distance of amenities. Each resident will have individual bedrooms and share communal space. One resident will have their own separate living area and external door. Residents would initially share a vehicle with another centre. There was a plan for both houses to have their own vehicles in the future.

Overall judgment of our findings:

The provider outlined clear systems to identify and meet the assessed needs of residents. These included arrangements to ensure residents' rights were upheld, all required support was provided and residents were safe.

Good practice was identified in all areas with some improvement required in outcome 5. Residents' transition assessments required review to ensure they were reflective of all residents' needs and wishes.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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, 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

There were systems in place to ensure residents were consulted with, residents' rights were promoted, residents had access to advocacy, residents' privacy and dignity was respected, residents were supported to exercise choice and control and maximize their independence, and residents were supported to make complaints.

The person in charge said residents will be consulted about how the centre is planned and run. For example, the daily routine will be led by residents and residents will be supported to make choices about all aspects of their care and support. Individual meetings will take place with each resident and collective meetings will take place if the residents want these. A template for recording these meetings was in place.

There was a system to ensure residents will have access to advocacy services and information about their rights. There were a range of services and supports to ensure that advocacy was provided to residents. This included advocacy from the 'self-advocate' group in the organization.

Information about residents' rights was available in an 'easy-to-read' format.

The person in charge outlined the ways in which residents will be supported to have opportunities similar to their peers. Community participation and participation in normal activities of daily living will be part of residents' schedules and residents will be supported to gain the necessary skills to live as independently as possible.

The centre had a policy on the provision of intimate care. The inspector was told that

intimate care will be carried out in line with each resident's assessed needs and individual preferences.

There were procedures to support residents to manage their money and valuables. A change to the procedure had taken place following the inspection of a centre operated by the provider in November 2016. The provider nominee outlined how this would ensure residents' money was safeguarded.

There were policies and procedures for the management of complaints. There was a nominated person to deal with all complaints. There was a person responsible for ensuring that all complaints were responded to and records maintained.

The complaints process was available in an 'easy-to-read' format. The person in charge said the complaints process will be accessible to all residents. Residents spoken with knew how to make a complaint and told the inspector their complaints were responded to.

There was no CCTV (closed circuit television) in the centre.

Judgment:

Compliant

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

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

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

Findings:

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

The provider nominee and inspector discussed the plan for admitting a new resident to the centre to live with the three residents who were moving from another centre. The provider nominee told the inspector the admission practices would take account of the need to protect residents from abuse by their peers.

Residents had been supported to visit the centre and some families had visited the centre. The inspector was told that some residents' families were waiting to visit the centre when the residents moved in. The inspector saw that residents and their families had been communicated with in about the purchase and refurbishment of the house.

Residents had service agreements which outlined the care and supported provided to residents living in the centre which they would be moving from. The inspector was told that new service agreements would be agreed with each resident and that these would outline the care and support provided and the fee charged. In addition, the inspector was told residents were supported to apply for rent relief and the household benefits package and was told this detail would be included in the service agreements.

Judgment:

Compliant

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

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

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

Findings:

There were systems in place to assess residents' health, personal and social care needs. Improvement was required to ensure residents' transition plans contained comprehensive information to ensure all residents' needs were considered and met.

An annual healthcare assessment was carried out by a healthcare professional and corresponding needs were identified and responded to.

Social care needs were assessed using a recognized tool and these were carried out by staff working with residents. The inspector was told that staff would be supported to complete these with residents and that the team leader would oversee the assessments to ensure all information was accurately reflective of residents needs.

Each resident had a transition plan outlining their move to the new centre. The plans referenced assessments from allied health professionals which had taken place and the communication with residents about the house and move. The inspector saw that individual, group meetings and family meetings had taken place to ensure that residents were kept updated on the provider's progress in finding suitable housing.

However, the transition plans did not include an outline of residents' needs in regard to

where and with whom they live. Furthermore, the inspector found that differing aspects which had been considered were contained in differing documents and meeting minutes. For example, residents' needs in regard to private and communal space, staffing and proximity to the town were contained in different documents. The lack of overarching transition plan to ensure all aspects of the transition were considered, and areas which required improvement were identified, was discussed with the person in charge and provider nominee. The person in charge compiled a document showing how the house was identified as suitable to meet residents' needs. This included the requirement for residents to move due to the identified concerns regarding safeguarding, the requirement for one resident to have a private sitting room and the requirement for the house to be located within walking distance of amenities.

The information provided some assurance of how the provider had assessed the house would meet residents' individual needs. However, improvement was required to the provider's system to ensure that all aspects of a transition were considered and that oversight of the process was clear and comprehensive.

Judgment:

Substantially Compliant

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

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

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

Findings:

The centre was a two storey house which had been refurbished to provide accommodation for four residents. It was located in a housing estate on the periphery of a large town and was within walking distance of amenities.

The house comprised of six bedrooms, a kitchen, dining room and sitting room. Five bedrooms had en suite bathroom facilities and there was a large bathroom with a bath and an accessible shower on the ground floor. Each resident would have individual bedrooms and one resident would have a private living room which was attached to their bedroom and had a private external entrance.

Residents had participated in the refurbishment of the centre, for example residents chose their bedrooms and the colour of paint. In addition, a resident had planted the flowers and shrubs in the garden.

The house had not been furnished. The inspector was told residents would be consulted and supported to participate in choosing furniture. Some residents had chosen and been supported to purchase their beds and had commenced packing and moving belongings to the house. Residents said they were looking forward to moving into the house.

There was adequate heat, lighting and ventilation in the house.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place for risk management, emergency planning, health and safety and incidents where a resident goes missing.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. There were also arrangements in place for responding to emergencies.

The person in charge outlined the measures which would be place to prevent accidents. This included using risk assessments to inform the control measures required to mitigate any potential risks to residents, visitors and staff in the centre.

There were policies and procedures for the prevention and control of infection. There were arrangements in place for the disposal of general and clinical waste.

The inspector was told there would be a vehicle for the use of residents residing in the centre. There were systems in place to ensure the vehicles are roadworthy and suitably equipped.

Suitable fire equipment was provided which included a fire alarm, emergency lighting and fire fighting equipment, such as fire extinguishers and fire blankets.

There was adequate means of escape and documentation viewed outlined the system which would be implemented to ensure fire exits were unobstructed.

There was a procedure for the safe evacuation of residents and staff in the event of fire.

This was displayed in the centre.

The mobility and cognitive understanding of residents would be adequately accounted for in the evacuation procedure. Each resident would have a personal emergency evacuation plan (PEEP) which would outline the supports the resident required to safely exit the building in the event of a fire.

Training in fire prevention, emergency procedures, building layout and escape routes and location of fire alarm points was provided to staff. The person in charge said all staff will take part in fire drills in the centre to ensure they are fully aware of how to evacuate residents safely in the event of an emergency.

The inspector was told the fire alarm will be serviced on a quarterly basis and fire safety equipment will be serviced on an annual basis.

Judgment:

Compliant

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

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

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

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff had received training on the prevention, detection and response to suspected, confirmed or alleged abuse.

There were measures in place to keep residents safe and protect them from abuse. The person in charge and provider nominee outlined the systems in place to ensure residents were safe. This included training for staff to ensure there were no barriers to residents or staff disclosing abuse. The provider nominee outlined the intention to ensure that the admission procedures would be reviewed to ensure that resident compatibility was considered prior to a resident moving to the centre.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and

intervention techniques. There was a system to ensure that resident and centre specific training was provided when required.

There was a system to ensure that residents who required support with behaviours that challenge had support plans in place. The plans were compiled by behaviour support specialist staff.

There was a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint. The person in charge and provider nominee outlined the efforts which would be made to identify and alleviate the underlying causes of behaviour that is challenging for each individual resident.

The inspector was told that any required specialist and/or therapeutic interventions would be implemented in consultation with the resident and their family member.

The person in charge told the inspector that the rights of residents would be protected in the use of restrictive procedures and all alternative measures would be considered before a restrictive procedure is implemented.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

The person in charge and the provider nominee were knowledgeable of the requirement to maintain a record of all incidents occurring in the designated centre and, where required, to notify the Chief Inspector.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: A sample of documentation viewed showed the ways in which each resident will be supported to achieve and enjoy the best possible health.</p> <p>Systems were in place to ensure all residents' health care needs were assessed and corresponding care plans compiled. Health monitoring documentation will be completed and residents' health needs will be regularly reviewed with appropriate input from multidisciplinary practitioners where required.</p> <p>The inspector was told that residents have access to a general practitioner (GP), to an out of hours GP service and to a dentist for annual reviews and more frequent appointments where required. Some allied health professionals are employed by the provider while others are accessed via the public health system. The service provider had paid for residents to attend allied health professionals for a private consultation where a specific need was not available in a timely manner via the public health system.</p> <p>The inspector was satisfied that if the proposed practices are implemented, residents' nutritional needs will be met to an acceptable standard. Weights will be recorded as required and dietician input will be in place for residents who require support.</p> <p>The person in charge said staff will support residents to choose and prepare their meals in line with their dietetic and personal needs and preferences.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There were written policies relating to the ordering, prescribing, storing and administration of medicines to residents.</p>

The processes in place, as outlined by the person in charge, were safe and in accordance with current guidelines and legislation. For example, medicines will be stored in a locked press, a refrigerator will be purchased if medicines require refrigeration, and there will be a specific procedure for the storage and administration of medicines which require strict control measures.

There was a procedure to assess the competency of residents to self-administer medicines. These had not been completed with residents who were moving to the centre. The person in charge said these would be carried out and residents will be supported to be independent in the management of their medicines insofar as is practicable.

The inspector was told medicines will be administered by staff who have received appropriate training and the training records showed that staff working with the residents had received this training. The person in charge said a system will be put in place for reviewing and monitoring safe medicine management practices.

Judgment:
Compliant

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

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

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

Findings:

There was a written statement of purpose which set out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The statement of purpose contained all information required by the regulations.

The inspector was told the statement of purpose will be kept under review at intervals of not less than one year.

Judgment:
Compliant

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

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

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

Findings:

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge worked full time Monday to Friday and was also responsible for the management a number of other designated centres. She outlined the systems in place to ensure her responsibility for the management of other centres would not impact on this centre.

The person in charge was a suitably skilled, qualified and experienced manager. She demonstrated sufficient knowledge of the legislation and her statutory responsibilities. She outlined the ways she will be engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The provider nominee was present on both days of the inspection. He held a senior management role and was knowledgeable of his responsibilities and regulatory responsibilities.

The person in charge outlined the management systems which would be put in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. This will include regular auditing of all aspects of the service, unannounced visits by the provider or a person nominated by the provider and an annual review of the quality and safety of care in the designated centre.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector was satisfied there was evidence to show the centre will be resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. This included staffing and meeting the assessed needs of residents.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>

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

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

Findings:

From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill mix to meet the assessed needs of residents. The provider nominee said that all staff will be supervised on an appropriate basis. There was a plan for staff familiar with residents and their assessed needs to support residents in their new home.

The person in charge told the inspector that the staffing levels will based on the assessed needs of the residents. A template of the staffing rota was viewed. Residents will have three staff supporting them during the day and two staff sleeping over at night. The provider nominee outlined how the staffing levels will continue to be reviewed and amended to meet residents' needs.

The person in charge and team leader outlined the induction procedure and annual performance appraisals which will be carried out with staff. In addition, a formal supervision system was in the process of being implemented in the organization. Performance management concerns will be addressed by the person in charge and there was a disciplinary procedure and grievance procedure in place.

There was a training schedule in place for the organization and records of staff training were maintained. The person in charge said all staff will have received all required training prior to working in the centre. The inspector viewed some staff training records and saw that staff who had been identified to work in the centre had received training in fire safety, administering medicines, adult protection and the management of behaviour that is challenging.

At the time of the inspection there was no plan for volunteers to work in the centre.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector found that there were systems in place to maintain complete and accurate records.

The policies required by Schedule 5 of the Regulations were maintained. Adequate insurance cover was in place.

The inspector read the residents' guide and found it included a summary of the services and facilities to be provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The person in charge outlined the systems which would be put in place to ensure that medical records and other records, relating to residents and staff, will be maintained in a secure manner.

There was a template for the directory of residents. It contained all the required information.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Lorraine Egan
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 report¹

Centre name:	A designated centre for people with disabilities operated by S O S Kilkenny Company Limited by Guarantee
Centre ID:	OSV-0005610
Date of Inspection:	07 and 08 March 2017
Date of response:	15 March 2017

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, 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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:

The assessment for the transition/admission of residents to the centre did not include a comprehensive assessment of the personal needs of each resident.

1. Action Required:

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

Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

The person in charge will be responsible for the development and implementation of a comprehensive assessment of the personal needs of each resident during the process of transition. This will be in the form of a transition planning tool that will be overarching and comprehensive in nature. Assessing needs of the resident in the areas of housing, health, relationships, finances, housekeeping and roles.

Proposed Timescale: 28/03/2017