

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Weir
<b>Centre ID:</b>	OSV-0005625
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	S O S Kilkenny Company Limited by Guarantee
<b>Provider Nominee:</b>	Francis Coughlan
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	12
<b>Number of vacancies on the date of inspection:</b>	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 3 day(s).

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

From:	To:
25 April 2017 11:00	25 April 2017 20:40
26 April 2017 11:30	26 April 2017 19:00
27 April 2017 09:20	27 April 2017 13:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 10. General Welfare and Development
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 18 outcome inspection was carried out in response to the provider’s application to renew the registration of a centre. The centre comprised of four houses.

The centre was originally part of another centre. The provider had applied to renew the registration of the other centre for one house and applied for the registration of four houses as a separate centre. This was due to the geographical location of the houses.

The inspection was carried out in four houses which it was proposed would constitute a separate designated centre. The inspector monitored the centre's compliance with the regulations and assessed if the provider had addressed the actions from the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met and spoke with 11 residents. One resident declined to speak with the inspector.

Residents spoken with told the inspector they were happy living in the centre, liked staff and enjoyed their jobs and day services. They said they could talk to staff or the person participating in management if they were unhappy.

The inspector also spoke with staff, the person participating in management and the person in charge of the centre. Documentation such as residents' support plans, medical records, accident logs and policies and procedures were reviewed.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was provided as described in that document.

The houses were located on the outskirts of a town centre and amenities. Residents were supported by staff to access amenities. The houses had vehicles which were used by residents and staff to access amenities in the town and in other towns.

The houses provided adequate private and communal space. Each resident had a private bedroom which was decorated in line with their preference.

The services were seven day residential services and were available to adults who had been assessed as having an intellectual disability.

Overall judgment of our findings:

Overall, the inspector found that residents were supported to have a good quality life in the centre and the provider had arrangements to promote the rights of residents. However, improvement was required in a number of areas to ensure the requirements of the regulations were met.

Good practice was identified in areas such as:

- Residents' rights, dignity and consultation with residents (outcome 1)
- Family and personal relationships and links with the community (outcome 3)
- General welfare and development (outcome 10)

Improvement was required in some areas including:

- A comprehensive assessment of the personal and social care needs was not carried out for all residents and personal plan reviews did not assess the effectiveness of

each plan (in outcome 5)

- Some systems for the assessment, management and ongoing review of risk, including the system for responding to emergencies, were not adequate (in outcome 7)
- Fire drills were not carried out at suitable intervals to ensure that staff and, as far as is reasonably practicable, residents, were aware of the procedure to be followed in the case of fire (in outcome 7)
- A measure to protect a resident from abuse had not been implemented (in outcome 8)
- Some practices relating to the prescribing, storing and administration of some medicines were not adequate (in outcome 12)
- Management systems were not in place in the designated centre to ensure that all aspects of the service provided were effectively monitored on an ongoing basis (in outcome 14)
- It was not evident that the number of staff was appropriate to the number and assessed needs of residents (in outcome 17)

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):**

No actions were required from the previous inspection.

**Findings:**

There were systems in place to ensure residents were consulted about the running of the centre, were supported to make a complaint and received support which was delivered in a dignified and respectful way.

Residents were consulted about the running of the centre in regard to their daily routine, access to activities and community involvement. Resident consultation meetings were held and these meetings were used to discuss updates to the centre.

The inspector was told residents could meet with family or friends in private. There was adequate communal space in the shared houses for residents to meet with visitors alone if they wished.

Support provided and language used by staff was respectful. It was evident staff and the residents knew each other well. The inspector observed friendly interaction and the residents appeared relaxed and happy in the presence of staff.

Residents were encouraged to maintain their own dignity and privacy. There were intimate care plans in place to identify the support they required in areas such as personal hygiene.

There was a policy on residents' personal property, personal finances and possessions. Residents retained control over their own possessions and were supported do their own laundry if they wished.

There was enough space for each resident to store and maintain his or her clothes and other possessions. Each resident had an individual bedroom.

There were policies and procedures for the management of complaints. Complaints were recorded and investigated. One complaint was not documented as responded to. The inspector received information after the inspection outlining the response which had been taken in response to a complaint.

None of the residents were using an advocacy service at the time of the inspection. There was an internal advocacy group which some residents had been part of in the past. The inspector was told advocacy services would be sourced if required.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on communication with residents.

Staff were aware of the different communication needs of residents and inspectors observed staff communicating with residents in line with their assessed needs and wishes.

Residents who required support to communicate had a communication book outlining their preferred way of communicating. The book outlined the preferred style of communication and included how the resident communicated their needs and wishes. It also included residents' preference in regard to their daily routine and things they liked to talk about.

The centre used tools to support residents to communicate, for example pictorial aids.

Each resident had access to radio, television, internet and information on local events.

**Judgment:**

Compliant

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**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents were supported to develop and maintain relationships with family and friends.

Families were invited to attend and participate in meetings with residents to discuss their needs and wishes. There was evidence that families were kept informed and updated of relevant issues. Staff and the person participating in management outlined the ways they communicated with families. This included in person, in writing and by phone.

Staff spoken with outlined the ways residents were supported to participate in community events and access local amenities. This included using local services and amenities such as shops, the cinema and local pubs and restaurants.

**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):**

No actions were required from the previous inspection.

**Findings:**

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

Residents had service agreements which outlined the service provided and the rent charged.



The service agreements were signed by residents and or the resident's representative and a person on behalf of the provider. This showed both parties had agreed to the terms and conditions.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Residents' health, personal and social care needs were assessed on an annual basis. Improvement was required to ensure all needs were assessed and responded to and that the effectiveness of plans was reviewed to ensure residents' personal development was maximised.

The inspector viewed a sample of assessments and support plans and spoke with residents, staff, the person participating in management and the person in charge. Assessments had been carried out and there were support plans in place for identified needs. Staff were knowledgeable of residents' support needs and the information contained in plans.

A comprehensive assessment which outlined all support requirements was not carried out for all residents. The inspector found some relevant information was not documented and conflicting information was provided when speaking with residents, staff and managers. Furthermore, it was not evident that measures were taken to meet all residents' social care needs.

As part of the previous inspection the inspector found that improvement was required to ensure the supports required to maximise residents' personal development were identified in residents' plans. The provider had stated that the tool would be revised and this was taking place at the time of the inspection. The inspector reviewed the plans in place and found that the plans had not been reviewed to assess the effectiveness and as a result support had not been provided to assist some residents to maximise their

personal development. For example, support for a resident to increase their communication skills had not taken place.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found the centre met the requirements of residents in regard to the location and layout of the premises. Improvement was required to ensure that there were suitable storage facilities for all residents' belongings.

The centre comprised of four houses which were located in three locations in the same city. Each house was home to between one and six persons.

The houses were located within a short drive of amenities. Residents were supported to access amenities and vehicles were provided for use by residents. The vehicles were insured, taxed and maintained.

The inspector visited all four houses. The houses were maintained to an adequate standard and were arranged around the assessed needs of residents.

Residents had individual bedrooms and there were adequate numbers of suitable bathrooms to meet residents' needs. Some residents showed the inspector their bedrooms and the inspector saw they were decorated to the resident's preference and personalised with photos and pictures.

The houses contained adequate private and communal space. Some houses had two living areas which allowed residents to spend time alone or with visitors. Residents were observed using the communal spaces and residents told the inspector they had adequate space in the houses.

Each house had suitable kitchen facilities which included cooking facilities and suitable storage facilities for food items.

There was adequate ventilation, heating and lighting in the houses.

Equipment had been serviced as required.

One house did not contain adequate storage for all items. It was not evident if this had been brought to the attention of the provider. Conflicting information was received. The provider nominee said this would be addressed to ensure all residents had suitable storage for all their belongings.

**Judgment:**

Substantially 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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

There were systems in place to protect and promote the health and safety of residents, staff and visitors. Improvement was required to ensure all risks were identified and responded to and to some measures to ensure the centre could be evacuated in the event of a fire or other emergency.

The provider was required to take immediate action to address a fire safety risk in one part of the centre on the first day of inspection. The person in charge responded immediately and ensured there was an appropriate measure in place. The risk to residents had not been identified prior to the inspection and raised concern about the systems in place to ensure all risks to residents were identified and responded to.

The risk management policy outlined the measures and actions in place to control risks in the centre. The inspector viewed a sample of risk assessments and saw risks had been identified by the provider and control measures had been implemented to address or minimise risks. However, the provider did not have an overarching risk assessment to ensure residents were supported appropriately with some assessed needs. The risks associated with residents remaining in houses independently were not adequately assessed. Information received from residents, staff and managers raised significant concern. Although some measures had been implemented it was not evident that all required control measures had been identified and implemented.

There was a fire safety folder in the centre. The folder contained the system and documents to show all equipment was serviced and regular checks were carried out on

all aspects of fire safety.

The fire fighting equipment and emergency lighting had been serviced. A service contract was in place with an external company to ensure this was carried out with the frequency required.

The inspector viewed fire drill records. Fire drills were a mechanism the provider used to assess if the houses could be evacuated safely. Residents and staff had taken part in fire drills and fire drills had taken place at night since the previous inspection. However, some drills were not taking place with the frequency outlined as required for some residents. In addition, the measures in place to ensure some residents could evacuate their home in the event of a fire were not adequate. Although fire drills had taken place areas of concern were not responded to in a timely manner. Furthermore, some staff and managers outlined differing support which would be provided for some residents and this raised concern that some residents may not receive required support to evacuate the centre.

Residents had personal emergency evacuation plans. The plans did not contain all required information to ensure residents would be supported to safely evacuate the centre in the event of a fire or other emergency.

**Judgment:**

Non Compliant - Major

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Improvement was required to the measures in place to ensure all required measures were taken to protect residents from abuse.

Staff, the person participating in management and the person in charge were knowledgeable of the procedures for safeguarding residents and reporting any suspected or confirmed allegations of abuse. Staff had received training in safeguarding

residents.

Allegations of abuse had been submitted to HIQA and these related to peer to peer incidents. The inspector read the incident records and saw that incidents were taking place between residents. The inspector met with residents, read safeguarding plans and viewed the measures which had been implemented to address the frequency of incidents. Although some measures had been implemented to support residents the inspector found that the provider had not ensured that all identified measures were taken. A specific training course, which had been identified as required for a resident, had not taken place.

A system to ensure residents were protected from the risk of financial abuse had been formulated since the previous inspection. The inspector viewed the system and found the person participating in management had commenced implementing the system.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

A record of incidents was maintained in the centre and relevant incidents had been notified to HIQA as required.

However, the use of an environmental restriction had not been notified to HIQA as required by the regulations. The person in charge attributed this to an oversight and said it would be notified as required.

**Judgment:**

Substantially Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Residents were supported to access day programmes, employment and or supported employment. Residents told the inspector they enjoyed their jobs.</p> <p>Day programmes were provided by the provider and external service providers. There was evidence of good communication between the residential centre and the day services.</p> <p>Residents were supported to access activities in the evenings in line with their wishes.</p>
<p><b>Judgment:</b> Compliant</p>

**Outcome 11. Healthcare Needs**  
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

<p><b>Theme:</b> Health and Development</p>
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<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Residents were supported to achieve and enjoy the best possible health. There were systems to ensure residents' healthcare needs were identified and responded to.</p> <p>Residents were supported to access a general practitioner (GP) of their choosing and allied health professionals such as psychology, chiropody and dietitian where required. Each resident attended the dentist for an annual review and further appointments were arranged where required.</p> <p>Residents had blood tests on an annual basis and more frequently where there was an identified need.</p> <p>Documentation outlining the assessment of residents' healthcare needs was maintained and staff were knowledgeable of the interventions outlined in residents' support plans.</p> <p>Residents were encouraged and supported to access health professionals independently</p>
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and support was provided to the extent required by or requested by residents.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

There were procedures relating to the ordering, prescribing, storing and administration of medicines to residents. Improvement was required to the system for administering medicines, medicine prescription sheets, the system for responding to residents who declined to take medicines and to the policy to ensure staff had appropriate guidance.

The centre had a locked press for storing medicines. Only medicines which were prescribed for residents were held in the centre.

Medicines were administered to residents by staff. Competency assessments had been carried out and the rationale for the level of support required was identified. Staff spoken with said these were reviewed as residents' needs changed.

There were appropriate practices for checking stock of medicines and ensuring that medicines received were administered or returned to a pharmacy for disposal.

The inspector viewed a sample of prescription sheets and found they contained all required information with the exception of the route of administration of medicines and the time which must be left between doses of PRN medicines (a medicine only taken as the need arises).

Some prescription sheets, used by staff when administering medicines, were not signed by the prescriber. Although there was a signed copy in the centre staff used the unsigned document when administering medicines.

A resident was prescribed a PRN medicine and was receiving the medicine on a daily basis. This had not been reviewed by the prescriber.

The measures taken when residents declined to take their medicines required review. Staff members spoken with were knowledgeable of the policy and medicine report forms showed staff followed the policy. The policy required staff to make a judgment as to

which medicines posed a risk to residents' well-being. Only two examples of this were given in the policy and staff who administered medicines had undertaken training in the administration of medicines but were not clinical professionals. The provider nominee said the policy would be amended to ensure staff contact a clinical professional, for example the resident's general practitioner (GP) or the out-of-hours GP, when a resident declined to take their prescribed medicines.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose which sets 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 services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of residents.

Some aspects of the statement of purpose were not clear and were inconsistent with information received in the application to register the centre. These areas were clarified on the day of inspection and the inspector was told an amended statement of purpose would be submitted.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were clear lines of authority and accountability. The person in charge held the role of person in charge of a number of the provider's designated centres. In addition, there was a person participating in management who held a frontline management role in the centre, one other designated centre and a day service. Improvement was required to ensure that systems were in place to ensure the service provided was effectively monitored on a regular and consistent basis.

As outlined in outcomes 5, 7, 8, 12 and 17 improvement was required to ensure the service provided met all residents' needs and the requirements of the regulations. Although some aspects of the service provided were audited the inspector found that all areas of care and support provided were not audited on a regular and consistent basis. This was discussed with the provider nominee who outlined the intention to implement a system and stated that work had commenced on this to ensure it aligned with the provider's internal IT (information technology) system.

It was acknowledged by the provider and person in charge that the person participating in management carried out the day to day role of managing the centre and fulfilled the role of person in charge as outlined in the regulations. Residents and staff identified the person participating in management as the person who held the role of managing the centre.

The inspector was told that there was ongoing support provided to this person with the intention of appointing them person in charge. The inspector found this person was knowledgeable of their role, the residents and the regulations as it pertained to their role. It was not evident if this person would meet the requirement of Regulation 14 (3) (b) which required all newly appointed persons in charge to have a qualification in health or social care management. The inspector was told this person's qualifications would be reviewed to ascertain if they met the requirement and that measures would be taken to address this prior to the appointment if they did not have the required qualification.

The person in charge held a management role with responsibility for a number of designated centres. She provided support to the person participating in management and was available on the days of inspection. The inspector found she was knowledgeable of her role, the residents and the centre as it pertained to her role. She had the required skills, knowledge and experience to fulfil the role.

Unannounced visits by a person nominated by the provider had been carried out. However, these had not taken place in line with the frequency required by the regulations. There was nine months between the most recent visit in April 2017 and the

previous visit in July 2016.

An annual review of the quality and safety of care had taken place.

**Judgment:**

Non Compliant - Moderate

**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

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had not been absent from the centre for a period which would require notifying HIQA.

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.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

Some improvements were required to staffing levels. This is discussed in outcome 17.

**Judgment:**

Compliant

**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

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

No actions were required from the previous inspection.

**Findings:**

The inspector spent time in the company of residents and staff and saw positive and respectful interactions. Staff members spoken with were knowledgeable of residents' support needs and their role in supporting residents. Staff were observed interacting with residents in a manner consistent with residents' support plans.

Staff had received all required training. This included training in the prevention, detection and response to suspected or confirmed allegations of abuse, fire prevention and control, supporting residents with behaviour that is challenging and the safe administration of medicine.

It was not evident that the number of staff was appropriate to the number and assessed needs of residents. It was acknowledged that staffing levels had not been formally assessed and were based on a historical arrangement with the addition of 'recreation' staff to provide support on specific days.

Staff spoken with outlined challenges in meeting all residents' assessed needs and in providing support consistent with residents' needs particularly as residents' needs for support had increased and there were additional complexities in ensuring that all residents were safeguarded in regard to some peer to peer interactions. Furthermore, it was not evident that all residents' needs were being met as hours dedicated to social support had been reallocated to provide healthcare support in one part of the centre.

A formal system for supervising staff had commenced. Some staff had received formal supervision and the inspector was told this would be implemented for all staff at all levels of the organisation. A policy on the provision of supervision was in draft format at the time of the inspection.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

There was a guide to the centre available to residents which met the requirements of the regulations.

There was a directory of residents which contained the information required by the regulations.

**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:***

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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 Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0005625
<b>Date of Inspection:</b>	25, 26 & 27 April 2017
<b>Date of response:</b>	23 June 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:**

Personal plan reviews did not assess the effectiveness of each plan.

**1. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Person centred planning system under review to be introduced October 2017.

**Proposed Timescale:** 30/10/2017

**Theme:** Effective Services

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

A comprehensive assessment of the personal and social care needs was not carried out for all residents.

**2. 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:**

An assessment of needs will occur annually, if and when a change in need occurs outside of the annual assessment a full review will take place and appropriate actions taken.

**Proposed Timescale:** 28/06/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The facilities to store a resident's belongings were not suitable.

**3. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Storage facility for residents bicycle to be purchased.

**Proposed Timescale:** 01/07/2017

## 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:**

Some systems in place in the designated centre for the assessment, management and ongoing review of risk, including the system for responding to emergencies, were not adequate.

**4. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Individual emergency alarms have been provided to residents in locations as required. Training will be provided to all individuals and unannounced drills to check effectiveness of this training will be carried out.

Residents will be risk assessed prior to staying in a location alone and reviewed quarterly or sooner if required.

**Proposed Timescale:** 25/07/2017

**Theme:** Effective Services

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

Fire drills were not carried out at suitable intervals to ensure that staff and, as far as is reasonably practicable, residents, were aware of the procedure to be followed in the case of fire.

**5. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

All drills will be carried out 6 weekly and will include night time drills with all residents present to reflect a real emergency evacuation.

**Proposed Timescale:** 01/07/2017

## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in**



**the following respect:**

A measure to protect a resident from abuse had not been implemented.

**6. 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:**

Specific education relating to protection from abuse will be provided.

**Proposed Timescale:** 30/07/2017

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

The Chief Inspector was not notified of the use of an environmental restrictive procedure.

**7. Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

All environmental restrictive are now included in quarterly returns.

**Proposed Timescale:** 25/04/2017

**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:**

Some practices relating to the prescribing and administration of medicines did not ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed.

**8. Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Medication policy to be reviewed to ensure all residents are protected by safe practices of medication management. The registered provider will ensure that medicine that is prescribed is administered as prescribed, this will be achieved by ensuring staff use the signed prescription sheet at all times when administering medication and not the monthly pharmacy document. The 6 monthly signed prescription sheet will be to the front of the medication Kardex and not the back.

**Proposed Timescale:** 21/07/2017

#### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

An unannounced visit to the designated centre had not taken place at least once every six months.

**9. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Unannounced provider audit will take place every 6 months.

**Proposed Timescale:** 31/10/2017

**Theme:** Leadership, Governance and Management

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

Management systems were not in place in the designated centre to ensure that all aspects of the service provided were effectively monitored on an ongoing basis.

**10. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The registered provider will streamline all audit systems to encompass all areas through the providers current information technology system. In the interim, the registered provider will ensure that all audits will take place in a timely and systematic way co-ordinated by the quality officer. A calendar of audits, specific to the designated centre

will be developed detailing when these audits are to take place, these include annual review of quality and safety, 6 monthly visit report, healthcare, training, fire safety and risk, incident, HR, complaints, financial, hazard identification, maintenance audits.

**Proposed Timescale:** 14/07/2017

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

It was not evident the number of staff was appropriate to the number and assessed needs of the residents and the statement of purpose.

**11. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

An assessment of needs will be carried out for residents to reflect changing need and appropriate staff ratios.

**Proposed Timescale:** 31/10/2017