



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

Issued by the Chief Inspector

Name of designated centre:	Kiltartan Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	15 October 2019
Centre ID:	OSV-0005294
Fieldwork ID:	MON-0022598

About the designated centre

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

Kiltartan Services provide residential accommodation to six residents who have a moderate to severe intellectual disability and or autism or mental health difficulties. Support can be provided to individuals who may present with complex needs such as medical, mental health and or sensory needs and who may require assistance with communication. This service can accommodate male and female residents from the age of 18 upwards. The centre is a large detached bungalow which can accommodate four residents, and two self-contained apartments each of which can accommodate one resident. There is a large garden to the front of the centre. The centre is located in a rural area, but is close to several villages. Residents at Kiltartan Services are supported by a staff team which includes a social care leader, nursing staff, and care staff. Staff are based in the centre when residents are present, including at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
15 October 2019	10:00hrs to 17:45hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with all residents who lived in this centre, but none of the residents spoke with the inspector. However, the inspector observed that residents appeared to be comfortable in the company of staff, and with each other. Throughout the inspection it was evident that residents were doing things that they enjoyed, that they enjoyed the meals and snacks that were served, that they were relaxed and happy in the centre, and that they were being supported by staff to express their views and choices.

Capacity and capability

Governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre. Furthermore, the inspector found that the provider had put measures in place to ensure that the previous inspection's findings were addressed.

The person in charge worked closely with a team leader who was based in the centre and who was responsible for the day-to-day running of the service. Although the person in charge was new to this centre, he was known to the residents and was familiar with their care and support needs. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

Rosters, and discussions with staff, showed that there were sufficient numbers of suitably qualified staff to support residents' assessed needs and especially their daily activities programme. The inspector observed, and staff confirmed, that staffing arrangements ensured that residents were able to take part in activities of their choice in the centre and the local community.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received relevant training in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. There was also a range of policies, including all the required schedule 5 policies, to guide staff in the delivery of a safe and appropriate service to residents.

The provider and management team had been working to improve the quality of service to residents. They had identified improvements to the property that would increase accessibility, privacy and comfort for residents. Plans to refurbish the building for this purpose had commenced. The planned building works would also incorporate a modification to make the property compliant with planning requirements. Since the last inspection, all issues that had been identified in the

inspection report had been addressed. These included the provision of internet access in the centre, and the assessment of residents' preferences around their levels of involvement in household tasks.

The provider had ensured that the records and documentation required by the regulations, such as a statement of purpose, a directory of residents, residents' health and social care information, and fire safety records, were being maintained and were available in the centre. The provider had also ensured that the centre was suitably insured.

There was a good level of compliance with regulations relating to the governance and management of the centre.

Registration Regulation 5: Application for registration or renewal of registration

Some of the prescribed documentation for the renewal of the designated centre's registration was not suitably submitted to the Chief Inspector of Social Services as required. While the provider had ensured that the required documentation had been suitably submitted, a planning compliance certificate was not available. However, there was evidence that work was in progress to ensure that this would be addressed in the near future. The person in charge acknowledged that some documents, such as floor plans, would be reviewed and updated as required on completion of forthcoming building works.

Judgment: Substantially compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed by the person in charge and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as medication management and first aid.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up-to-date. Records were maintained in a clear and orderly fashion and were suitably stored.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service at the time of inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which met the requirements of the regulations and accurately described the service being provided to residents at the time of inspection. The statement of purpose was being reviewed annually by the person in charge. The person in charge acknowledged that the statement of purpose would be reviewed and updated as required on completion of forthcoming building works.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up-to-date.

Judgment: Compliant

Quality and safety

The provider ensured that residents living at this centre received person-centred care and support, and that their safety was prioritised.

Although this inspection focused on examination of safety of resident care, the inspector observed that staff supported residents to do things that they enjoyed both in organised day programmes, in the centre, and in the community. It was evident that residents were involved in a range of activities such as community involvement, household tasks, and developing independent living skills. An individualised home-based service was provided to meet all residents' needs and preferences, although some residents preferred to attend external day programmes. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way.

The centre suited the needs of residents, and was clean, comfortable, well decorated and suitably furnished. The centre was personalised with residents' belongings, pictures and photographs, and at the time of inspection it had been decorated with a Halloween theme. Two residents had separate self-contained apartments, and all other residents had their own bedrooms in the main house.

The provider and staff had introduced good measures to assess, assist and support communication with residents in accordance with their needs and wishes. These included the use of communication techniques, such as picture cues and signage, development of communication passports to guide staff, and involvement of communication specialists. Residents had good access to information relating to the service and their safety and rights, such as safeguarding, fire safety and advocacy. This information was provided to residents in easy-to-read formats.

The provider had measures in place to safeguard residents from risk. These included risk identification and management, development of individualised risk profiles and personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. Robust measures, such as colour coded cleaning procedures, suitable laundry arrangements, a food safety system, and policies and procedures to guide on hand washing and infection control, were also in place to control the spread of infection. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, and completion of fire evacuation drills. However, the records of fire evacuation drills did not provide assurance that residents could be

evacuated in a timely manner at night time.

The provider had also introduced measures to safeguard residents from any form of harm. These included safeguarding training, access to a designated safeguarding officer and a policy to guide staff. There were also procedures for the support and management of behaviour that challenges. These included training, behaviour support plans, and involvement of a psychologist and behaviour support specialist.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was warm, clean, comfortable and suitably decorated. Overall the centre was well maintained and kept in good condition and repair. However, there was some improvement required to the ground surface in parts of the front lawn.

Judgment: Substantially compliant

Regulation 20: Information for residents

Information was provided to residents. There was an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-to-read format. Information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities was also supplied to residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had strong measures in place to ensure that the risk of infection in the centre was well managed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that measures were in place to protect residents and staff from the risk of fire. Evacuation drills involving staff and residents were being carried out frequently and records indicated that residents could be evacuated promptly during the day. However, records of evacuation drills did not demonstrate that residents could be evacuated in a timely manner during the night.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre, and all residents had been assessed for their capacity to be involved in the administration of their own medicines.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of

behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and staff team ensured that residents' rights to make choices in how they lived their daily lives, and their involvement in domestic tasks was supported and respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kiltartan Services OSV-0005294

Inspection ID: MON-0022598

Date of inspection: 15/10/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>In Order to come into Compliance with Regulation 5 (2) Approval has been sought for building extension and alterations and site developments under Planning. Once these works are complete the Designated Centre will be compliant with planning permission and a planning compliance certificate will be send by the Person In Charge to the Chief Inspector of Social Services. Currently the building specifications have been agreed by an engineer and the Architect. Next week a tendering process will commence which will be completed in December 2019. It is aimed to choose a builder from this process and works should then commence in early Spring and should be completed by Autumn 2020.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In order to come into compliance with Regulation 17 (1) (B) The Person in Charge has arranged for the Trial Holes to the front lawn to be filled in and the surface repaired.</p>	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In Order to come into Compliance with Regulation 28 (3) (D) The Person in Charge has arranged with an external company that provides Fire Training to monitor and assess how we currently carry out evacuations by night. The Trainers and Person in Charge will also review and amend our Emergency Evacuation Plan and make adaptations to ensure that Residents can be evacuated in timelier manner. A revised evacuation plan will then be communicated to all the team.</p>	

In line with building works fire safety will also be enhanced with an increased number of emergency escape routes directly from a number of Residents bedrooms. It is believed this will also lead to more timely evacuation by night in the event of a fire.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	05/09/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	20/11/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Not Compliant	Orange	05/09/2020

	event of fire, all persons in the designated centre and bringing them to safe locations.			
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