### Centre name: A designated centre for people with disabilities operated by S.O.S. Kilkenny Ltd

### Centre ID: ORG-0008100

### Centre county: Kilkenny

### Email address: sdowles@soskilkenny.com

### Type of centre: Health Act 2004 Section 39 Assistance

### Registered provider: S.O.S. Kilkenny Ltd

### Provider Nominee: Francis Coughlan

### Person in charge: Stephanie Downes

### Lead inspector: Vincent Kearns

### Support inspector(s): None

### Type of inspection: Announced

### Number of residents on the date of inspection: 5

### Number of vacancies on the date of inspection: 0
About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

▪ to monitor compliance with regulations and standards

▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge

▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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

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Summary of findings from this inspection

As part of the inspection the inspector met with residents, the provider, the person in charge, deputy residential services manager and staff. The inspector met with the person in charge and discussed the management and clinical governance arrangements and the role of the person in charge. The inspector reviewed policies and procedures which covered issues such as medication management, accidents and incidents management and residents healthcare. The person in charge informed the inspector that she along with the deputy residential services manager and the staff all endeavoured to provide a person-centred service to effectively meet the needs of residents. The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- the complaints log required updating
- there were inadequate records of residents’ finances
- reviews in personal plans were not adequate
- there were a number premises issues
- there were a number of health and safety issues
- there were issues in relation provision of consent
- the management of restraint was not adequate
- one residents medication blister pack was not adequate
- there was no performance management of staff.

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

### Outcome 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

**Judgement:** Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**
The person in charge informed the inspector that she monitored practices in the centre by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. The person in charge was familiar with residents and visited the centre regularly. The inspector noted that there was also a deputy residential manager who was based in the centre and she also monitored the safeguarding practices and systems to ensure respectful care was provided. Residents to whom the inspector spoke stated that they felt safe and spoke positively about their care and consideration they received. Residents described the staff as being readily available to them if they had any concerns. The inspector observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance. The person in charge informed the inspector that residents and their representatives were actively involved in the centre. There were a number of options for residents to voice their views including a weekly individual residents’ house meetings, through the “my life, my choice” meetings and residents’ “in-line communication” meetings. The inspector observed staff endeavoung to provide residents with as much choice and control as possible by facilitating residents individual preferences for example in relation to their daily routine, meals, assisting residents in personalising their bedrooms and choice of activities. There were a number of options for residents in relation to activities and work with all residents attending their own personalised programmes. The inspector noted that there
was plenty of activity in the centre with all residents busy getting ready for their day or doing various chores such as washing clothes or assisting with meal preparation. Residents informed the inspector that they were involved in different activities such as going shopping, swimming or bowling. One resident informed the inspector that he was starting a work placement/shadowing in a local factory and another resident was attending a course in waterford institute of technology. A number of residents to whom the inspector spoke stated that they enjoyed living in the centre and stated that they were very happy with the care and consideration shown by staff. There were copies of easy read residents guide, complaints procedure, and the Statement of Purpose located in most residents’ bedrooms. There was a policy on the management of complaints and most residents were aware of how to make a complaint. One resident outlined to the inspector that he was able to make a complaint by sending an email to the person in charge and the complaints officer. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. The inspector noted there was a one page sheet that contained photographs of the staff including managers, complaints officer and the independent advocate on one side and an easy to read complaint form on the other side of this form. Copies of this form were available in the centre and in the activity centre that many of the residents regularly attended. The person in charge stated that she dealt with any complaints as soon as possible and felt that residents were happy with the service they received. The inspector reviewed the complaints’ log and noted that this complaints’ log recorded the nature of the complaint, the name of staff involved, if the issue was resolved or not, any action taken or strategies taken to prevent a reoccurrence. However, the recording of complaints was not adequate as the complaints log did not record the complainants’ satisfaction level.

The inspector noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. Residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes. There was a policy on residents’ personal property which was centre- specific and the inspector reviewed the local arrangements’ to ensure residents’ financial arrangements were safeguarded through appropriate practices and record keeping. These arrangements included the allocation of a nominated staff member where necessary to assist individual residents in their personal shopping. The inspector noted that some financial transactions when possible; were signed by residents and written receipts retained for all purchases made on residents’ behalf. However, financial records were not adequate as the financial transactions were not always checked or counter signed by signatures of two staff and the checking of residents’ finances was only conducted following an expenditure; therefore potentially leaving some residents finances vulnerable to exploitation as there may have been long periods when some residents finances had not been checked or accounted for. In addition, staff informed the inspector that they ticked off each transaction balance as correct on commencing their shift however, the inspector noted from records viewed that this practice while inadequate was also not consistently done.
**Outcome 05: Social Care Needs**

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

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
There were a number of centre-specific policies in relation to the social care and welfare of residents including policies on meaningful activation and assessing and management of individual social care needs. The inspector noted that all residents participated in their own individualised activities; often on a one to one basis with staff. On the first day of inspection, the inspector was shown some excellent examples of art work that residents had completed. In addition, one resident proudly displayed a large model farm that he had painstakingly created using a variety of materials. The inspector was informed by staff that this model had recently featured in the centres’ news letter. The inspector noted that residents were involved in the day-to-day running of the centre including the preparation and cooking of meals within the house. The grounds of the premises gave evidence of some active gardening by residents and one resident stated that she particularly enjoyed planting new plants in the raised beds. Residents to whom the inspector spoke detailed a number of off-site activities they enjoyed including art and crafts in the activation centre, golfing, gym work and swimming in the local pool. While there was a general routine to life in the centre with some level of activity/job allocation in place; residents informed the inspector that they had a good choice of meaningful activities from which they could choose to attend or work in each day. Residents to whom the inspector spoke stated that they enjoyed attending the activity centre and other activities. Some residents also outlined how they enjoyed relaxing in their room and the home, sometimes watching television or listening to music.

The inspector reviewed a selection of personal plans which were comprehensive, person centred and holistic. The inspector noted that they identified individual plans in relation to residents’ identified needs including behavioural challenges, supports, any medical issues and strategies agreed with residents’ involvement in order to reach these stated goals. Of particular note was the emphasis on positive aspects and the residents’ identified strengths in meeting identified challenges. The inspector noted that personal plans were made available in an accessible format to residents and a number of
residents were able to show the inspector their copy of their personal plans. There was evidence of ongoing monitoring of residents’ needs including residents’ interests, communication needs, risk assessments and daily living support assessments. There were identified key workers responsible for pursuing objectives in conjunction with individual residents in each residents’ personal plan and agreed time scales and set dates in relation to identified goals and objectives. There was evidence of interdisciplinary team involvement in residents’ care including nursing, speech and language therapy, General Practitioner (GP) and psychology services. From the sample of personal plans viewed there was evidence of residents or where appropriate residents representatives involvement in agreeing/setting residents’ goals. There was also evidence of individual goals having been achieved. In addition, personal plans contained details of meaningful activities recorded in respect of individual residents’ needs and capacity. However, the inspector noted that the reviews within the behavioural management section of the personal plan was not adequate as a number of reviews were last recorded in 2012.

**Outcome 06: Safe and suitable premises**

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

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The centre consisted of one premises located in the residential suburbs of Kilkenny city. The premises were easily accessible, bright with large windows, well ventilated, had central heating and decorated to an adequate standard. All residents had their own bedrooms and most had their own ensuite facilities. There were adequate showers and toilets; to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents’ private accommodation and separate communal areas, which allowed for a separation of functions. Residents that showed the inspector their rooms stated that they were happy with the living arrangements and most had personalised their rooms with photographs of family and friends and personal memorabilia. The inspector noted that apart from their residents’ own bedrooms there were options for residents to spend time alone if they wished with a number of communal rooms available. There was some suitable furniture and comfortable seating in bedrooms and sitting rooms. However, there were a number of issues with the premises including the design and layout of the premises was generally not compatible with the aims of the statement of purpose. The statement of purpose
stated that “the residential home provides community based living in a home from home environment”. However, the inspector noted that the premises were not homely; had an institutional feel with high ceilings and hard floors that amplified any noises throughout the building. The décor in the corridors and communal rooms displayed little evidence of having been personalised/individualised by residents. For example the same dark brown coloured doors were used for every room, there were no light shades on a number of the ceiling lights, the same magnolia paint was used throughout the premises and only one bedroom had carpet on the floor. In addition, the inspector formed the view that the communal living arrangements in the centre did not adequately meet the needs of residents. This was due to the significant identified needs of residents with most residents requiring individual attention and living space. The provider and person in charge agreed with the inspector and outlined their plans to remedy these issues. Also the décor in some parts of the premises was not adequate with paintwork and parkay flooring requiring upgrading.

The laundry facilities provided within the premises were adequate. Residents to whom the inspector spoke were happy with the laundry system and confirmed that their own clothes were returned to them. The inspector noted that there was an accessible external garden that were kept safe, tidy and attractive. Generally there was garden seating provided and car parking spaces available to the front of the premises that was accessible for car/mini bus transport.

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

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

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Major

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

No actions were required from the previous inspection.

**Findings:**

The person in charge outlined the planned actions that would be taken to ensure that a valid certificate of compliance with statutory fire safety and building control requirements would be provided. There were fire evacuation notices and fire plans publicly displayed within the centre. Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available. The inspector noted that fire training for staff was up-to-date. All staff to whom the inspector spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire. Each resident had their own individualised fire evacuation plan in their personal plans. The inspector noted that following a risk assessment staff had removed all fire extinguishers off the walls and stored them in a number of easily accessible locations throughout the premises. There was a record of daily checks in relation to ensuring that all fire exits were unobstructed. However, there were no monitoring
checks in relation to ensuring that all relocated fire extinguishers were available for use in the event of a fire.

From a selection of personal plans reviewed the inspector noted that individual risk assessments had been conducted and included screening for falls risks and daily living support plans in relation to behaviours that challenge. There were also assessments of risks associated with supporting positive behaviour and the management of epilepsy, were appropriate. There was an undated safety statement that detailed hazard identification which included slips, trips, falls, manual handling risks, assaultive behaviour and included measures aimed to reduce such hazards. The inspector noted that there was a risk register detailed the hazard identification and assessment of risks in the centre. However the risk management policy was not adequate as there was no emergency plan and the policy did not provide the measures and actions in place to control the following specified risks as required by regulation:

- the unexpected absence of any resident
- accidental injury to residents, visitors or staff
- aggression and violence, and
- self-harm.

Staff outlined to the inspector the importance of being able to communicate quickly and effectively with each other in the context of the residents identified needs. Staff stated that in the event of an emergency staff had to call out for assistance. However, due to the design and layout of this large building the inspector noted that there were inadequate systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies. For example and there was no alarm system or other means of calling for assistance such as a mobile duress alarms available to staff. The inspector also noted that the hazard identification and assessment of risks throughout the centre was not adequate as the following risks had not been assessed:

- the storage of cleaning liquids in unrestricted laundry room
- communal living arrangements in the context of residents’ significant behaviours that challenge.

In addition, the risk management policy did not detail the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. The inspector noted that in a number of incident reports viewed; these reports had not been completed with whole sections in relation to reporting the incident to management left blank.
Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The person in charge and the deputy residential manager were involved in the management of the day-to-day care provision for residents in the centre. The deputy residential manager office was located in the premises. The deputy residential manager informed the inspector that she monitored safe-guarding practices in the centre by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. The deputy residential manager also had responsibility for three other premises and visited one of these premises each morning prior to attending the handover in the centre. The inspector also attended the handover during this inspection and noted that the deputy residential manager and staff comprehensively communicated each residents’ current needs. The inspector observed staff interacting and speaking to residents in a friendly, respectful and sensitive way.

Residents to whom the inspector spoke confirmed that they felt safe in the centre and spoke positively about the support and consideration they received from staff. The inspector noted a positive, respectful and friendly atmosphere within the premises and residents were generally forthright in speaking positively about staff and living in the centre. The inspector viewed policies and procedures for the prevention, detection and response to allegations of adult abuse that had been dated January 2014. The inspector noted this policy was centre-specific and comprehensive. The inspector noted from staff files that adult abuse training had been provided and staff also confirmed that they had received training in relation to the policy on identifying and responding to adult abuse. Staff to whom the inspector spoke were able to confirm their understanding of the features of adult abuse.

From a selection of personal plans viewed the inspector noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. The person in charge outlined arrangements for the training of staff in the management of behaviour that challenges and detailed how an external company had been commissioned to provide this training.
for all staff. During the inspection the inspector met with two external staff providing training in the management of behaviour that challenges and they outlined how they were working with staff in the centre. Staff to whom inspectors spoke were able to detail suitable strategies in relation to providing de-escalating and intervention techniques. However, the inspector noted that there was no policy/procedure available in the centre in relation to the management of behaviour that challenges.

The inspector noted that a listening monitor was used in relation to one resident who suffered from epilepsy. Staff informed the inspector that this monitor was used to detect and notify staff if the resident was experiencing a tonic-clonic seizure and assisted staff in responding and providing assistance to the resident in the event of a seizure. However, there were a number of issues in relation to the use of this listening monitoring device including:

- there was no policy/procedure available in relation to the use of this monitoring device for example when it was to be used/turned off and who would be listening to it when it was in use
- there were no records of the how/when/where this monitoring device would be used having been discussed with the resident or their representatives as appropriate
- in the resident personal plans there were no records of signed consent from the resident (where possible) or no evidence of discussions with residents representatives in relation to using this monitoring device where appropriate
- there was no recording/audit of the use of this monitoring device.

In relation to restraint practice the inspector was informed that restraint was only used as a last resort. The inspector noted that in each residents’ personal plan the behavioural specialist had detailed behavioural management programmes. Each programme gave comprehensive, individually tailored strategies to be followed by staff in the event of the resident presenting behaviour that challenges. However, the management of the use of restraint was not adequate for the following reasons:

- there was no policy available in relation to the management/use of restraint
- the personal plans did not adequately detail the use of restraint, consent in relation to the use of restraint or the monitoring and observation of a resident while restraint was in use
- there were no records of the use of restraint having been discussed with residents or their representatives as appropriate
- in a number of personal plans there were no records of signed consent from residents (where possible) or no evidence of discussions with residents representatives where appropriate
- there was no recording/audit of the use of restraint.

**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.*

**Theme:**
Health and Development
Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There was a policy on access to education, training, lifelong learning dated as been reviewed in March 2014. The inspector was informed by residents that they had a number of options available to them in relation to activities. For example there was a centralised activation centre where activities such as, art and crafts, music and photography were available. There was flip side art studio based in kilkenny city that was also an option for residents who wanted an alternative outlet from the main campus. During the inspection, the inspector noted that a number of residents participated in their own individualised activities; often on a one-to-one basis. For example some residents regularly enjoyed relaxing in their home sometimes just watching television or listening to music. Some residents played musical instruments and the inspector noted both an acoustic and electric guitar in one residents’ bedroom. Another resident outlined to the inspector her interests which included two aquariums one was for cold water fish the other fish tank was for warm watered fish. This resident also informed the inspector that she was also in the process of acquiring a new pet rabbit. This resident outlined how with the support of her key worker she was finalising suitable living arrangements for this new pet. The inspector also noted that a number of residents regularly visited their friends and family especially at weekends, went to the local shops and attended local sporting events. Residents to whom inspectors spoke stated that they also enjoyed eating out, going to hurling matches or the cinema, one described enjoying golf and others enjoyed bowling. The inspector noted from a selection of personal plans there was an established social activities schedule available and evidence of an assessment process that identified each resident’s educational, employment and/or training goals. Some residents to whom the inspector spoke outlined that they had regular roles within the house and the inspector noted that such roles formed part of residents’ goals in their personal plans. Some residents had specific tasks in the house or within the activities centre; while other residents had different personal goals to pursue with the assistance of staff. The inspector noted that residents roles and responsibilities included keeping their room tidy, making their beds, managing laundry, setting tables for meals, participating in food preparation and washing up after their meals. The inspector was also informed that these roles were adapted to meet the capacity and needs of the individual residents. The inspector noted that residents had opportunities for new experiences and social participation and residents outlined how they could access appropriate and accessible indoor and outdoor recreational events as outlined above. The inspector noted from a selection of personal plans that there were supports identified to assist residents meet these goals and to try realising their potential. In relation to education and training opportunities staff outlined the following options were open to residents:
• the “vocational, training and opportunities scheme”; that offered participants opportunities to improve their general level of education, develop their skills and prepare for employment and further education and training
• “word aid” which was an adult learning service were adults get help with reading and
writing skills
- “killkenny collective for arts talent” (KKAT); which was an art and study centre giving open access to arts and lifelong learning
- “vocational educational committee” (VEC); offered a variety of night classes
- “waterford institute of technology”; offered a number of courses and the inspector noted that there was one resident currently attending a course in this college.

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

Theme:
Health and Development

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector was informed that residents’ choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff to whom the inspector spoke stated that the quality and choice of food was frequently discussed with individual residents and changes were made to the menu accordingly. The inspector noted that residents generally had their breakfast and evening meal in the premises and their lunchtime meal mainly off site. Residents to whom the inspector spoke stated that they enjoyed their meals and that the food was good. The inspector reviewed the dining experience and noted that meals were well presented and residents requiring assistance from staff were observed providing such assistance in an appropriate manner. The inspector noted that residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in the premises. The inspector viewed the policy and guidelines for the monitoring and documentation of residents’ nutritional intake and noted that residents’ weights were generally checked regularly and weight records were maintained for most residents.

From a selection of residents’ personal plans viewed the inspector noted that there were assessments in relation to aggression, unexpected absence of a resident and outburst in public. There were also records maintained of referrals and follow-up appointments in relation to some residents having had neurological, psychological and psychiatric assessments. Staff informed the inspector that in relation to residents accessing healthcare professionals this mainly occurred via the residents GP, public health nurse or any other healthcare appointment as required. There was evidence of some yearly health assessments being used in relation to physical wellbeing, person centred planning and epilepsy. However, these assessments were not consistently completed with a number of these assessments not completed since 2011.
**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector noted that each resident had a choice of pharmacist and residents to whom the inspector spoke confirmed that they had contact with their own pharmacist of choice. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. There were records of training of staff in medication management and staff to whom inspectors spoke demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Staff informed the inspector that medication reconciliation practices included checking all residents’ medication on receipt from the pharmacy and also checking the medication stock balance each evening. Residents’ medication was stored and secured in the staff’ office in the premises and the key to this medication press was kept by staff. The inspector noted that blister packaging was in use to store some residents’ medication. However, the inspector noted that one residents’ blister pack was not adequately labelled. On this blister pack there was no record of the residents’ name or the shape, colour or mark of the tablets contained in the blister pack. In addition there was no reference/picture information to assist staff in identifying this medication and therefore arrangements for the identification of this medication inadequate.

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**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Minor
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. In the absence of the person in charge, the deputy residential manager undertook her responsibilities. The inspector spoke to the deputy residential manager who outlined how she supported the person in charge in her role on a daily basis. This support included providing effective supervision in relation to the management of the care and welfare provision within the centre. The deputy residential manager also outlined the out of hour’s governance and management arrangements to ensure residents care and safety. The person in charge informed the inspector that she was also appointed as person in charge for three other centres. The person in charge stated that she divided her time fairly evenly and spent more time in any one centre as required; depending on the circumstances or issues that required her attention. The inspector was informed that for each other centre there was also a deputy residential manager who regularly reported directly to the person in charge. The inspector were satisfied that the person in charge provided effective governance, operational management and administration of this centre. The inspector noted that there was evidence of a clearly defined management structure that identified the lines of authority and accountability and detailed responsibilities for all areas of service provision. Staff to whom inspectors spoke to were clear on the management and governance arrangements including out-of-hours managerial support. However, the person in charge informed the inspector that were no structured arrangements in place to performance manage staff as required by regulation.

The inspector noted that the person in charge was also supported by the provider who was based full time and located adjacent to the centralised activity centre. The provider had his office in the same building as the person in charge and he was very accessible to the person in charge, the deputy residential manager and staff. The provider outlined to the inspector that he operated an open door policy to residents and staff. This was confirmed by residents who informed the inspector that they had easy access to the provider. The inspector observed that the person in charge had an inclusive presence in the centre and residents and staff confirmed that she was a committed and supportive manager. The inspector noted that residents were familiar with the person in charge and approached her with issues during the inspection. The person in charge outlined that she also had an open door policy for residents and staff to approach her or any member of the management team. The inspector noted at the main office near the activities centre; there was a large notice board with photographs of the person in charge and the provider that also indicated if they were currently in the building. This board welcomed residents’ feedback and outlined in an easy read format, how to contact any member of the management team. Throughout the inspection the person in charge demonstrated an adequate knowledge of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. The inspector also noted that the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.
Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. The person in charge stated that many of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing. Staff to whom the inspector spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. The inspector noted that copies of the standards were available in the staff office and easy to read versions were in a number of the residents’ bedrooms. Staff spoken to demonstrated adequate knowledge of the regulations and standards. The inspector reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements. The inspector noted that following a recent incident the staff compliment had been increased from three staff to four staff during the day and night time. The inspector noted that while there was a deputy residential manager in the centre for periods during the week nevertheless, there were long periods when the there were the four care staff on duty. However, none of these staff worked in a supervisory capacity. This had the effect of staff not being adequately supervised for significant periods. Staff confirmed that there had previously been a designated person on duty who had worked as a supervisor. Staff also outlined that due to residents’ complexity of needs and behaviours that challenge; that supervision of staff was necessary. During the feedback meeting the provider and the person in charge agreed that supervision was an issue to be addressed.

The person in charge demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. The inspectors noted that ongoing staff training was provided which included the following:
- fire safety training
- adult abuse training
- first aid
- positive behaviour support training
- standards and regulation
• medication management
• líamh communication training.

The inspector reviewed a selection of staff files and noted that one file was not adequate as it did not contain all documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013. The one staff file did not include the position the person holds, or held, at the designated centre, the work the person performs/performed and the number of hours the person is or was employed each week.

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Vincent Kearns  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by S.O.S. Kilkenny Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0008100</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>25 June 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17 July 2014</td>
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</table>

Requirements

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
- Residents to co-sign when possible all personal financial transactions, when it possible for a resident to co-sign, two staff members will sign for the transaction.
- All residents finances to be checked daily by two staff regardless of whether a...
The transaction has taken place.
- Assistant Residential Manager to conduct monthly audit on each residents personal finance.

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/07/2014</th>
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<tbody>
<tr>
<td>Theme: DCAD10 Individualised Supports and Care</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Action Required:**
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
- Section to be included on the complaints form to record the complainants’ satisfaction level.

| Proposed Timescale: 17/07/2014 |

<table>
<thead>
<tr>
<th><strong>Outcome 05: Social Care Needs</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
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</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
To ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

**Action Required:**
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

**Please state the actions you have taken or are planning to take:**
- Protocol to be put into place to outline when residents’ personal plans are reviewed, this protocol to include timeframes in relation to a change in need.
<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
- Carpet to be laid to reduce noise levels in communal areas
- House to be painted throughout in consultation with residents
- Soft furnishings to be used throughout the house to reduce noise levels.
- Light shades to be fitted where required
- In consultation with residents communal areas to be personalised to the residents agreed preferences.

**Proposed Timescale:** 17/06/2014

| Theme: Effective Services |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To ensure that there are adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation.

**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:**
- Work to commence on developing individual apartments within the residence to create private space.
- Ceiling reduction to reduce noise levels to form part of a phased project.

**Proposed Timescale:** 17/07/2016

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To ensure that the risk management policy includes hazard identification and
assessment of risks throughout the designated centre.

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

**Please state the actions you have taken or are planning to take:**
- Risk Management Policy to be amended to include hazard identification within the designated centre
- Risk assessments currently been undertaken throughout the designated centre to identify risks.

**Proposed Timescale:** 14/08/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

**Please state the actions you have taken or are planning to take:**
- Incident forms to be reviewed to ensure serious incidents, adverse events are captured and recorded appropriately at the time of the event.
- Timeframes to be agreed for the completion of an investigation of, and review of a serious incident or adverse event to be specified within the Risk Management Policy.

**Proposed Timescale:** 28/08/2014

**Theme:** Effective Services

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

**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:
• Emergency Plan Policy currently under development.
• Risk Assessments currently been undertaken throughout the designated centre.
• Risk Management Policy under review to include the process for the assessment, management and ongoing review of risk.

Proposed Timescale: 29/08/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

Action Required:
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

Please state the actions you have taken or are planning to take:
• Risk Management Policy under review to include the measures and actions in place to control the unexplained absence of a resident.

Proposed Timescale: 29/08/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
• Risk Management Policy under review to include the measures and actions in place to control accidental injury to residents, visitors or staff.

Proposed Timescale: 29/08/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy includes the measures and actions in place
to control aggression and violence.

**Action Required:**
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
- Risk Management Policy under review to include the measures and actions in place to control aggression and violence.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
- Risk Management Policy under review to include the measures and actions in place to control self-harm

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To make adequate arrangements for reviewing fire precautions.

**Action Required:**
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

**Please state the actions you have taken or are planning to take:**
- Daily monitoring audits to include checking the storage of fire extinguishers.

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

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
To ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
- Policy on Behaviour That Challenges’ and Restraint currently being implemented.

**Proposed Timescale:** 07/08/2014

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
To put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

**Action Required:**
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

**Please state the actions you have taken or are planning to take:**
- Policy to be developed for the use of a monitoring device in person within the designated centre, this Policy to include detail on how and when it is to be used, consent, consultation with resident and his/her advocate, and an audit, review system.

**Proposed Timescale:** 26/09/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
To provide appropriate health care for each resident, having regard to each resident's personal plan.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.
Please state the actions you have taken or are planning to take:
  • Health assessments to be reviewed quarterly at staff meeting.

Proposed Timescale: 29/08/2014

<table>
<thead>
<tr>
<th>Outcome 12. Medication Management</th>
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<tr>
<td>Theme: Health and Development</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To put in place appropriate and suitable practices relating to the 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.

**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:
  • Discussion with Pharmacist to review the blister pack currently in use, to include all relevant details pertaining to the medication and resident.

Proposed Timescale: 12/09/2014

<table>
<thead>
<tr>
<th>Outcome 14: Governance and Management</th>
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<tbody>
<tr>
<td>Theme: Leadership, Governance and Management</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
  • Performance Appraisal system currently being implemented

Proposed Timescale: 12/09/2014
**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Action Required:**
Under Regulation 15 (5) you are required to:
Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
- All documents in place as specified in Schedule 2

**Proposed Timescale:** 18/07/2014

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**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To ensure staff are appropriately supervised.

**Action Required:**
Under Regulation 16 (1) (b) you are required to:
Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
- Supervision to be provided to staff by a nominated person within SOS Kilkenny Ltd, and also of the Employee Assistance Programme provided by VHI.

**Proposed Timescale:** 12/09/2014