<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by SOS Kilkenny Ltd</th>
</tr>
</thead>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003412</td>
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<td>Centre county:</td>
<td>Kilkenny</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>SOS Kilkenny Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Francis Coughlan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>19</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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**About monitoring of compliance**

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

The inspection took place over the following dates and times
From: To:
22 October 2014 09:00 22 October 2014 20:00
22 October 2014 09:00 22 October 2014 15:30

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
The inspection was carried out in response to an application from the provider to register the centre which was a seven day residence open all year. It provided accommodation for 19 residents in three separate houses. The service ensured a high quality of life for residents.

There was a clearly defined management structure which ensured that the service provided was safe and appropriate to residents’ needs. The centre was governed by a voluntary board of management which included representatives from the local community and representatives of residents. The board maintained oversight of the
organisation and service development. The nominated provider was also the Chief Executive Officer (CEO).

Community and family involvement was evident and some innovative projects had been undertaken to positively engage in the social and community life. In particular, the organisation had developed a community support initiative in conjunction with the traders at a large shopping centre to facilitate residents to meet their friends for coffee, lunch or shopping in a safe supported environment.

The centre demonstrated a commitment to resident’s engaging in further education, training and lifelong learning. A number of residents had completed further education courses in Waterford Institute of Technology and the service provider had developed innovative and relevant courses like a Further Education and Training Awards Council (FETAC) certificate in supported employment.

There were a number of examples of good practices seen. In particular the inspector found the documentation in relation to risk assessment and subsequent risk management plans to be clear, comprehensive and specific. In relation to healthcare, the centre had developed a medical appointment record sheet which was prepared for each medical or other health related appointment attended by the resident. There was evidence that this separate recording of healthcare visits helped to plan the healthcare needs of the resident. There was further evidence of good practice in the development of a protocol on the management of pro re nata (PRN or as required) medication.

As part of the inspection, the inspector met with the residents, relatives and staff members. The inspector reviewed documentation such as the centre’s statement of purpose, person centered care plans, medical records, staff training records, staff files, policies and procedures, fire safety records and the residents' accommodation.

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:
- Hazard identification
- fire precautions
- records management.
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:
The inspector saw that residents were consulted with and participated in decisions about their care and the organisation of the centre. There were weekly meetings with residents, called in-line communication meetings. The minutes of the last meeting were seen by the inspector and issues discussed included the inspection by the Authority, house painting and access to television in residents’ rooms.

There was a named independent advocate who was accessible to residents if any issues arose. While there was an advocacy group in place, the inspector saw minutes of a meeting from February 2014 discussing the formation of a new self-advocacy group. This advocacy group was to have an extended membership with elections and specific representation from residents. A number of residents had completed certificates in leadership and advocacy in Waterford Institute of Technology. There was a planned programme for more residents to complete this award and the development of an organisation wide training programme on confidentiality. The provider outlined that this self-advocacy group was to commence in November 2014.

There was a human rights committee in operation. The inspector saw that there were eight outstanding referrals of issues from residents. The process involved acceptance of the referral, representation sought from relevant parties, consideration of the information by the panel and a final decision/recommendation. As an example, one issue that had previously been the subject of a referral to the human rights committee involved a resident seeking increased access to activities in the community.

The inspector found that residents could keep control of their own possessions. There
was an up to date property list in each resident’s personal outcomes folder which identified when the resident bought or received items like furniture or bedside lamps. There was adequate space for clothes and personal possessions in all bedrooms. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished.

The Authority was in receipt of unsolicited information regarding residents’ finances. The inspector reviewed the management of residents' finances and found the process to be transparent. There was a policy on residents finances and all items purchased for and by residents were verified by receipt. The inspector found adequate checks in place and monthly auditing being undertaken by the deputy person in charge. The inspector was satisfied that the issues raised had been dealt with appropriately by the person in charge.

There was a complaints policy which was also available in an easy to read format. The policy was displayed throughout the centre and identified two stages to the complaints process. The first stage involved issues that could be readily resolved at a local level. The complaints log included items like access to cleaning products by residents and small personal items being taken by other residents. These complaints had all been resolved locally. Stage 2 of the complaints process involved a resident, or their representative, putting their concern in writing. Residents who required assistance to make the complaint were offered the services of the potential advocates either internally or externally. There was a designated complaints officer to ensure that all complaints were investigated properly. While a copy of each complaint was also sent to the quality officer to ensure that all complaints were appropriately responded to, this role was not specifically mentioned in the complaints policy as required by regulation 34.

Judgment:
Non Compliant - Minor

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
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<tbody>
<tr>
<td>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.</td>
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</table>

| 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 and in the sample of care plans reviewed there was evidence that residents were assisted and supported to communicate. There was a policy on the provision of information to residents which included communication strategies for residents with vision and hearing impairments. Inspectors saw that residents with hearing impairment were being reviewed by an audiologist every two |
years.

A number of policies were available in easy to read format including the statement of purpose, abuse, complaints, finance and education. A number of residents had communication notebooks which clearly outlined their background, family support, home life, work life, likes/dislikes and any particular area where support was required. The inspector observed a communication board in the kitchen areas which contained a picture rota of which staff were on duty.

There were a number of communication forums for residents including the in-line communication meetings and the self-advocacy group mentioned in Outcome 1. There was a centre newsletter published quarterly which included information on the service, film news and items of interest. There was also a local radio station broadcasting from the main organisation centre with one resident being recently interviewed regarding his experience of the inspection process by the Authority.

Television was provided in the main living rooms and a number of residents had televisions with multi-channel access in their own room. One of the residents with a hearing impairment demonstrated to the inspector the use of the specialised smoke alarm. There was a vibrating pad placed under the pillow which activated when the smoke alarm sounded. This was interconnected with the conventional audible alarm and a strobe light in the resident’s bedroom. If one of the alarms sensed smoke, all alarms sounded, the strobe flashed and the pad vibrated.

**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 personal relationships and links with the wider community. Up to 40 staff and a number of residents had completed a Further Education and Training Awards Council (FETAC) certificate in community inclusion. At the last inspection it was found that there were limited activities for some residents during the evening. Since then the provider had scheduled additional support staff to afford residents the option of participating in activities in the evening.

A number of residents participated in a community art project the objective of which
was to create a shared space for people of all abilities to create art, music and to meditate. The organisation had launched also the “Happy to Help” community support initiative with a large shopping centre in March 2014. The shopping centre was identified as the ideal venue for residents to meet their friends for coffee, lunch or shopping in a safe environment. The shopping centre organised training sessions with all their staff from security to maintenance to the cleaning team and have facilitated further training to ensure everyone is able to navigate their way around the centre safely and confidently. Many of the shops in the centre agreed to become “Happy to Help” points and are displaying the “Happy to Help” stickers. Some residents were members of the local hurling club and one resident was a member of the local motor club.

There was a policy on visiting and residents said to the inspector that families were welcome and were free to visit. A log was maintained of all visitors. There was adequate communal space in each house to receive visitors with each house having a kitchen/dining room and a separate living room.

The inspector received a number of completed relative questionnaires from family members which were highly complementary of the service. Care plans read by inspectors provided evidence of family input.

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

Findings:
While there had been no recent admission to the centre, there was a policy on admission which described the admission process including assessment, access and the transition period that would be agreed with the resident. Since the last inspection the admission policy had been updated to take account of the need to protect residents from abuse by their peers. The social work department had provided training to all residents on protection from abuse with a training programme including role play and discussion around relationships.

At the last inspection it was found that there was no written agreement in place in relation to the provision of services and the fees to be charged for those services. Since then a written contract for residential services had been agreed and signed by each
resident and/or their families. The sample contracts seen by the inspector included
details of the:
• Location of the centre
• charges/fees
• staffing arrangements
• provision for family contact
• care planning
• medication management
• complaints
• termination of the contract.

The inspector saw that there was a tenancy agreement also in place for residents. This
was available in an easy to read format and included details relating to the rights and
obligations of the service user and service provider, summary of the complaints process
and the ending of the tenancy.

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:
At the last inspection it was identified that the personal care planning process required
improvement. Improvements had been completed and the person centred plans seen by
the inspector were in an easy to read format. One resident showed the inspector his
person centred plan and explained each section in detail. Each person centred plan
included information regarding:
• Living arrangements
• work
• relationships
• choice around daily routine
• end of life care
• privacy
• health goals
• natural supports
• safety.

In the sample care plans seen there was evidence of resident and family involvement in the setting of the goals following the care planning process. There were agreed time-frames in relation to achieving identified objectives with named staff members responsible for pursuing objectives with residents.

There were planned supports in place where a resident had to be admitted to hospital either for a day-case procedure or a longer stay. The person in charge outlined that a staff member would stay with the resident for the length of hospitalisation. Similarly if a resident had to attend an out-patient appointment in a hospital a staff member would accompany the resident. As an example of good practice, staff kept a medical appointment record for each hospital visit by the resident or review by a healthcare professional. This included a list of medication prior to the appointment, a summary of treatment received and an updated list of medication following treatment. This updated list highlighted the changes, if any, to medication.

One resident’s action plan from their person centred planning process identified a wish to live independently. The service was acting to achieve this goal and an alternative apartment had been identified for this resident. The inspector saw evidence that there was support for the resident as they transitioned between residential services. This was being done through accessing activities in the community on a more regular basis, the resident preparing their own meals and going on holidays independently. A more formal structure was also in place including multi-disciplinary residential transfer meetings, risk assessments, supports required by the resident being identified and a review of the proposed new living arrangements.

**Judgment:**
Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The centre was a seven day residence open all year and provided accommodation for 19
residents in three separate houses.

The first residence was a two story house with six single resident bedrooms. All rooms were fully furnished and decorated in conjunction with the individual resident’s personal choice and taste. Each resident was encouraged and supported to personalise their bedrooms with pictures, ornaments or any items they chose. The communal area had a large sitting room which led to a spacious sunroom overlooking an enclosed garden. There was a separate kitchen/dining area. The décor and furniture for the living room and kitchen was chosen by residents. The ground floor also had a utility area for laundry and a toilet with a wash hand basin. On the first floor there were two bathrooms, one with shower, toilet and wash hand basin the other with a bath, toilet and wash hand basin.

The second residence was again a two story house with six single bedrooms with residents having a choice in how they decorated both the communal areas and their own bedrooms. This house also had a large sitting room and a separate kitchen dining area. There was a utility room on the ground floor. On the first floor there were two bathrooms with a shower, toilet and wash hand basin. There was access to an enclosed rear garden which contained a shed, used as a smoking area for one resident. This is discussed in more detail in Outcome 7.

The third residence was a purpose built bungalow. It had seven resident bedrooms each with a wash hand basin. All bedrooms were decorated according to resident’s personal choice. There was one large sitting room and a second sitting room adjacent to this. There was a kitchen/dining room and a utility area. There was one main bathroom with a bath, hand wash basin and toilet; a shower room with shower and wash hand basin; a third bathroom with a toilet and wash hand basin.

**Judgment:**
Compliant

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

**Findings:**
Since the last inspection the risk management policy had been updated and included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. All of these issues were also identified as hazards on the centre risk register and had been separately assessed and risk rated. The risk register also identified specific hazards in each location, for example one house not having
window restrictors on the first floor. However, a risk assessment wasn’t available for a resident’s bed being pushed up against a radiator in house two which was a potential burn hazard.

Each resident had also participated in identifying specific hazards relating to their lives. These were contained in a personal risk management plan. For example one resident was moving to an independent living arrangement. A hazard identified was fire safety and the risk management plan for this hazard resulted in the resident receiving specific training on the use of fire extinguishers.

There was an emergency residential on call policy which outlined the arrangements when a senior manager would be notified of an emergency situation including serious injury to staff or resident, a missing resident or any situation that required emergency services. The person in charge outlined that there was an on-call rota for senior managers 365 days per year to respond to such situations. There was a separate policy on emergency planning which identified the arrangements in place to respond to emergencies like flooding, fire and loss of electricity. In the sample healthcare files seen by the inspector each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. The inspector saw records of monthly evacuation drills being carried out.

At the last inspection it was found that one of the houses was not adequately clean but this had been remedied. There was a policy in relation to control and prevention of infection and the centre was visibly clean. Paper handtowels were available in all shared bathrooms. Each resident had their own laundry basket in their rooms and were encouraged to wash their own clothes. There were cleaning schedules in place and staff spoken with were aware of infection control principles. The maintenance log showed regular maintenance conducted and suitable repairs recorded.

There was confirmation, dated September 2014, from a properly and suitably qualified person that all statutory requirements relating to fire safety and building control had been complied with. The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:
- Servicing of fire alarm system and alarm panel October 2014
- Fire extinguisher servicing and inspection May 2014.

All staff had been trained in fire safety within the last year. All residents had attended an information session on general fire safety in November 2013 and a number of residents had also received certificates in training on the use of fire extinguishers. All residents spoken with knew what to do in the event of a fire, including the evacuation routes and assembly points. There was emergency signage identifying escape routes and emergency lighting had recently been installed. There was daily checking of the means of escape routes. At the last inspection it was observed that some fire doors were kept open with wedges. This had been rectified since then.

There was a smoking policy which identified that residents could only smoke outside the building. As mentioned in Outcome 7 there was one resident who smoked in a shed in the garden in one of the houses. However, the inspector observed that fire precautions
weren’t available in this area.

**Judgment:**
Non Compliant - Minor

### 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 the management of abuse. At the last inspection it was found that some staff had not received training on the prevention of abuse. However, since then the social work department had coordinated training on allegations of abuse and records showed that all staff had attended. As mentioned in Outcome 4 residents had also received this training and the inspector saw certificates of attendance at the allegations of abuse training for a number of residents. There was a separate policy on intimate care and the sample healthcare files contained intimate care plans for the resident.

Prior to the inspection a specific incident relating to adult protection had been reported to the Authority. Documentation reviewed by the inspector demonstrated that the incident had been followed up appropriately by the provider and an appropriate recording of the incident was available in a written format.

There was a policy on challenging behaviour and the inspector saw that all staff had received training on dealing with positive approaches to behaviours that challenge. Not all staff had received this training at the last inspection. A behavioural therapist worked onsite one full day and two half days per week and provided support to staff. From a selection of personal plans viewed by the inspectors they noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges.

**Judgment:**
Compliant
**Outcome 09: Notification of Incidents**

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

**Theme:**
Safe Services

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

**Findings:**
Practice in relation to notifications of incidents was satisfactory. The nominated provider and person in charge were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The inspector saw that there was a process for recording any incident that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**
Compliant

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**Outcome 10. General Welfare and Development**

*Residents' 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

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

**Findings:**
There was a policy on access to education, training and lifelong learning. As referenced throughout this report a number of residents had undertaken further training and education including certificates in leadership and advocacy from Waterford Institute of Technology, FETAC awards in community inclusion, FETAC awards in listening and speaking, certificates on fire safety and in-house training on prevention of abuse.

The organisation had recently developed a FETAC certificate in supported employment which included modules on how to prepare a CV and how to match a job to particular skills. Some residents were already supported to work in shops in the city with one resident telling the inspector how much he enjoyed working in a record shop every month.
All residents had access to a day activation centre and the provider outlined that this service was being developed to incorporate a life skills training programme. This would equip residents with the skills to manage their home including finances and shopping and also how to access activities in the community.

A number of residents had participated in a national job shadow initiative set up to give a person a chance to job shadow someone in the workplace as they go about their normal working routine. All participants received certificates of involvement in the initiative and some gave a talk on their experiences of the job shadow scheme.

The provider outlined that close links were maintained between the organisation and the local secondary schools. Some transition year students did placements with the organisation and in turn a number of residents had made presentations and talks in the schools about the organisation and what to expect when on placement.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The person in charge outlined that residents had the option of attending a general practitioner (GP) of their own choice. The inspector reviewed a sample of resident healthcare files and found evidence of regular GP reviews. As outlined in more detail in Outcome 5 a medical appointment record was prepared for each medical visit by the resident or review by a healthcare professional. There was evidence that this separate recording of healthcare visits helped to plan the healthcare needs of the resident. The inspector was satisfied that the communication processes used gave direction and coordination to care delivered to residents who had multiple complex care needs. For example up to date records of referrals to consultant specialists were maintained for all residents and in particular there was evidence of follow up communications with hospitals in relation to planned procedures.

There was evidence of good access to specialist care in psychiatry, both with residents attending as out-patients and via the community psychiatric liaison nurse who reviewed residents on site.
There was evidence of residents exercising their right to refuse medical treatment. For example access to a screening programme had been offered to one resident who, after discussing it with the GP, felt it was not necessary.

A record was maintained of all referrals to and treatment by allied health professionals. This included dentist, optician, chiropodist and audiologist. There was an organisation healthcare department with nursing staff available if required. As referenced elsewhere in this report there was good access to the organisation social work department and behavioural therapist. Residents personal care plans seen by the inspector contained completed discussions with residents on arrangements for their end of life care.

There was a policy and guidelines for the monitoring and documentation of residents’ nutritional intake and the inspector noted that residents were referred for dietetic review as required. Each resident personal care plan contained recorded discussions with residents on their particular food likes and dislikes. The care plan also discussed resident participation in meal preparation and cleaning up afterwards. On the first day of this inspection one of the residents had prepared the evening meal and the other residents had cleared away the dishes afterwards. There was a weekly menu plan discussed at the in-line communication meeting and a copy of the menu was available on the notice board. The inspector found adequate quantities of food available for snacks and refreshments at all reasonable times. There was good practice evident in recording in a log next to the fridge of when food items were opened.

**Judgment:**
Compliant

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

**Findings:**
Since the last inspection improvements had been made in relation to safe medication management practices. Photographic identification was now available for each resident on the medication administration record to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

Medication was dispensed on a monthly basis from the pharmacy in a monitored dosage system. It was kept securely in a locked cabinet in all three houses and during the two days of the inspection the cabinet was locked at all times. Staff outlined that if there were any change to the resident’s prescription the monitored dosage system was
returned to pharmacy and a new pack was dispensed.

The prescription sheets were pre-printed, signed and dated by the GP and contained the medication name, dosage instructions (i.e. how often in a 24 hour period) and administration times. However, in one of the prescription sheets seen by the inspector medication had been added to the prescription sheet and the name of the medication and the dosage instructions were recorded. However the administration times were not written in.

As an example of good practice there was a protocol on the management of pro re nata (PRN or as required) medication. When a resident’s GP prescribed a PRN medication a form was completed and added as an appendix to the resident’s health care plan and a copy kept with the resident’s prescription sheet. The form included the reason for the prescription of the PRN medication, symptoms to be identified before administering the PRN medication, possible side effects and instructions about when to see the GP and any other special instructions in relation to the use of this medication. A record of each use of PRN medication was sent to the nursing staff in the healthcare department to monitor use of such medication.

The person in charge confirmed that medication management training had been given to all staff. Two nursing staff had undergone a specific education course and had been assessed as competent to provide training on medication management. These qualified trainers provided a medication management course to all staff.

Judgment:
Non Compliant - Minor

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:
The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by Schedule 1 of the Regulations and was also available in an easy to read format.

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

Findings:
The person in charge was employed full time and was found to have the qualifications, skills and experience necessary to manage the centre. She was also appointed as person in charge for a number of other centres but outlined that her time was managed evenly and spent more time in any one centre as required. As outlined in the statement of purpose the person in charge had an “open door” policy. She was available to talk to residents at any time and this was clear during the course of the inspection. There was also a deputy person in charge who was also appropriately skilled and qualified.

The statement of purpose clearly defined the management structure and identified the lines of authority and accountability. There were regular scheduled senior management team meetings. The minutes of one meeting from June 2014 discussed issues like the Authority’s inspection programme, service development and staffing.

The provider reported to a voluntary board of management which included representatives from the local community and representatives of residents. The board maintained oversight of the organisation and service development. The minutes of the most recent meeting in September 2014 were viewed by the inspector and included issues like an update on the Authority’s inspection throughout the service, service level arrangements with the Health Services Executive (HSE), capital projects, enhanced role for the human resource department and fundraising.

There was a quality assurance team led by the quality officer with a specific remit of ensuring the quality and safety of the service. This team had taken the lead in developing the easy to read policies, populating the organisation wide risk register and introducing a new incident report form. The quality assurance team also had responsibility for auditing the reports of the inspections by the Authority and supporting the person in charge in implementing action plans.

The provider had arranged for unannounced visits to the centre in the last six months to assess quality and safety. The inspector read a report of an unannounced inspection from October 2014 and it contained a review, with a detailed action plan to address any
deficiencies identified. Each action had a timeline with a named person having responsibility to implement the action.

Since the last inspection improvements had been made in how all members of the workforce were supported to exercise their personal and professional responsibility for the quality and safety of the services they were delivering. A performance management system had been introduced and all managers had received training on this system. It involved a meeting with the staff member and included issues like:
- Job role
- priorities in the job
- any policies relevant to the role
- professional practice review
- training needs analysis.

**Judgment:**
Compliant

### Outcome 15: Absence of the person in charge

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector found that adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge. The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The provider was aware of the need to notify the Authority in the event of the person in charge being absent.

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

**Findings:**
The inspector formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. For example at the last inspection it was found that there were limited activities for some residents during the evening. Since then the provider had scheduled additional support staff to afford residents the option of participating in activities in the evening. As outlined in Outcome 14 there was a board of management who had oversight of the overall budget which was an agenda item at each board meeting.

**Judgment:**
Compliant

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**Outcome 17: Workforce**
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

While there weren’t any nurses working in the houses there was an organisation healthcare department with nursing staff available if required. Nursing staff had also supported staff by providing medication management training. Staff spoken with were knowledgeable about the emergency arrangements in place if, for example, a resident needed to attend hospital during out of hours or at the weekend.

An actual and planned staff rota was maintained. A copy of this rota was available in a picture format in all of the houses so that residents were aware of which staff were on duty.
The inspector reviewed a sample of staff files and noted that all of the requirements of Schedule 2 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 were available.

There was a policy on recruitment and selection of staff and there was evidence of a comprehensive induction procedure. As discussed in more detail in Outcome 14 a performance management system had been introduced recently.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff and training records. As referenced throughout staff confirmed that they were supported to undertake further education and training which was relevant to the support they were providing to residents like. Training included advocacy, medication management, community inclusion and supported employment.

At the last inspection it was found that there was no agreement in place for volunteers. While a volunteer agreement was now in place which outlined roles and responsibilities on the dates of inspection volunteers were not working in any of the houses.

Judgment: Compliant

**Outcome 18: Records and documentation**

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

Theme: Use of Information

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

**Findings:**
A directory of residents was maintained in the centre and was made available to the inspector.

There was a policy on the provision of information to residents and a residents’ guide was available which included:
• A summary of the services and facilities provided
• the terms and conditions relating to residency
• arrangements for resident involvement in the running of the centre
• how to access previous inspection reports
• complaints procedure
• arrangements for visits.

The inspector was provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

As referenced throughout this report all the required policies and procedures were made available to the inspector. Staff with whom the inspector spoke demonstrated an understanding of specific policies such as the medication policy, risk management and the complaints policy.

All resident records were maintained accurately. In relation to healthcare records there was a dual system in place to manage appointments/referrals to consultant specialists or other healthcare professionals. The inspector found that such appointments were coordinated by nursing staff in the healthcare department and a copy was kept in the resident’s healthcare file. The person in charge outlined that this process was a safeguard as it provided a double check by nursing staff and staff in the centre to ensure the resident’s healthcare needs were met.

The inspector found that residents healthcare needs were being adequately assessed. However, the inspector queried the evidence based research in relation to one assessment tool. The inspector also queried the choice of language used in one section of the person centred planning documentation. This was discussed with the provider at feedback who outlined that he would review these issues.

In relation to the management of healthcare records there was a system of archiving older healthcare records. The inspector observed that records for archiving, while waiting collection for transfer to the central storage area, were maintained in a manner which could not guarantee that confidential information was being kept securely.

**Judgment:**
Non Compliant - Minor
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:

Kieran Murphy
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 SOS Kilkenny Ltd</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003412</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>22 and 23 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02 December 2014</td>
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</tbody>
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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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While a copy of each complaint was also sent to the quality officer to ensure that all complaints were appropriately responded to, this role was not specifically mentioned in the complaints policy.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**
Complaints Policy amended to include the role of the Quality Officer, all staff and residents informed of same.

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

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### 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:**
A risk assessment wasn’t available for a resident’s bed being pushed up against a radiator in house two.

**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 Assessment completed for a residents bed being pushed against a radiator.

**Proposed Timescale:** 26/11/2014

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**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Fire precautions weren’t available in designated smoking area.

**Action Required:**
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
Risk Assessment completed, fire precautions put in place to ensure safety of resident.

**Proposed Timescale:** 25/11/2014
**Outcome 12. Medication Management**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In one of the prescription sheets seen by the inspector medication had been added to the prescription sheet and the name of the medication and the dosage instructions were recorded. However the administration times were not written in.

**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:
GP has recorded the administration times on all medications.

**Proposed Timescale:** 26/11/2014

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector observed that records for archiving, while waiting collection for transfer to the central storage area, were maintained in a manner which could not guarantee that confidential information was being kept securely.

**Action Required:**
Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

Please state the actions you have taken or are planning to take:
Confidential files for archiving are now maintained in a locked press, collection of files for central storage to be completed within a two week period of notification from staff of files for central storage.

**Proposed Timescale:** 04/12/2014