Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by SOS Kilkenny Ltd</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001865</td>
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<td>Centre county:</td>
<td>Kilkenny</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>SOS Kilkenny Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Francis Coughlan</td>
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<tr>
<td>Lead inspector:</td>
<td>Ide Batan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>26</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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: 03 June 2015 09:45 04 June 2015 09:30
To: 03 June 2015 18:00 04 June 2015 15:00

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

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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 26 residents in five separate houses. The service provides both residential and respite care. 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. There was an extensive range of social activities available to the residents and they were seen to positively engage in community life.

The inspector reviewed documentation such as staffing rotas, statement of purpose, admission policies and procedures and contracts of care. The inspector engaged with many residents, the provider, and the person in charge, assistant residential manager and respite coordinator throughout the inspection. The person in charge works full time and has responsibility for the five houses within this centre. She was seen to be very involved in the day-to-day running of the service.

The assistant residential manager is in charge of the day to day running of the houses, rosters and staff supervision. Staff and residents informed inspectors that the person in charge was accessible to residents, relatives and staff. There was evidence of individual residents’ needs being met and the staff supported and encouraged residents to maintain their independence where possible.

The views of residents and staff members of the centre were also sought throughout the inspection. Inspectors also reviewed questionnaire feedback submitted by residents and relatives. The majority of feedback provided was very positive and complementary of the service provided and dedication of the provider, person in charge and staff. In the main, the residents were aware of the inspection process and this had been communicated by staff at the centre. Residents expressed their satisfaction in respect of living at the centre and were satisfied with the accommodation and the routine day to day life of the centre.

The inspector observed that the proposed fire policies and procedures were sufficiently robust. Adequate fire equipment was in place. The health and safety of residents and staff was promoted and the risk management policy was adequate. The documentation in relation to risk assessment and subsequent risk management plans were clear, comprehensive and specific. Policies, procedures, systems and practices were in place to assess, monitor and analyse potential risks with a view to controlling/minimising them as observed by the inspector.

Overall, the inspector was satisfied that there were robust systems in place to ensure effective, consistent governance and to ensure that the quality and safety of resident care was monitored on a continuous basis. There were no action plans generated from this inspection.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector was satisfied that the rights, privacy and dignity of residents was promoted and residents' choice encouraged at all times. The inspector saw that the centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives.

There was a complaints policy in place; it was accessible in a format readable to residents. The complaints policy met the requirements of Regulation 34. The nominated person to investigate all complaints was identified, and the appeals person. There was a named independent advocate who was accessible to residents if any issues arose. An easy read version of the complaints procedure was on display in the centre and this version contained the information required. The inspector spoke with many residents throughout inspection and all residents were able to tell the inspector who they would complain too if an issue arose.

The inspector observed 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 human rights committee forum, the “my life, my choice” meetings, the advocacy group and residents’ “in-line communication” meetings. Inspectors noted visitors attended the centre at different times during the inspection.

There was an advocacy group in place. The inspector saw that residents living within the service had completed certificates in leadership and advocacy from an 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.

There was a human rights committee in operation. The committee consisted of external personnel. The process involved acceptance of the referral, representation sought from relevant parties, consideration of the information by the panel and a final decision/recommendation.

Minutes of house meetings were seen by the inspector and they were found to be comprehensive. The minutes demonstrated that residents had plenty of choice in that they chose what meals they wanted, when they wanted to eat out, what social activities they wished to take part in and what trips out they wanted to go on.

Residents to whom the inspector spoke with stated that they were happy and enjoyed their lives in the centre. Residents were provided with feedback forms “Your Opinion Counts” and all feedback received is logged and acted upon, as required. The inspector saw that the feedback was very positive in relation to life within the residential service.

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 in each house to facilitate residents in doing their own laundry if they wished.

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.

Judgment:
Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
There was a policy on communication and in the sample of care plans reviewed
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 and some residents had slots in the radio show.

Each resident directed their own care preferences and this was possible because communication between residents and staff; between staff and families and amongst members of the multidisciplinary team was very effective. For example, residents decided their social activities and who they would go with on social outings; families were invited to care planning meetings and referrals to members of the multidisciplinary team were made in a prompt manner and in consultation with the resident.

Staff knew residents well and were observed communicating with them in a kind, calm and patient manner. Residents had access to communication devices and aids which met their individual assessed needs. Residents had easy access to television, radio and internet.

Judgment:
Compliant

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:
The inspector saw that emphasis was placed on ensuring residents maintained
friendships. Some residents were friends and arrangements were in place for these friends to visit, go for coffee together and attend the same workshops. Cognisance was also given to ensuring that residents’ boundaries were not infringed by other residents. For example, staff closely observed interactions between residents; used distraction techniques if necessary and explained in a sensitive and respectful manner to residents how their actions impacted on others.

The majority of residents attended activation workshops. The frequency of attendance and the type of workshop attended was decided on following an individual assessment of the resident’s needs and preferences. The inspector saw that if residents were not satisfied with a particular workshop that all efforts were made to encourage residents to attend different workshops/activities. 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 individual bedrooms.

The inspector received a number of completed resident and some relative questionnaires which were highly complementary of the service provided. Residents told the inspectors that they felt safe and questionnaires returned by residents indicated that residents felt safe in the centre as they were supported by staff. The inspector saw in residents’ personal plans that families were involved in meetings and had signed off on their plans of care.

Residents told the inspector that they enjoy living and attending different programmes together as they can enjoy the social aspects of care and friendship together.

**Judgment:**
Compliant

| **Outcome 04: Admissions and Contract for the Provision of Services** |
| Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident. |

| **Theme:** |
| Effective Services |

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

| **Findings:** |
| Inspectors reviewed the statement of purpose and noted that all residents were afforded respect, choice and dignity at all times through a holistic and person centred approach to care and a welcoming and homelike environment was provided. The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff prior to admission. |
The criteria for admission included an assessment carried out by the social work department which was then referred onto the admissions team for consideration. Each prospective resident had a period of transition before the placement was finally accepted. There was an admission policy which detailed pre admission arrangements, emergency admissions and the admissions process. The policy addressed the need to protect residents from abuse by their peers as required by legislation.

The inspector reviewed copies of the written agreements in relation to the term and conditions of admission to the centre and noted that such contracts detailed the support, care and welfare of the resident and details of the services to be provided for that resident or where appropriate, the fees to be charged in relation to residents care and welfare in the designated centre as required by the Regulations. There have been no recent discharges from this service.

**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:**
Each resident had a comprehensive assessment of their health, personal and social care needs. There were arrangements in place to meet any identified needs of an individual resident. Support plans had been completed for each resident and included other specific plans, including risk assessments, behaviour intervention plans, health plans and intimate care plans. Each resident had a written personal plan, in an accessible format. There was evidence of multi-disciplinary input sought as required. The personal plan named the person responsible for pursuing objectives in the plan within specific timeframes.

Inspectors saw that care staff fulfilled the role of individual residents’ key workers in relation to individual residents care and support. There were identified key workers responsible for pursuing objectives in conjunction with individual residents within each
resident’s personal plan and reviewing such plans annually or as required. There was also evidence of a number of individualised risk assessments and self care assessments.

Inspectors noted 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.

For example in the centralised activation centre there were activities such as, sport, art and creativity, drama, gardening, and photography. Some residents attended flip side art studio based in the city and other residents worked in various locations in the city. Some residents told the inspector that they loved their jobs as they got paid. Some residents worked in call centres for banks, hair dressing salons, shops and the leisure centre.

During the inspection, inspectors 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 the house sometimes just watching television, listening to music, going for walks or coffee. Some residents said that they liked to cook and told inspectors the meal plan for that day. The inspector saw that the activities available were tailored to each resident. There was an employment strategy available from June – December 2015. It included:

Preparation for work training programme which is an eight week Further Education Training Awards Council (FETAC) Level 1 programme based on “My Career Plan”
targeted employer event
post job shadow employer survey
job coaching for staff.

Residents were also supported to avail of mainstream educational and training options in the community if they wish through night classes and the vocational educational committee

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. Staff told inspectors that if a resident was in hospital 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. Staff kept an 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.

Inspectors also noted that a number of residents regularly visited their friends, went to the local shops and attended mass in the local church on Sundays and religious occasions. Some residents told the inspector that they had voted in the recent referendum. Residents to whom inspectors spoke stated that they also enjoyed eating out, going to the pub or the cinema, one described enjoying horse riding and others enjoyed bowling.
Visitors were welcome to the centre and facilities were in place for residents to meet with visitors in private. The inspector received a warm and welcoming reception from residents in all houses and on the main campus and residents were aware of the purpose of the visit.

**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 26 residents in five separate houses.

Richview is a two story house located approximately four kilometres from the city centre and it provides a comfortable homely environment for six individuals. The accommodation comprises of seven bedrooms, two bedrooms are on the ground floor one of which is occupied by a staff member to sleep over. There is a downstairs bathroom with a shower, toilet and wash hand basin. The staff bedroom also serves as the staff office. The second bedroom on the ground floor is fully wheelchair accessible and is adjacent to a wheelchair accessible bathroom which contains a shower, toilet and hand wash basin.

The remaining five bedrooms are on the first floor, all of which have individual hand wash basins. All bedrooms are fully furnished and decorated in conjunction with the individual resident’s personal choice and taste, each resident is actively encouraged and supported to purchase their own furniture if they wish, they are also encouraged to personalise their bedrooms with pictures and ornaments or any items they choose. Residents can choose to have televisions, computers and stereos and pay individually for premium channels or / and internet if they wish.

The communal area comprises of one large sitting room, a spacious dining area and kitchen which is adjacent to two utility rooms. On the first floor there are two bathrooms, one with a shower, toilet and wash hand basin, the other with a bath, toilet and wash hand basin. There is ample storage space for linen, cleaning materials and other household items. The décor and furniture was selected for communal areas by
residents.

Nuncio is a purpose built bungalow located on Nuncio Road, Kilkenny. The house is located within easy walking distance of the town. Nuncio provides a homely environment for each six residents, it has seven single bedrooms, one of which is used for a staff member to sleep over, and the staff bedroom serves as the staff office. Six of the seven bedrooms have a wash hand basin. All rooms were fully furnished and decorated in conjunction with the resident’s wishes.

The communal areas comprises of one large sitting room. A large kitchen come dining room and a utility area. There is one main wheelchair accessible bathroom with a shower, wash hand basin and toilet. One shower room with a shower, hand wash basin and toilet. There was one separate toilet with hand wash basin. There was ample storage space for linen, cleaning materials and other household items.

Granges residential home provides community based living in a home from home environment for six adults. Granges is a two story house located approximately five kilometres from the city centre. The accommodation comprises of eight bedrooms, two bedrooms are occupied by a staff to sleep over, an en suite bathroom is provided with a shower, toilet and wash hand basin in one of the staff bedrooms. One staff bedroom is located on the first floor the second staff bedroom is located on the ground floor, this bedroom also serves as the staff office.

A wheelchair accessible bedroom and adjoining bathroom containing a shower, toilet and hand wash basin is located on the ground floor. The ground floor is fully wheelchair accessible. The remaining five bedrooms are on the first floor, all of which have individual hand wash basins. The inspector observed that all bedrooms were fully furnished and decorated in conjunction with the individual resident’s personal choice and taste. The communal area comprises of two large sitting rooms, and a spacious dining area and kitchen. On the first floor there are two bathrooms, one with a shower, toilet and wash hand basin, the other with a bath, toilet and wash hand basin. There was ample storage space for linen, cleaning materials and other household items. The house was set on a large site with mature trees to the front with generous lawn to the rear for residents to enjoy outdoor recreation. There was ample parking space available.

Greenfields residential home provides community based respite service environment for adults with a mild to moderate intellectual disability who are attending day services provided by S.O.S Kilkenny Ltd, and also referrals from the Health Service Executive.

Greenfields home provides respite services to approximately thirty individuals on an annual basis. Individuals who avail of respite range from mild to moderate intellectual disability, a small number of individuals also have a physical disability. Respite is prearranged on a monthly basis, however emergency respite or admissions are facilitated through Greenfields following appropriate assessment. One female adult resides in Greenfields residential home on a full time basis. The age range for individuals availing of respite is adults over the age of eighteen. The house has the capacity for six residents there was currently one resident residing in Greenfields at the time of inspection, with five bedrooms available for respite.
Greenfields has eight bedrooms in total. Two of the bedrooms are used by staff. One bedroom on the ground floor serves as the staff office and is for the sleepover staff. One bedroom on the first floor is an office for the deputy residential manager. Two respite bedrooms are located on the ground floor both of which are wheelchair accessible. The remaining four bedrooms are located on the first floor. On the first floor there is one bathroom with a bath, hand wash basin and toilet. There is also another bathroom with a shower, hand wash basin and toilet. There is a separate toilet with hand wash basin. The communal area on the ground floor comprises of one large sitting room, a dining room, kitchen and utility area, with a small sunroom. There is a wheelchair accessible bathroom with a shower, hand wash basin and toilet. Secure external outdoor space was provided to the rear of the house.

67 Seville Lawns was located on the first floor of the main apartment complex, with a lift provided for easy access. It has capacity to provide accommodation for two residents to live independently. However, currently the apartment provides a respite service as well as providing a day services setting Monday – Friday for one client. The apartment is located approximately three kilometres from the town centre. This apartment exists to provide respite for adults with complex needs, namely but not exclusively, Autism Spectrum Disorder. The apartment contains an open plan sitting room, with a small kitchen and dining area, a wheelchair accessible bathroom with shower, hand wash basin, and toilet. The apartment has two bedrooms, one of which can be occupied by a staff member as required. There is ample storage space for linen, cleaning materials and other household items.

There were some car parking spaces available in each premises that were accessible for car/mini bus transport. Facilities and services were consistent with those described in the centre’s statement of purpose and Resident’s Guide.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The inspector was satisfied that the health and safety of residents, visitors and staff was be promoted. There was a health and safety statement in place. There was a health and safety committee which met on a regular basis.

The inspector observed that there were fire evacuation notices and fire plans displayed
in each house. All visitors were required to sign in and also sign out when leaving the premises. Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available. Inspectors observed that fire training for staff was provided. Staff to whom inspectors spoke with gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire.

All staff had been trained in fire safety within the last year. All residents had attended an information session on general fire safety and the inspectors saw that 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.

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 regular evacuation drills being carried out. Residents told the inspector that they always took part in the fire drills and were able to outline the procedures for a drill.

There was confirmation, dated April 2015, 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 serviced regularly by means of servicing the fire alarm system, alarm panel and 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 comprising of assistant residential 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.

The risk management policy met the requirements of the Regulations. It 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.

Staff demonstrated adequate knowledge of appropriate infection control practices such as hand hygiene procedures. The inspector observed that there were disposable paper towels available. Inspectors were informed by staff that the cleaning of each apartment in the houses was done by residents and/or staff. Cleaning schedules were in place and these were completed on an on-going basis.

Maintenance requests were logged and dealt with appropriately. There was a robust system in place for incident reporting and investigation of same. The inspector reviewed the incident logbook and found that it was completed as required and each incident signed off by a senior member of staff with appropriate actions to minimise recurrence.
recorded. Audits were trended by the quality team and results were presented to the board of management on a quarterly basis.

**Judgment:**
Compliant

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

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

**Findings:**
The inspectors found that there were measures in place to protect residents from being harmed or suffering abuse and residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges.

Policies and procedures were in place for the prevention, detection and response to abuse and were up to date. Staff with whom inspectors spoke knew what constituted abuse and demonstrated to the inspectors an awareness of what to do if an allegation of abuse was made to them. The senior social worker was the designated contact person in relation to protection of vulnerable adults. Residents had also received training and the inspector saw certificates of attendance at the allegations of abuse training for a number of residents.

Inspectors saw that there was easy read pictorial information in relation to safeguarding also available for residents. There was a comprehensive training programme in place which was also delivered by the social work department. Records showed that staff had received training in 2014. There was a policy relating to delivery of personal care to residents.

Inspectors noted a positive, respectful and homely atmosphere that mainly emanated from the easy dialog between residents in their interactions with staff. The inspectors were satisfied that the provider and person in charge had taken adequate steps and safe-guarding practices to protect the residents.

There was a policy on challenging behaviour and inspectors saw that staff had received training on dealing with positive approaches to behaviours that challenge. Staff to whom
inspectors spoke were able to detail suitable strategies in relation to providing de-escalating and intervention techniques. A behavioural therapist worked onsite and also provided support to staff in relation to training and debriefing. The behaviour service also included a psychotherapy support service consisting of three counsellors. 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.

There was a policy available on restrictive practices and restraint. A restraint-free environment was promoted and inspectors saw that restrictive practices were well managed. Inspectors saw that where environmental restraint was used it had been risk assessed and consent of the resident for the use of the restraint had been obtained.

There was a policy on residents’ personal finances. The inspectors reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable.

**Judgment:**
Compliant

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**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**
*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

**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 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. 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. There was a system in place to facilitate residents to find employment. The majority of residents participated in employment to varying degrees. Residents stated to the inspector that they enjoyed their work as this allowed them to regularly meet new people. A resident told the inspector that he loved his job as he got paid for working.

Inspectors saw that residents had been afforded the opportunity to attend various activities such as annual holidays, over-nights away from the centre, and outings to the cinema with friends and facilitated to partake in musical and sport events. 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.

**Judgment:**
Compliant

**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 inspector saw that residents were assisted to access community based medical services such as their own GP, physiotherapy, dietician, speech and language therapy. They were supported to do so by staff that would accompany them to appointments such as psychology, neurology or psychiatry. Records of these appointments were maintained by staff within the personal plans which facilitated and promoted good communication between health professionals involved in the treatment and support of residents.

A record was maintained of all referrals to and treatment by allied health professionals. This included dentist, optician, chiropodist and audiologist and outpatient clinics such as dietetics. There was an organisation healthcare department with nursing staff available if required. 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.

Residents spoken with told the inspector they had a choice of food and residents could make menu decisions, which were flexible to all residents’ likes and dislikes. Staff and residents did most of the cooking. Residents’ assisted with the shopping and the preparation of meals. Inspectors were 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 were frequently discussed with individual residents and changes were made to the menu accordingly. Inspector noted that residents generally had their breakfast and evening meal in their own house and their lunchtime meal mainly off site. Residents to whom inspectors spoke stated that they enjoyed their meals. Inspectors noted that residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in each house.

There was a policy and guidelines for the monitoring and documentation of residents’ nutritional intake and the inspectors 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 washing up afterwards.

Staff had a good knowledge of the different food consistency required by the residents' and the inspector saw their knowledge was reflected in the resident individual assessment records. There was documentary evidence of regular blood profiling and the monitoring of vital signs.

Based on observation, staff and residents spoken with, and records reviewed the inspector was satisfied that each resident was supported to achieve and enjoy the best possible health. A nurse led service was available if required, medical review was available as required on a daily basis and other healthcare professionals including SALT, occupational therapy, physiotherapy, social work department and behaviour therapist.
Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place. There were clear processes in place for the handling of medicines in accordance with current guidelines and legislation. All medication was administered by staff who had completed medication management training and kept in locked cupboards. Staff to whom inspector spoke with demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements.

Medication was dispensed on a monthly basis from the pharmacy in a monitored dosage system. 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 reviewed were clear and distinguished between PRN (as needed), short-term and regular medication. The maximum amount for PRN medication to be administered within 24 hour period was stated on all of drug charts reviewed. The signature of the GP was in place for each drug prescribed in the sample of drug charts examined. Inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

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.
**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. The statement of purpose was kept under review and last reviewed in April 2015 and was available to the residents in an accessible format. The inspector found that the statement of purpose was implemented in practice.

**Judgment:**
Compliant

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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

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

**Findings:**
Overall the inspector was satisfied that there were effective management systems in place to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored. The inspector saw that a formal system for
carrying out an unannounced visit of the designated centre as required by the Regulations had been completed. An annual review of the service had been completed in May 2015. These reports were also reviewed by the board. There was a clearly defined management structure which identified the lines of authority and accountability in the centre. Staff who spoke with the inspector were able to demonstrate a good awareness of the management and told the inspector that those involved in the management of the centre were responsive and approachable.

The person in charge for the centre works full-time and has been employed within the service for a number of years. The inspector formed the opinion that she had the required experience and knowledge to ensure the effective care and welfare of residents in the centre. There was also a deputy person in charge who was also appropriately skilled and qualified.

The nominated provider, and the person in charge were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge 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. Inspectors saw that there was a copy of the National Standards and the Regulations were available to staff in each house along with other relevant documentation.

The inspector observed that residents were very familiar with the person in charge and nominated provider. The inspector saw that residents approached them with issues and to chat during the inspection. Residents and staff in the houses identified the person in charge as the one with authority and responsibility for the service. Staff who spoke to the inspector were clear about whom to report to within the organisational line and of the management structures in the centre.

The person in charge and provider outlined to inspectors that there was an open door policy for residents and staff to approach them or any member of the management team. 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. 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.

Staff who spoke with the inspector said they had regular team meetings and received good support from the person in charge. The inspector saw that some staff received formal support or performance management in relation to their performance of their duties or continuous personal development. The person in charge said that this was on going work in process.

Systems were in place to ensure that feedback from residents and relative was sought
and led to improvements. There were a number of forums in place such as:

- Bi-weekly house meetings
- Service user advocacy meetings
- Service review meetings
- Review of service user complaints
- Satisfaction surveys “Your Opinion Counts”
- Family forum
- Family member on the board of directors committee
- Smaller family forums
- Post HIQA report family meetings
- Quarterly REWIND magazine.

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 provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. Adequate deputising arrangements were in place.

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 found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspector found that the facilities and services available in the centre reflected the statement of purpose.

There is an annual budget for the centre which is reviewed regularly. The accounts and budgets are managed by the registered provider who reports to the board of directors. The provider told inspectors that the centre was adequately resourced.

The inspector observed that activities and routines were not adversely affected or determined by the availability of resources. The inspector saw that transport was available within the centre to bring residents to their day services and to social outings. Staff also confirmed that there have not been instances where they have been unable to meet residents’ goals, as outlined in their personal plan, due to lack of resources.

Judgment:
Compliant

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

Theme:
Responsive Workforce

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

There was safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed and it was found that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
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. The inspector reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements.

Staff to whom inspectors 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. Inspectors saw that copies of the standards were available in the residents’ houses and staff spoken to demonstrated adequate knowledge of the Regulations and standards. There was a comprehensive induction programme in place.

Overall the inspectors was satisfied that the education and training provided to staff enabled them to meet the holistic needs of the residents. The management team demonstrated commitment to providing on going education and training to staff relevant to their roles and responsibilities. There was a training plan in place for 2015.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff confirmed that they were supported to undertake further education and training which was relevant to the support the care that they were providing to residents.

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. There was a volunteer agreement in place which outlined roles and responsibilities.

**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:
Overall records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Records relating to communication needs, money or valuables, complaints, notifications, fire safety and rotas were maintained, stored securely and were easily retrievable. A directory of residents was maintained in the centre and was made available to the inspectors.

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. All the required policies and procedures were made available to the inspector. Staff with whom the inspector spoke demonstrated an understanding of specific polices such as the medication policy, risk management and the complaints policy.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ide Batan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority