## 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>Ardnore</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003412</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Kilkenny</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>S O S Kilkenny Company Limited by Guarantee</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Francis Coughlan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Lorraine Egan</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>18</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
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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 renewal 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:
15 August 2017 12:00 15 August 2017 19:00
16 August 2017 10:45 16 August 2017 13:15

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

<table>
<thead>
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<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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</table>

Summary of findings from this inspection
Background to the inspection:
This monitoring inspection was carried out to monitor compliance with specific regulations and to inform a decision to renew the registration of the centre. An unannounced inspection took place in July 2017 and the inspector reviewed the actions which were required from that inspection.

How we gathered our evidence:
As part of the inspection, the inspector met with 13 residents living in the centre. Residents spoken with said they were happy living in the centre, felt safe, liked staff and could speak with the person in charge or staff if they had any concerns or complaints.

The inspector observed respectful interaction between residents and staff. It was evident that staff knew residents’ needs and supported residents to maximise their
independence.

The inspector also spoke with staff and the person in charge of the centre and reviewed documentation such as residents’ service agreements, support plans, policies and procedures and records of complaints.

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

The centre comprised three houses which were located within close proximity to amenities. Residents were supported by staff to access amenities and the centre had the use of the provider’s vehicles to support residents to access community based activities.

The houses contained adequate private and communal space to meet the needs of residents. Residents had individual bedrooms and shared bathrooms, kitchen/dining rooms and living rooms.

The service was available to adults with a mild to moderate intellectual disability. The centre provided a 'home from home' environment with a focus on supporting people to participate in their communities.

Overall judgment of our findings:
Overall, the inspector found that residents were supported to have a good quality life in the centre and the provider had arrangements to promote the rights and safety of residents.

The inspector found the provider had put a system in place to meet the requirements of the regulations. 13 outcomes were inspected and the inspector found the provider was compliant in 12 outcomes.

Outcome 8 was judged as moderate non compliant as there were inadequate arrangements to ensure a chemical restraint was administered as a last resort and an environmental measure to alleviate the cause of a resident's behaviour had not been implemented.

The reasons for the findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

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

Residents were consulted about the running of the centre in regard to their daily routine, access to activities and community involvement. Resident consultation meetings were held on a weekly basis.

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

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

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

There was a policy on residents’ personal property, personal finances and possessions. Residents retained control over their possessions and were supported do their laundry if they wished. There was enough space for each resident to store and maintain his or her clothes and other possessions. Each resident had an individual bedroom.
There were policies and procedures for the management of complaints. Complaints were recorded and investigated. The complainant’s satisfaction with the outcome was recorded and there was a process for complaints to be addressed at a senior management level if a satisfactory resolution was not reached.

None of the residents were using an advocacy service at the time of the inspection. The inspector was told advocacy services would be sourced if required. An external advocate’s contact details were displayed in the centre.

It was acknowledged by the person in charge that some language used in records did not reflect the respectful interaction between residents and staff and was not consistent with best practice. Training on data protection, report writing and record keeping had been formulated by the organisation's training department and was due to commence in September 2017.

Judgment:
Compliant

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

Theme:
Individualised Supports and Care

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

Findings:
There was a policy on communication with residents.

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

There was a system to ensure that residents who required support to communicate had a communication plan outlining their preferred way of communicating. The inspector reviewed a resident's plan and saw it outlined how the resident communicated their needs and wishes.

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

Each resident had access to radio, television, internet and information on local events.
### Outcome 03: Family and personal relationships and links with the community

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

**Theme:**
Individualised Supports and Care

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

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

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

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

**Judgment:**
Compliant

### Outcome 04: Admissions and Contract for the Provision of Services

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

**Theme:**
Effective Services

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

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

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

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

**Judgment:**
Compliant

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**Outcome 06: Safe and suitable premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

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

**Findings:**
The centre comprised three houses which were located in the same city. Each house was home to six persons.

The houses were located within a short drive of amenities. Residents were supported to access amenities and vehicles were provided for use by residents. The vehicles were insured, taxed and maintained. Some houses shared vehicles with other houses. The provider had a plan to ensure all houses had individual transport.

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

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

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

Each house had suitable kitchen facilities which included cooking facilities and suitable storage facilities for food items.
There was adequate ventilation, heating and lighting in the houses.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
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| Theme: |
| Effective Services |

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

**Findings:**
The provider was required to address two actions from the previous inspection. The timeline for completion of one action had not passed and therefore the action was not reviewed and will be reviewed as part of the next inspection of the centre.

As part of the previous inspection the inspector had found that the majority of fire doors in one house did not have intumescent strips or cold smoke seals. This included resident bedroom doors which were located on the first floor and the staff bedroom door which was located on the ground floor. This raised concern that the doors would not provide effective protection for residents in the event of a fire. This was brought to the immediate attention of the person in charge and was addressed immediately. The inspector received email and photographic confirmation that this had been addressed the day after the previous inspection. The inspector viewed the fire doors in all houses and saw that there were cold smoke seals and intumescent strips on all doors.

As part of the previous inspection the inspector had found that the back garden of one house could not be exited as the lock was on one side only. The provider had addressed this by amending the gate to ensure the lock could be accessed on both sides.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 08: Safeguarding and Safety</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
Theme:
Safe Services

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

Findings:
The provider was required to address two actions from the previous inspection. The timeline for completion of one action had not passed and therefore the action was not reviewed and will be reviewed as part of the next inspection of the centre.

As part of the previous inspection the inspector had found that a resident's support plan did not reference a PRN medicine (a medicine only taken as the need arises) which was prescribed in July 2017 to support the resident. A medicine protocol outlining the measures to be followed to decrease the likelihood the medicine would be required had been put in place. The inspector read the protocol and the records relating to the administration of the medicine. The medicine had been administered on three occasions. The records did not show that this medicine had been administered as a last resort. Furthermore, the protocol did not provide adequate guidance for staff to ensure that all proactive and reactive measures were tried prior to the administration of the medicine. On the second day of inspection the person in charge showed the inspector an amended protocol which would be put in place. The inspector saw that the protocol included the proactive and reactive measures for staff to implement prior to the administration of the medicine.

The inspector viewed a resident's plan for supporting them to manage their behaviour. The plan did not include reference to a prescribed PRN medicine. The inspector viewed the records available which were dated from May 2016 to August 2017 and noted the medicine had not been administered. The person in charge said a comprehensive protocol for the administration of the medicine would be put in place to ensure the medicine was administered as a last resort.

The inspector noted that it was acknowledged in a resident's medicine protocol that the environment and compatibility of residents was a factor which related to a resident's behaviours that they required support with. Staff and the person in charge also acknowledged that this was a factor. The person in charge said this was acknowledged by senior management and that the suitability of the house to meet the resident's needs had been discussed. However, there was no written plan in place and no assessment of the type of living environment which would meet the resident's needs. The inspector noted that the house had been reconfigured since the previous inspection and that this was a positive factor in supporting the resident. In addition, the inspector noted that the resident's day was arranged around their assessed needs. Notwithstanding this it was evident that the environment had a negative impact on the resident.

Judgment:
Non Compliant - Moderate
### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

**Findings:**
A record of incidents was maintained in the centre. The person in charge was knowledgeable of the requirement to maintain a record of all incidents occurring in the designated centre and, where required, to notify the Chief Inspector.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

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

**Theme:**
Health and Development

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

**Findings:**
Residents were supported to access day programmes or had individualised services which were consistent with their assessed needs. Residents told the inspector they enjoyed their day programmes.

Day programmes were provided by the provider and external service providers. There was evidence of good communication between the residential centre and the day services.

Residents were supported to access activities in the evenings in line with their wishes.

**Judgment:**
Compliant
### Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was a written statement of purpose which sets out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

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

**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 person in charge had not been absent from the role for a period which required notifying to HIQA.

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

There was a frontline manager of the centre. This person was responsible for the day to day management of the centre. In addition, there were arrangements to ensure there
was oversight by a person holding a senior management role in the organisation.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 16: Use of Resources</strong></th>
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<tbody>
<tr>
<td><em>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</em></td>
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</table>

**Theme:**
Use of Resources

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

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

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 18: Records and documentation</strong></th>
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<tbody>
<tr>
<td><em>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.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Use of Information

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

**Findings:**
The inspector found that there were systems in place to maintain complete and accurate records.

The policies required by Schedule 5 of the Regulations were maintained. Adequate
insurance cover was in place.

The inspector read the residents’ guide and found it included a summary of the services and facilities to be provided, the terms and conditions relating to residency and a summary of the complaints procedure.

Systems were in place to ensure that medical records and other records, relating to residents and staff, were maintained in a secure manner.

There was a directory of residents. It contained all the required information.

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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by S O S Kilkenny Company Limited by Guarantee</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003412</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>15 and 16 August 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 August 2017</td>
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</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 08: Safeguarding and Safety

Theme: Safe Services

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

An appropriate environmental measure to alleviate the cause of a resident's behaviour had not been fully addressed by the provider.

1. 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 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
A second sitting room has been made available to a resident for their sole use to alleviate some of the environmental issues leading to behaviours of concern. A transition plan will be devised to incorporate a change of residence for a resident.

Proposed Timescale: Sitting room completed. Transition plan 31/10/17

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/10/2017</th>
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<tbody>
<tr>
<td>Theme: Safe Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were ineffective measures to ensure that a chemical restraint was applied in line with national policy.

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

**Please state the actions you have taken or are planning to take:**
A more robust PRN protocol form for chemical restraint will be put in place to include proactive and reactive strategies.

| Proposed Timescale: 15/09/2017 |