

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Woodview
Centre ID:	OSV-0003413
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	S O S Kilkenny Company Limited by Guarantee
Provider Nominee:	Francis Coughlan
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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:
11 April 2017 10:20	11 April 2017 19:25
12 April 2017 10:15	12 April 2017 17:20

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This 18 outcome inspection was carried out in response to the provider's application to renew the registration of the centre. The centre comprised of five houses. The provider had applied to renew the registration of this centre for one house and applied for the registration of the other four houses as a separate centre. This was due to the geographical location of the houses. The inspection was carried out in the house which it was proposed would remain as this designated centre. The inspector monitored the centre's compliance with the regulations and assessed if the provider had addressed the actions from the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met and spoke with six residents. One resident was not in the centre on the days of the inspection.

Residents spoken with told the inspector they were happy living in the centre, liked staff and enjoyed their jobs and day services. They said they could talk to staff or the person participating in management if they were unhappy.

The inspector also spoke with staff, the person participating in management and the person in charge of the centre. Documentation such as residents' support plans, medical records, accident logs and policies and procedures were reviewed.

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 was located on the outskirts of a town centre and amenities. Residents were supported by staff to access amenities. The centre had a vehicle which was used by residents and staff to access amenities in the town and in other towns.

The house contained a kitchen cum dining room and two sitting rooms. Residents had individual bedrooms and there were two bathrooms for residents. The bathrooms had been renovated since the last inspection.

The service was a seven day residential service and was available to adults who had been assessed as having an intellectual disability. One staff member slept in the centre each night.

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 of residents. However, improvement was required in a number of areas to ensure the requirements of the regulations were met.

Good practice was identified in areas such as:

- Residents' rights, dignity and consultation with residents (outcome 1)
- Communication (outcome 2)
- Family and personal relationships and links with the community (outcome 3)
- General welfare and development (outcome 10)

Improvement was required in some areas including:

- The fee charged to residents was not outlined in the service agreements (outcome 4)
- Some residents' personal plans did not reflect all assessed needs and some plans were not reflective of all needs (outcome 5)

- The control measure for a risk had not been implemented and the system to assess if the centre could be evacuated at night had not been fully assessed (outcome 7)
- Each resident was not fully assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection (outcome 8)
- It was not evident that appropriate health care was provided in response to a medicine incident (outcome 11)
- The practices relating to the prescribing, storing and administration of some medicines to ensure that medicine that is prescribed is administered as prescribed to residents were not adequate (outcome 12)
- Management systems were not in place in the designated centre to ensure that all aspects of the service provided were effectively monitored on an ongoing basis (outcome 14)
- It was not evident that the number of staff was appropriate to the number and assessed needs of the residents (outcome 17)

The reasons for these 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 in place 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 in line with their assessed needs and choices.

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 each month and these meetings were used to discuss updates to the centre and each resident was asked how they felt.

The inspector was told residents could meet with family or friends in private in one of the sitting rooms or the kitchen. Residents told the inspector that they usually spent time with their families when they visited them in their homes.

Support provided and language used by staff was respectful and in line with residents' assessed needs and wishes. It was evident staff and the residents knew each other well. An inspector observed friendly interaction and the 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 own possessions and were supported do their own

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. Residents were made aware of the outcome of any complaint.

None of the residents were using an advocacy service at the time of the inspection. There was an internal advocacy group which some residents had been part of in the past. The inspector was told advocacy services would be sourced if required.

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. Improvement was required to ensure residents were supported to access the internet.

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

Residents who required support to communicate had a communication profile outlining their preferred way of communicating.

The centre used tools to support residents to communicate, for example there was a pictorial staff roster so residents could identify staff on duty.

Each resident had access to radio and television.

Residents did not have adequate access to internet facilities. There was a computer in the staff office which residents could use, however staff were required to be present. Residents spoken with did not know they could access the internet. Support for residents to develop the skills to use a computer and access internet had not taken place.

<p>Judgment: Substantially Compliant</p>

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 participating in management spoken with outlined the ways they communicated with families. This included in person, by writing 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. The inspector read a sample of these and found the service provided was outlined. However, the fee charged was not clearly agreed. A template was in place and six of the service agreements were not detailed and one was inconsistent with the amount detailed on the template used.

The service agreements were signed by residents and/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:

Non Compliant - Moderate

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:

Residents' health, personal and social care needs were assessed on an annual basis and reviewed annually or more frequently where required. Improvement was required to ensure that all plans reflected residents' assessed needs.

The inspector viewed a sample of assessments and support plans and spoke with residents, staff and the person participating in management. Assessments had been carried out and there were support plans in place for some needs. Staff were knowledgeable of residents' support needs and the information contained in plans.

Improvement was required to ensure that staff had all required information to support residents. The inspector found that some residents' personal plans did not reflect all assessed needs. For example, there were no support plans outlining the support residents' required with some health and personal care needs. Furthermore, some plans were not reflective of all aspects of the resident's care and support requirements.

As part of the previous inspection the inspector found that improvement was required to ensure the supports required to maximise residents' personal development were identified in residents' plans. The timeline for completion of this action had not passed at the time of this inspection. The person in charge told the inspector that work was being carried out to develop the tool which would be used and that it would be implemented as per the timeline outlined in the action plan to the previous inspection.

Judgment:

Non Compliant - Moderate

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 inspector found the centre met the requirements of residents in regard to the location and layout of the premises. Improvement was required to ensure all equipment had been serviced within the required time period.

The centre was comprised of a detached house and was located on the periphery of a town. There were eight bedrooms, two sitting rooms, a kitchen cum dining room and two bathrooms.

Residents had individual bedrooms which were personalised and decorated in line with the resident's preference. All bedrooms had adequate storage space and some residents' bedrooms had a wash hand basin.

One bedroom was used as a staff office and sleepover room.

There was adequate ventilation, heating and lighting in the centre.

The bathrooms had been refurbished since the previous inspection. This included the addition of a wheelchair accessible shower in one bathroom and the replacement of a bath with a shower in the second bathroom.

The kitchen had adequate storage facilities for food, crockery and cooking utensils.

There was a vehicle which residents used to access amenities. The vehicle was insured,

taxed and maintained.

The boiler had been serviced. However, arrangements were not in place to ensure all equipment was serviced as required. A piece of equipment was used to monitor a resident's needs to ensure a timely response by staff if required. The equipment had not been serviced since it was purchased in January 2016 and it was identified as requiring an annual service. The inspector viewed emails which showed that the provider was arranging for the servicing of the equipment to take place. The most recent email was sent on the day of inspection requesting this be confirmed with the servicing company.

As part of the previous inspection the inspector had found the bedrooms located at the rear of the house were not adequately warm due to lack of insulation and ineffective windows. The provider had responded to state these items would be addressed by insulating the walls and replacing windows by the end of April 2017. The provider nominee said this would be addressed within the timeline outlined. In the interim, portable heaters had been provided for use by the residents. Residents spoken with confirmed they had access to the portable heaters and said they looked forward to the completion of the required work.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were systems in place to protect and promote the health and safety of residents, staff and visitors. Improvement was required to ensure all measures identified to mitigate risks were implemented and to the measure to ensure all residents could be evacuated safely from the centre in the event of an emergency at night.

The risk management policy outlined the measures and actions in place to control risks in the centre. The inspector viewed a sample of risk assessments and saw risks had been identified by the provider and control measures had been implemented to address or minimise risks. However, the inspector noted that an identified control measure had not been implemented for a specified risk. The centre's risk register stated that manual handling training was carried out with staff every two years to mitigate the risk of manual handling injury to staff. However, the inspector was told the organisation did not provide manual handling training unless a specific need was identified and there were

no identified manual handling needs in the centre.

The inspector noted that the management of risk in the centre did not impinge on the rights of residents and the promotion of residents' independence and that the assessment of risk and associated control measures were reviewed in the centre when a resident's needs changed.

There was a fire safety folder in the centre. The folder contained the system and documents to show all equipment was serviced and regular checks were carried out on all aspects of fire safety.

The fire fighting equipment and emergency lighting had been serviced. A service contract was in place with an external company to ensure this was carried out with the frequency required.

The inspector viewed the fire drill records. Fire drills were a mechanism the provider used to assess if the centre could be evacuated safely. Residents and staff had taken part in fire drills and a fire drill had taken place at night since the previous inspection. However, the fire drill did not simulate the conditions under which an evacuation may be required as only five residents were present when the drill was carried out. The inspector was told a drill would take place when all seven residents were present to ensure that the centre could be evacuated safely in the event of a fire or other emergency at night.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Improvement was required to the measures in place to ensure residents were protected from psychological abuse and were supported to develop the knowledge and skills required for self-care and protection.

Staff, the person participating in management and the person in charge were knowledgeable of the procedures for safeguarding residents and reporting any suspected or confirmed allegations of abuse. Staff had received training in safeguarding residents.

Allegations of abuse had been submitted to HIQA and these related to peer to peer incidents. The inspector read the incident records and saw that incidents were taking place between residents. The inspector met with residents, read safeguarding plans and viewed the measures which had been implemented to address the frequency of incidents. Although some measures had been implemented to support residents the inspector found that the provider had not ensured that all residents were fully supported to develop the knowledge and skills required for self-care and protection.

A system to ensure residents were protected from the risk of financial abuse had been formulated since the previous inspection. The inspector viewed the system and found the person participating in management had commenced implementing the system.

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.

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents were supported to access day programmes, employment and/or supported employment. Residents told the inspector they enjoyed their jobs.</p> <p>Day programmes were provided by the provider and there was evidence of good communication between the residential centre and the day centres.</p> <p>Residents were supported to access activities in the evenings and specific staff had been employed to carry out this role. It was acknowledged that additional staffing was required to support all residents' needs and this is outlined in outcome 17.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents were supported to achieve and enjoy the best possible health. There were systems to ensure residents' healthcare needs were identified and responded to. Improvement was required to ensure that there was appropriate medical review in response to incidents which had the potential to impact negatively on residents' health.</p> <p>Residents were supported to access a general practitioner (GP) of their choosing and allied health professionals such as psychology, chiropody and dietitian where required. Each resident attended the dentist for an annual review and further appointments were arranged where required.</p> <p>Residents had blood tests on an annual basis and more frequently where there was an identified need.</p> <p>Documentation outlining the assessment of residents' healthcare needs was maintained</p>

and staff were knowledgeable of the interventions outlined in residents' support plans.

Residents were encouraged and supported to access health professionals independently and support was provided to the extent required by or requested by residents.

The inspector found information pertaining to an alleged medication incident in a resident's personal file. The inspector was told the resident had informed a staff member of the incident who had subsequently informed the person participating in management. It was not evident that appropriate action had been taken in response to this information. The initial information provided to the inspector raised concern that there was no medical review. Subsequent to this the inspector was told that an external healthcare professional had been informed and had advised no further action was required. However, there was no evidence of a medical review and there were inadequate measures in place to ensure that this information was responded to appropriately and that appropriate medical intervention was provided if required. The inspector noted that appropriate measures had been taken to mitigate the risk of reoccurrence of an incident of this nature.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were procedures relating to the ordering, prescribing, storing and administration of medicines to residents. Improvement was required to ensure practices relating to the prescribing and storage of medicines were implemented. Immediate action was required to ensure a significant risk to a resident was addressed.

The centre had a locked press for storing medicines. Only medicines which were prescribed for residents were held in the centre.

There was a refrigerator for storing medicines which required refrigeration. A medicine stored in the refrigerator required disposal after a period of 28 days. The medicine was dated January 16 2017. The date of opening was not detailed. The person participating in management arranged for the disposal of the medicine when this was brought to her attention.

Medicines were administered to residents by staff. Competency assessments had been carried out and the rationale for the level of support required was identified. Staff spoken with said these were reviewed as residents' needs changed. The inspector found appropriate measures to mitigate risks were implemented in response to residents' changing needs.

An inspector viewed a sample of prescription sheets and found they contained all required information with the exception of the route of administration for some medicines and the general practitioners name.

Protocols outlining the directions for PRN medicines (a medicine only taken as the need arises) were in place. Not all medicines had protocols in place. Furthermore, protocols were in place for some medicines which were no longer prescribed.

Some residents were prescribed PRN medicines which were to be administered when the resident was anxious or agitated. There were no specific instructions to guide staff in assessing to how the resident's anxiety or agitation would manifest. Furthermore, measures which should be taken prior to the administration of these medicines were not identified. The inspector noted that these medicines were not administered on a regular basis.

A significant risk in regard to a medicine which was prescribed to be administered in the event of a medical emergency was identified. The medicine prescription sheet and PRN protocol document differed. The inspector was informed staff would administer from the protocol and not from the prescription sheet. This was not consistent with the centre's policy and procedures. This was brought to the immediate attention of the person participating in management who told the inspector it had been identified by staff in March 2017. However, the inspector noted that the discrepancy had been in place since September 2016. As a result the resident had been at risk of not receiving the medicine as prescribed from September 2016 until March 2017. Furthermore, although staff had taken some measures to address the issue when it was identified in March the issue remained outstanding at the time of the inspection. The person participating in management told the inspector this would be addressed immediately to ensure the risk to the resident was mitigated.

Judgment:

Non Compliant - Major

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 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):

No actions were required from the previous inspection.

Findings:

There were clear lines of authority and accountability. The person in charge held the role of person in charge of a number of the provider's designated centres. In addition, there was a person participating in management who held a frontline management role in the centre, one other designated centre and a day service. Improvement was required to ensure that systems were in place to ensure the service provided was effectively monitored on a regular and consistent basis.

It was acknowledged by the provider and person in charge that the person participating in management carried out the day to day role of managing the centre and fulfilled the role of person in charge as outlined in the regulations. Residents and staff identified the person participating in management as the person who held the role of managing the centre.

The inspector was told that there was ongoing support provided to this person with the intention of appointing them person in charge. The inspector found this person was knowledgeable of their role, the residents and the regulations as it pertained to their role. It was not evident if this person would meet the requirement of Regulation 14 (3)

(b) which required all newly appointed persons in charge to have a qualification in health or social care management. The inspector was told this person's qualifications would be reviewed to ascertain if they met the requirement and that measures would be taken to address this prior to the appointment if they did not have the required qualification.

The person in charge held a management role with responsibility for a number of designated centres. She provided support to the person participating in management and was available on the days of inspection. The inspector found she was knowledgeable of her role, the residents and the centre as it pertained to her role. She had the required skills, knowledge and experience to fulfil the role.

Improvement was required to ensure there was effective oversight of all aspects of the care and support required. Although some aspects of the service provided were audited the inspector found that all areas of care and support provided were not audited on a regular and consistent basis. This was discussed with the provider nominee who outlined the intention to implement a system and stated that work had commenced on this to ensure it aligned with the provider's internal IT (information technology) system.

Unannounced visits by a person nominated by the provider had been carried out. However, these had not taken place in line with the frequency required by the regulations. There was eight and a half months between the most recent visit in March 2017 and the previous visit in July 2016.

An annual review of the quality and safety of care had taken place.

Judgment:

Non Compliant - Moderate

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.

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):

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.

Some improvements were required to premises and staffing levels. These are discussed in outcomes 6 and 17.

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):

No actions were required from the previous inspection.

Findings:

The inspector spent time in the company of residents and staff and saw positive and respectful interactions. Staff spoken with were knowledgeable of residents' support needs and their role in supporting residents. Staff were observed interacting with residents in a manner consistent with residents' support plans.

Staff had received all required training. This included training in the prevention, detection and response to suspected or confirmed allegations of abuse, fire prevention and control, supporting residents with behaviour that is challenging and the safe administration of medicine. Some improvement was required to ensure that all training was proactively identified and provided. A staff member had received training in administering a medicine which was prescribed to be administered in a medical emergency in the months prior to the inspection. However, this staff had been working with residents who were prescribed these medicines prior to the provision of training and the inspector was told the staff member was required to administer this medicine if required prior to receiving the training. In addition, the inspector noted that staff had not received training in supporting residents with bereavement or grief and some residents required support in regard to this.

It was not evident that the number of staff was appropriate to the number and assessed needs of the residents. It was acknowledged that staffing levels had not been formally assessed and were based on a historical arrangement with the addition of 'recreation' staff to provide support on specific days. Staff spoken with outlined challenges in meeting all residents assessed needs particularly as residents' needs for support had increased and there were additional complexities in ensuring that all residents were safeguarded in regard to some peer to peer interactions. The inspector was told that a business case was being prepared to request additional funding based on the changing needs of residents and the requirement for increased staffing levels.

A formal system for supervising staff had commenced. Some staff had received formal supervision and the inspector was told this would be implemented for all staff at all levels of the organisation. A policy on the provision of supervision was in draft format at the time of the inspection.

Judgment:

Non Compliant - Moderate

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:

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, arrangements for resident involvement in the centre 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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by S O S Kilkenny Company Limited by Guarantee
Centre ID:	OSV-0003413
Date of Inspection:	11 & 12 April 2017
Date of response:	23 June 2017

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 02: Communication

Theme: Individualised Supports and Care

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

Residents did not have adequate access to internet.

1. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

to a telephone and appropriate media, such as television, radio, newspapers and internet.

Please state the actions you have taken or are planning to take:

Wi-Fi codes available in all locations for access by residents. All residents informed of same and codes are displayed.

Residents are offered computer training in their day service.

Residents will be given the opportunity to try out mobile devices such as ipads and laptops to access the internet in their home. A laptop will be made available to the house for internet access and those who wish to purchase their own devices will be supported to do so.

Proposed Timescale: 01/07/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The agreements for the provision of services did not include the fees to be charged.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:

All agreements for provision of services now include charges as outlined in amended advice slip.

Proposed Timescale: 16/06/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some residents' personal plans did not reflect all assessed needs and some plans were not reflective of all needs.

3. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:

Person centred plan process under review implementation date for new plans October 2017.

Proposed Timescale: 30/10/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some equipment had not been serviced within the required time period.

4. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:

All equipment serviced within required time frames.

Proposed Timescale: 16/06/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The control measure to mitigate a specified risk had not been implemented.

5. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

Risk register to be amended to reflect current practice.

Manual handling will be introduced as a mandatory training module for all staff as a control measure to mitigate specific risk.

Areas of priority for manual handling will be assessed and training delivered to those staff members by 30/09/17

Proposed Timescale: 30/09/2017

Theme: Effective Services

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

The system to ensure that staff and, as far as is reasonably practicable, residents, were aware of the procedure to be followed in the case of fire at night had not been implemented.

6. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

All fire drills carried out both day and night will be completed when all residents are present to ensure residents are aware as far as reasonably practical the procedure to follow in case of fire at night.

Proposed Timescale: 18/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Measures implemented did not ensure each resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

7. Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Please state the actions you have taken or are planning to take:

Further training and information, individualised where required, will be given to residents to give them skills and understanding for self-care and protection develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Key workers will discuss easy read safeguarding policy with residents and ensure residents are aware they can talk to staff at any time.

Residents will be reminded of designated person for reporting abuse and visuals depicting these individuals are in place in the designated centre.

Proposed Timescale: 30/06/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

It was not evident that appropriate health care was provided in response to a medicine incident.

8. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

The medical incident referred to has been addressed and protocols put in place to prevent same from happening in the future.

Proposed Timescale: 10/05/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The practices relating to the prescribing, storing and administration of some medicines to ensure that medicine that is prescribed is administered as prescribed to residents were not adequate.

9. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

All prescription sheets now include route of medication and GP name.
All PRN medications have correct protocols in place signed by GP.

Proposed Timescale: 14/04/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

An unannounced visit to the designated centre had not taken place at least once every six months.

10. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:

6 monthly unannounced provider audits and 12 monthly reviews will also take place in a timely manner

Proposed Timescale: 10/09/2017

Theme: Leadership, Governance and Management

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

Management systems were not in place in the designated centre to ensure that all aspects of the service provided were effectively monitored on an ongoing basis.

11. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

A new audit system to ensure service is effectively monitored will be put in place in line with organisation's IT system. In the interim, the registered provider will ensure that all audits will take place in a timely and systematic way co-ordinated by the quality officer. A calendar of audits, specific to the designated centre will be developed detailing when these audits are to take place, these include annual review of quality and safety, 6 monthly visit report, healthcare, training, fire safety and risk, incident, HR, complaints, financial, hazard identification, maintenance.

Proposed Timescale: 14/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

It was not evident that the number of staff was appropriate to the number and assessed needs of the residents.

12. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

Additional support hours have been provided.

Proposed Timescale: 01/05/2017

Theme: Responsive Workforce

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

Staff did not receive all required training prior to working with residents with specific assessed needs.

13. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

All staff training is up to date.

Proposed Timescale: 01/05/2017