



Report of an inspection of a Designated Centre for Disabilities (Adults)

Issued by the Chief Inspector

Name of designated centre:	College Green Designated Centre
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	27 November 2019
Centre ID:	OSV-0005872
Fieldwork ID:	MON-0027104

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

College Green comprises of two bungalows both of which are close to the centre of Kilkenny City. Both houses aim to provide community based living in a homely environment for adults with intellectual disability and additional complex medical conditions. They are both high support homes with a requirement for three staff in the day and two staff overnight. Each house sits on it's own site with ample parking and enclosed gardens. One house is home to five individuals, each having their own bedroom, and with three of these en-suite. There is a large sitting room, and a kitchen dining room , with a smaller quiet sitting room and a working or cooking kitchen separate to the kitchen/dining room. The other house is recently refurbished and is home to five individuals currently but with potential for an additional individual in the future. It has six bedrooms, three of which are en-suite, a large sitting room, a kitchen, and a dining room.

This centre aims to develop services that are individualised and person centred, promoting inclusion and relationship building in and of the communities in which the residents live. Residents are supported by a staff team comprising of a combination of qualified Staff Nurses, Social Care Leaders and Social Care Workers and Care Assistants. In addition a household cook is also employed Monday – Friday within each home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
27 November 2019	09:00hrs to 18:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

The inspector met with all ten individuals on the day of inspection across both houses. The residents in this centre are nearly all non verbal although they use a variety of communication strategies and cues to get a message over to a communication partner. One resident who had returned home from a day out had put on their pyjamas and used Lámh (a manual signing system) to tell the inspector that as it was dark and they were tired it was time for a sleep. Residents were seen to come together over the course of the day in the dining rooms of both houses or in the living rooms where they either shared a meal or came to watch television or listen to music. One individual was observed to curl up in a comfortable chair in their room flicking through a favourite book while music was playing.

Staff were engaged with residents throughout the day and were skilled in reading their communication cues or when anticipating what someone may request. For one resident they were seen to be supported to have their breakfast in their room as they were not ready to get up and for another resident they were seen to request some time in a favourite quiet spot near the front door.

Capacity and capability

This centre was inspected as a follow up inspection, having been registered as a designated centre within the last six months. A number of improvements had been put in place since the last inspection, which was for the purposes of registration. These had resulted in an overall enhanced provision of effective and safe services to residents.

The registered provider had appointed a person in charge with suitable qualifications, skills and experience necessary to manage the centre. The person in charge reported to the assistant director of services and there were regular meetings between them to ensure that all matters that pertained to the provision of a good quality of life for residents was discussed. The person in charge was focused on person-centred care and had implemented a good level of oversight and monitoring of systems and processes in place in the centre.

At the organisational level, the registered provider had systems in place to ensure that the service was monitored and audited. A person was identified by the provider to carry out an unannounced six monthly visit within the first six months of the centre being operational. Measures were in place at centre level to ensure that any actions identified from audits were continuously monitored and reviewed. Staff meetings were occurring in both houses on a regular basis with a clear resident

focus and standing items for review.

While there had been an inappropriate admission to this centre within the first six months of it being in operation the provider had responded to concerns raised and the resident transitioned to live in another centre under the providers care. The admissions process was discussed with the provider under the auspices of the other designated centre and as such did not formally form part of this inspection.

There were arrangements in place to ensure that there were sufficient staff on duty to support the residents. The skill mix of staff was an area of concern that the person in charge had highlighted and this had been raised for discussion with the registered provider. This related particularly to nursing staff being on duty at key times for individuals who had complex medical presentations. The inspector saw evidence that this was under review and was prioritised. An actual and planned rota was developed and maintained by the person in charge. On the day of inspection an additional agency staff member was in one of the houses to provide support over and above the number of staff on the rota as one resident was being discharged from hospital and additional support was deemed to be required.

Training had been provided to staff to support them in their role and to improve outcomes for residents. However training records showed that while staff had completed mandatory training there were a number who required refresher training in line with the organisations policy. This included overdue refresher training in areas such as safeguarding, as well as in the administration of specific medications such as those required for use in epilepsy management. The provider had a training and development policy in place and a training schedule was in place which identified gaps in training and priorities for the service. Supervision of staff was provided by the person in charge who in turn is supervised by the assistant director of service. Formal supervision was taking place in line with the organisational policy. The inspector reviewed a schedule of planned supervision dates for all staff.

Residents were supported to raise complaints if they choose to do so, and there was an accessible version of the complaints procedure and the complaints form in place. Details of the complaints officer were displayed in both houses. It was seen that individuals were supported by their key workers to lodge a complaint if required or requested. The provider ensured that the complaints log was maintained outlining the nature of any complaint made and any actions taken. Individual complaints are also on residents personal files. From reviewing the log of complaints since the centre was registered, the majority relate to poor access to transport. The person in charge was seen to have begun discussions with the transport manager and had escalated residents concerns to the provider and updates were being provided to residents.

Regulation 14: Persons in charge

The registered provider has appointed a person in charge who has the required qualifications, skills, and experience in this centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider has ensured that there is a sufficient number of staff on duty in the centre to meet the residents assessed needs. The skill mix of staff is currently under review to ensure that where nursing care is required it is provided. Current assessed needs of residents was being met.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received mandatory training however a number of staff were not up to date with required refresher training, within a number of areas including safeguarding and administration of specialist medications. All staff were in receipt of formal supervision to support them in their role..

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place in the centre and contained all information as specified in paragraph (3) of schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that effective arrangements are in place to ensure the effective delivery of care and support to residents. A clearly defined management structure was in place and lines of authority and accountability were clearly identified.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge maintained a clear register of all incidents and accidents in the centre in line with the organisations policy. All incidents that required notification to the Office of The Chief Inspector were submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective and accessible complaints procedure in place. There was support provided to residents to ensure they could access the procedures to make a complaint. Clear records were maintained to ensure that resident satisfaction levels and outcomes of complaints were accessible and any actions arising were dealt with.

Judgment: Compliant

Quality and safety

Overall the inspector found that the residents in this centre lived in warm and comfortable homes. The staff teams were attempting to support residents to engage in meaningful activities. However for some residents the opportunity to engage in as many community based activities as they would like were still curtailed for a number of reasons including availability of transport. There had been improvements however since the previous inspection and this was acknowledged to the provider and the issues with availability of transport had been self identified and were a priority action for the provider.

The premises were found to be clean, homely, spacious and meeting residents specific care and support needs. Each resident had their own bedroom which were decorated with individual styles and preferences evident. While residents had storage for their personal items in their bedrooms it was also seen that personal items were on display throughout the house and evidence of hobbies and favourite spaces was also present. In both houses in addition to the main communal living room there was a smaller more private living room for residents use. One of these

was currently empty however the person in charge had ordered new furniture and the room was in the process of being updated. There were areas of minor maintenance required and in one house this was still not completed since the previous inspection, when one individual en-suite had old and worn flooring with areas of filling and painting still required from where fixings had been moved. Positively in both houses there was easier access to the kitchens for all residents and they were seen to enter the kitchens over the course of the day.

The inspector reviewed a number of residents' personal plans and found them to be comprehensive and reasonably person centred. Each resident had had an assessment of need outlining which care and support plans they required. A meeting had been held with residents, their representative and the team around them to set personal goals and to review any outcomes to date. There was a system in place for review of progress of goals on a quarterly basis, however this was not as yet consistently happening for all residents. For most residents they were supported to plan goals that included social engagement and activities in their community however care was required that daily tasks were not set as goals and to ensure maximum participation of all residents in goal setting. It was however, evident that since the previous inspection residents were more involved in their community and were supported to experience new activities such as a trip to a 'floatation' experience on the day of inspection.

Residents health needs were appropriately assessed and support plans were in place in line with these assessed needs. Each resident had access to appropriate medical and health and social care professionals as required. Specialist training was provided to the nursing staff to aid them in supporting residents with complex health conditions. Where one resident was home from hospital on the day of inspection the person in charge had arranged for additional staff support and an immediate follow up with the residents GP. Clear protocols were in place to guide staff in the management of epilepsy or specialist manual handling procedures for individuals as required.

The inspector found that the registered provider was promoting a positive approach to responding to behaviours that challenge. Residents' positive behaviour support plans clearly guided staff practice in supporting residents to manage their behaviour and they were reviewed regularly. Staff who spoke with the inspector were knowledgeable in relation to residents' behaviour support needs in line with their positive behaviour support plans. The inspector found however that there were a number of restrictive practices on the day of inspection which were identified as such by the person in charge and had been notified as required to the Office of the chief inspector these included harnesses while travelling in a vehicle, locked doors with keypad access, harnesses in bathing equipment.

The registered provider had ensured that there were systems to keep residents in the centre safe. Staff were found to be knowledgeable in relation to keeping residents safe and on the systems to report allegations of abuse. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents. Accessible versions of these were available for residents where these were in place. Competency assessments were in

place in residents files to look at financial and medication management and if required residents were afforded full or partial support in these areas.

Arrangements were in place to assess, manage and review risk on an ongoing basis in the centre. There was a risk register for the centre which was comprehensive and bespoke to the individual houses. Individual risks were on residents personal files and were reviewed as risks changed with actions identified for follow through. The provider had a detailed policy in place and clear processes were outlined for risk management within this. A system of quarterly reviews for active risks was in place as per the organisational policy and this had not yet been consistently applied for all risks however it was apparent from a review of the documentation in place and discussions on the day that the management of risk was an area of considerable positive focus for the person in charge.

The inspector found that the registered provider had ensured that residents were actively involved in making decisions about the day-to-day running of the centre. House meetings for residents had begun since the last inspection and from minutes of these it was clear that all residents were fully engaged and participating to their level of communication and ability. Residents were supported to access advocacy services and for one resident this had been formally instigated to support their right to become fully involved in decisions on their future and to explore staying or moving centres.

Regulation 17: Premises

Overall, the inspector found that there was adequate private and communal space for residents and that the physical environment was clean. However, there were a number of areas in need of maintenance and repair as outlined in the body of the report with these having been identified at the last inspection and remaining outstanding.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through appropriate risk assessment and there was evidence of incident review in the centre and learning from adverse incidents. There was implementation of the centres' risk management and emergency planning policies and procedures however some areas required consistency in their application such as quarterly reviews of risks.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans were found to be person-centred. There was an assessment of need in place for residents which were reviewed in line with residents' changing needs. However, improvement was required to documenting residents' social goals to promote participation in meaningful activities through the day.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had appropriate assessments completed and were given appropriate support to enjoy best possible health. Residents' changing needs were recognised and appropriate assessments and supports put in place. Residents had access relevant health and social care professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Residents had positive behaviour support plans which clearly guided staff to support them to manage their behaviour. Staff who spoke with the inspector were found to have the up-to-date knowledge and skills to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from all forms of abuse. Throughout the inspection residents were seen to be comfortable in the presence of staff members.

Judgment: Compliant

Regulation 9: Residents' rights

Residents right to make decisions, make their preferences known and be supported to achieve their own goals and wishes was actively promoted

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for College Green Designated Centre OSV-0005872

Inspection ID: MON-0027104

Date of inspection: 27/11/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Safeguarding Training 18/12/2019, Dementia Training 17/24th January 2020, First Aid- 13/01/2020, Refresher of medication- completed by 31st April 2020, Studio 111 16/23rd January 2020	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The builder have inspected the premises on the 02/12/2019 and we are awaiting a completing date.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A full review has be carried out on all Risk Assessments, Manager is currently reviewing and updating the Risk Assessment in both locations this will be completed by the end of	

January 2020

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Manager has now implemented a new activity planner- this will ensure that Residents Social goals are been discussed and met and that they are participating in meaningful activities of their choice throughout their day. This will be review through keyworker meeting and staff meetings.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/05/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	31/01/2020

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/01/2020
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/01/2020