Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	James Gate
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	03 May 2022
Centre ID:	OSV-0003411
Fieldwork ID:	MON-0032710

About the designated centre

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

James Gate is a designated centre operated by SOS Kilkenny CLG. This designated centre provides community based living apartments for a maximum of 11 adults. The apartment complex is located on the outskirts of a large town and consists of eight individual two bedroom apartments. One of the apartments is communal and used as a base by staff, in addition to being a space where residents could meet and socialise together as they wished. The residents are supported by a team of staff comprising of a social care leader, social care workers and social care assistants. The staff team are supported in their role by a team leader and person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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 (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
Tuesday 3 May 2022	09:45hrs to 16:30hrs	Conan O'Hara	Lead
Tuesday 3 May 2022	09:45hrs to 16:30hrs	Tanya Brady	Support

What residents told us and what inspectors observed

This inspection was completed by two inspectors and had been short-term announced to the registered provider a number of days prior to it being carried out.

The inspectors followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspectors ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection. A review of documentation was completed in an area of the centre separate to residents and inspectors had the opportunity to meet residents in their own apartments over the course of the day, as well as engage with the staff team and the local management team.

The apartment complex comprises of eight apartments, seven of which are available for residents and one used by the staff team. The centre is registered for a maximum of 11 residents and at the time of the inspection was home to seven individuals. The inspectors met with four residents over the course of the inspection. One resident was observed in the morning setting off on their bicycle for their day and other residents were availing of day services.

One resident welcomed inspectors into their apartment and commented that they remembered an inspector from a previous inspection. They stated that they were happy in their home and were relaxing in an armchair while waiting for a member of staff to arrive to support them with activities. The resident had an area in their home set up for craft activities and other activities they particularly enjoyed. Another resident met the inspectors as they were going to the garden to hang out laundry. They explained that the lift had been serviced recently and that they were happy with this as it was easier to carry the basket downstairs. An inspector later visited this resident in their apartment and they were being supported by staff to access a particular App on their electronic tablet.

In the afternoon, inspectors observed lunch being prepared by staff in the communal apartment. The lunch was to be brought to each resident in their apartment. The person in charge noted that this practice was in place to manage staffing resources effectively.

Later in the afternoon while visiting another apartment an inspector met with a resident who was relaxing after their lunch. They discussed an upcoming hurling match with the person in charge and told the inspector that they had no plans for their afternoon yet but that they liked to be flexible.

The premises as already stated comprises a block of apartments, two of which are accessed externally and the others from a central hallway and laid out over two floors. One apartment has a small private garden that connects to the communal gardens via a gate. The larger communal gardens contained a number of clothes

lines, sheds, raised vegetable and flower beds. To the front of the complex was a parking area and manicured green areas with seating in place for residents should they wish to sit.

Overall the residents appeared content and comfortable in their home and the staff team were observed supporting residents in an appropriate and caring manner. However, there were areas for improvement identified including the person in charge, staffing, governance and management, premises, infection prevention and control practices, fire precautions and financial safeguarding practices.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, while there was a defined management structure in place, improvements were required in the effective governance of the service to ensure that the service provided was safe, consistent and appropriate to residents' needs. In addition, improvements were required in the person in charge and staffing arrangements.

The centre was managed by a full-time, suitably experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2021. The previous inspection found that improvements were required in the timeliness of the provider unannounced six monthly visits. This had been addressed. There was evidence that a provider unannounced six-monthly visit had been undertaken and plans were in place to ensure future unannounced visits would be carried out in line with the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

However, the inspectors found that there remained areas for improvement in relation to the governance and management systems in place. For example, the inspectors reviewed the staffing arrangements and found that the provider had not ensured that the centre was appropriately resourced. In addition, a number of areas identified in the last inspection had not been addressed in line with the provider's compliance plan. Also, the systems in place to safeguard residents' finances required improvement.

There was an established staff team in place which ensured continuity of care and support to residents. The previous inspection found that the staffing arrangements required review. While there had been a planned discharge of one resident, the inspectors found that there staffing arrangements in place were not in line with the assessed health, social and personal needs of all residents, and the size and layout of the designated centre. Throughout the inspection, staff were observed treating

and speaking with residents in a dignified and caring manner.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge to the designated centre. The person in charge is employed on a full-time basis and suitably experienced. The person in charge has responsibility for one other designated centre operated by the provider. However, at the time of the inspection, the person in charge did not meet the qualification requirements as set by the regulations. This had been identified to the registered provider at a previous inspection and the date set by the provider to be in compliance with this regulation had not been met. The inspectors acknowledge that the person in charge is a regular presence in the centre and is in the process of completing a course to meet the regulation requirements.

Judgment: Not compliant

Regulation 15: Staffing

The staffing levels were not in line with residents assessed health, social and personal needs. For example, the provider had introduced a system of a centrally prepared lunch during the day in order to best use the available staffing resources.

The inspectors discussed the staffing levels with the person in charge, management team and the registered provider. During the day, two residents were supported by two staff on a one-to-one basis while five of the residents were supported by one staff member. At night, one resident was assessed as requiring staffing support and is funded to receive this. However, the resident's staffing allocation at night is also required to offer support to six other residents if needed.

Also, some residents were assessed a requiring additional staff support for activities of daily life due to their changing needs. The inspectors were informed that an application had been submitted to the provider's funder in relation to increased staffing levels to support a number of residents.

While the inspectors acknowledge that the provider has endeavoured to supplement staffing from internal resources, on the day of inspection the staffing levels required significant improvement and the staffing levels at night, in particular, were of concern.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had ensured that mandatory and resident specific training has been made available for the staff team. The staff team have all been completed training and support that enables them to fulfil their role and carry out their responsibilities.

The person in charge has provided formal support and supervision to all members of the staff team. The inspectors reviewed a sample of completed supervision records. A supervision schedule was also in place for the upcoming year. This was found to be provided in excess of the requirement as set out in the providers policy and was reported by the staff team to be positive.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to Residential Operations Manager, who reports to the Chief Operations Officer, who in turn reports to the Chief Executive Officer. There was evidence of some quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. This included the annual review of the care and support for 2021 and the six monthly unannounced inspections.

However, it was not evident that the centre was adequately resourced. For example, the inspectors found the staffing levels were not in line with residents assessed health, social and personal needs.

In addition, the inspectors found that improvement was required in the effectiveness of implementing action plans from audits. For example, the previous inspection found that improvements were required in the premises, person in charge and fire safety. At the time of the inspection, these areas remained in need of improvement and the date set by the provider to be in compliance with these regulations had not been met. The oversight systems in place to safeguard residents' finances also required improvement.

Judgment: Not compliant

Quality and safety

Overall, the service provided person centre care and support to the residents in a homely environment. Residents who spoke with the inspectors stated that they liked

their home. Since the last inspection, one resident had been supported to move to an alternative appropriate placement. However, improvement was required in the premises, infection prevention and control, safeguarding and fire safety arrangements.

The provider had systems in place for safeguarding residents. However, the inspectors reviewed a sample of residents' finances and found that the oversight practices in place required improvement.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. However, improvement was required in the fire safety arrangements in place for the containment of fire and the safe evacuation of all persons in the event of a fire. This was also identified as an area for improvement in the last inspection.

There were systems in place for the prevention and management of risks associated with infection. The provider had prepared contingency plans for COVID-19 in relation to staffing and the self-isolation of residents. The inspectors observed sufficient access to hand sanitising gels and PPE through-out the centre. Staff were observed wearing PPE as required. However, some improvement was required in relation to infection prevention and control practices for the storage of cleaning equipment.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-maintained. The residents' apartments were decorated with residents' personal possessions and pictures throughout.

The previous inspection found that some areas of the premises required improvement, particularly the internal painting of one apartment. While it was evident that the provider was in the process of renovating the apartment in advance of a proposed new admission, this action remained outstanding and the date set by the provider to be in compliance with this regulation had not been met.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. The registered provider had taken steps to ensure that there were systems in place to keep residents safe from healthcare associated infections. The centre was visibly clean on the day of inspection and staff worked hard to support residents in taking responsibility for helping to maintain their individual apartments.

Systems were in place to run water in areas not currently in use protecting residents from the risk of water borne disease and staff followed detailed cleaning schedules that were reviewed by the team leader and person in charge.

There was a centre specific contingency plan for the management of suspected and confirmed cases of COVID-19 and this included systems in place in shared apartments. The person in charge and staff team were able to outline the processes in place for the management of waste, support with laundry and the placement of personal protective equipment. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre.

However, some improvement was required in the cleaning equipment storage practices. Cleaning equipment was stored in the staff apartment and in an external shed. Inspectors found that some of the buckets contained water left following floor washing or rinsing and these needed to be drained. This practice posed an infection control risk.

There were also a small number of minor premises issues that had been identified by the provider for review such as a bath panel with a gap underneath that allowed for water to drain below it and possibly gather, in addition to foam used to cushion sharp edges in a bathroom that was not covered and could not then be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers. There was evidence of regular fire evacuation drills taking place in the centre.

The previous inspection in December 2021 identified that improvements were required in the arrangements in place for the safe evacuation of all persons in the event of a fire. The inspectors remained concerned in relation to the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night time. For example, at night the seven residents were supported by one staff member on a sleepover shift. While there was evidence of two night time fire drills completed in February 2022 and March 2022, the fire drills took five minutes 27 seconds and four minutes 50 seconds respectively. During the February fire drill, two residents chose not to participate and during the March fire drill, the staff member was required to wake three residents in order to evacuate.

In addition, the previous inspection in December 2021 identified that improvements were required in the arrangements for fire containment. This had not been effectively addressed by February 2022 in line with the provider's compliance plan. The inspector observed two fire doors wedged open in one apartment. This negated

the purpose and function of the fire door. The inspectors was informed plans were in place to address same. In addition, the inspectors observed some doors had over-door hooks that interfered with the integrity of the seal.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to identify, manage and review the use of restrictive practices. The previous inspection found that this was an area for improvement. The inspectors reviewed a sample of restrictive practice documentation and found that this had been addressed. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed by the organisation's human rights committee.

Judgment: Compliant

Regulation 8: Protection

The systems in place to keep the residents in the centre safe required review. For example, the inspectors reviewed a sample of residents' finances and found that the day-to-day and general oversight practices were not appropriate in order to ensure that the residents' finances were appropriately safeguarded.

The previous inspection identified that the placement of one resident continued to be inappropriate which had a negative impact on residents. This had been addressed and the resident had been supported to move to an appropriate placement. There was evidence that incidents were appropriately managed and responded to. The residents were observed to appear content in their home and spoke positively about living in the designated centre.

Judgment: Not 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for James Gate OSV-0003411

Inspection ID: MON-0032710

Date of inspection: 03/05/2022

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: Centre will continue to be managed by a suitable experienced Person in Charge. Person in Charge finished their Level 8 Social Studies on the 25.05.2022 and documentation of completion will be available in September 2022 and furnished to the regulator.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: As identified in previous inspection 21/12/21 staffing required review. A review of staffing took place with PIC and PPIM on the 5/1/22, 11/1/22 and 13/2/22. One Resident transitioned to another centre on the 28/2/22 with their identified staff team. This move was agreed in consultation with the inspector at the time and to ensure a suitable location was secured for the resident concerned. Following this move an additional 12 hour day shift was added to the staffing in place in the centre. An interim measure to address the needs of the residents during the day time and address safety concerns of residents at night time will be put in place from week beginning 13/6/22 with 1 additional overnight staff and additional day support. Accommodation requirements for second staff are being addressed as second staff will not be sharing the apartment with new resident. (This was the previous arrangement for second overnight staff in apartment 2) A HSE review is ongoing in relation to achieving financial sustainability now and into the	

future, and as part of this process, all information regarding the changing needs of the residents in this location has been furnished to the HSE for review and validation. One business case (DSAMT) has been submitted to the HSE to request funding for additional staffing in advance of this review and this was discussed further on the 9/5/22 with the review team.
The interim staffing measure will remain in place until such time as the outcome of the review has been finalised.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
See regulation 15 assurances to address resource concerns raised under this regulation.

As outlined increased measures are being implemented to improve on the oversight systems in place to safeguard resident's finances. Actions include review and update of finance policy and addition of two-person signature on financial audits within the Centre as highlighted in regulation 8.

Premises action complete on 30.5.22, delayed in this area due to external contractor delays.

Person in Charge delay in completion of exams due to change in timetable of exams by college.

Fire safety-Actions and Interim measures outlined in Regulation 28.

Evidence folder implemented within the Centre, which provides continuous oversight on systems and identified actions from both external and internal audits. The evidence folder is audited monthly by operations manager to show proof of improvements on identified action plans and suggestions made on further improvements required.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Previous inspection in December 2021 identified works required in an identified Apartment when resident transitioned to another centre.

On the day of the inspection works were being completed in the identified unoccupied apartment, Painting was completed on the 10.05.2022.
The remainder of the apartment renovations were completed on the 30.05.2022, this timeline was delayed due to outside contractor's availability.

All required works identified in the apartment were fully completed on the 30.05.2022 ahead of the new admission on the 21.06.2022

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Correct storage of cleaning equipment communicated to staff and to be discussed in all team meetings.
Gap between bath and floor logged on maintenance and scheduled for repair to be completed by the 30.06.2022
Rubber thick edge guards ordered to replace foam protectors in the bathrooms and will be installed by the 30.06.2022

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Actions taken from previous inspection in December 2021 included
• The installation of automatic door closers on kitchen doors.
• Meetings held with residents on fire safety, and individual work completed with Keyworkers.
• Update and review of centre CEEPS and PEEPS and unannounced drills.
This work continued to show improvements throughout the fire drills with resident's positive engagement.

The inspection on the 3/5/22 required further review in terms of Fire Precautions. The following actions have been identified to comply with same.
• Hooks over door in an identified apartment have been removed and alternative hooks placed on walls in resident apartment.
• Magnetic door closers to address containment concerns, required in 2 rooms in 2 identified apartments were fitted on the 8/6/22 and will be fully operational by the 13/6/22.
• Site specific Fire training for staff will be provided annually with first session completed

3/6/22 in the centre.
• An information session and drill with residents in the centre was completed with local fire department on the 7/6/22.
• An interim measure to address safety concerns of residents will be put in place from week beginning 13/6/22 with an additional staff from 9am until 9am (24 hour shift). This will ensure there are 2 staff supporting residents at night time.
• Ongoing review of PEEPS and CEEPS within the centre and continued unannounced fire drills to test same.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Review of the finance policy is currently underway within the organisation. Review of Finance policy meetings with Senior Managers occurred on the 15.05.2022, 26.05.2022 and 27.05.2022. New amended finance policy will address specific oversight and procedures required for residents and staff to ensure residents are safeguarded appropriately. The final policy will be signed off at the next Board of Directors meeting in July 2022.

Within the Centre oversight of finances will be inspected separately by both the team leader and Person in Charge to ensure protection of residents finance until introduction of new finance policy.

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	30/09/2022
Regulation 15(1)	The registered provider shall 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.	Not Compliant	Orange	13/06/2022
Regulation	The registered	Substantially	Yellow	09/06/2022

17(1)(b)	provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Compliant		
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	13/06/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	13/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the	Substantially Compliant	Yellow	31/07/2022

	prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	13/06/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	13/06/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/07/2022