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:	Cashel Downs
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	24 June 2021
Centre ID:	OSV-0005610
Fieldwork ID:	MON-0032828

About the designated centre

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

Cashel Downs is a designated centre operated by SOS Kilkenny CLG. The designated centre provides community residential services to up to four adults, both male and female, with a disability. The centre comprises of a large two storey detached house which is located at the end of a cul-de-sac in a housing estate on the outskirts of Kilkenny city. The house comprises of a kitchen, two living areas, an office, bathroom, four individual bedrooms and a staff room. One of the downstairs bedrooms also has access to a personal living room and en-suite bathroom. The centre is staffed by a person in charge and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 - 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
Thursday 24 June 2021	10:15hrs to 16:45hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspector carried out this inspection in line with public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from an office located close to the designated centre. In the afternoon, the inspector visited the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with residents, staff and management over the course of this inspection.

From what residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care in the designated centre.

The inspector had the opportunity to meet with two residents of the designated centre during the course of the inspection, albeit this time was limited. One resident was visiting home at the time of inspection. On arrival to the designated centre in the afternoon, the inspector observed residents engaging in activities like watching TV, jigsaw making and gardening. Throughout the inspection, staff were observed treating residents with dignity and respect.

One resident spoken with told the inspector about their interest in aeroplanes and tractors. They proudly showed the inspector their room which had model aeroplanes suspended from the ceiling and a collection of model tractors. The resident told the inspector of upcoming plans to visit Dublin Airport to see the aeroplanes, playing soccer at the weekends and life in the centre. Another resident showed the inspector their bedroom and personal living room. The rooms were decorated with personal belongings and personalised jigsaws. The residents spoke of their interest in music and video games. They highlighted their goal was to get their own house. The residents told the inspector about people important to them and stayed in contact with them through regular phone calls and visits.

In addition, the three residents completed questionnaires describing their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported them.

The inspector carried out a walk-through of the designated centre accompanied by the person in charge. The centre comprises of a large two storey detached house. On the day of the inspection, the inspector observed some scaffolding in place. The person in charge noted that it was in place to repair plumbing issues. Overall, the house presented in a homely manner and decorated in line with the interests of the residents. However, scratched and damaged paint were observed in areas throughout the house. This had been self-identified by the provider as an area in

need of attention.

In summary, based on what residents communicated with the inspector and what was observed, the inspector found that residents received a good quality of care in their home. However, there are some areas for improvement including staff training and development, governance and management and the assessments of need. 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, there was a clearly defined management system in place. On the day of inspection, there were sufficient numbers of staff to support the residents. However, improvement was required in the area of oversight of the designated centre and training and development of the staff team.

The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also had responsibility for four other designated centres and was supported in their role by a team leader. The person in charge told the inspector that the current governance arrangements supported him to have the capacity to fulfil his role as person in charge for this centre. The inspector found that improvement was required in the monitoring of the service. For example, the last annual review of the quality and safety of care and support was completed by the provider was in 2018. The inspector was shown templates for the annual review to be carried out this year. In addition, the six monthly visits were not carried out in line with the regulations. This was also identified as an area for improvement at the previous inspection.

The person in charge maintained planned and actual staffing rosters. A review of a sample of staffing rosters demonstrated that there was sufficient staffing levels and skill mix to meet the residents' needs. There was an established staff team and relief panel in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

The inspector reviewed a sample of staff training records and found that improvements were required to ensure that all of the staff team had up-to-date training, skills and knowledge to support the needs of the residents. Refresher training was outstanding in a number of areas including manual handling, fire safety, safe administration of medication and de-escalation and intervention techniques. This was also identified as an area for improvement at the previous inspection. The inspector was informed that COVID-19 had impacted on the scheduling of refresher training. This had been self-identified by the provider and plans were in place to address this.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. There was sufficient staffing levels and skill mix to meet the residents' needs. There was an established staff team and relief panel in place which ensured continuity of care and support to residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to monitor staff training and development. The staff team in this centre took part in formal supervision. The person in charge had established a supervision schedule to ensure that all staff were appropriately supervised. However, training records viewed showed that refresher training was not up-to-date for a number of staff members in areas including manual handling, fire safety, safe administration of medication and de-escalation and intervention techniques. This meant that not all of the staff team had up to date skills and knowledge to meet the residents needs.

Judgment: Not compliant

Regulation 23: Governance and management

The systems in place to monitor the care and support provided in the designated centre required improvement. The provider had not undertaken an annual review of the quality and safety of care and support in the designated centre. In addition, the provider had not carried out unannounced visits to the designated centre at least once every six months on a consistent basis. For example, the last two six monthly visits were carried out in June 2021 and June 2020.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which accurately described the service provided by the designated centre and contained all of the information as

required by Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents occurring in the centre were appropriately notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre was a comfortable home which provided person centred care. However, improvements were required in the assessment of need, oversight of restrictive practices and premises.

The inspector reviewed a sample of residents' personal files. While, the staff team were guided in supporting residents by an up-to-date personal profile, it was not evident that there was a comprehensive assessment of the residents' health, social and personal needs. This had been self-identified by the provider and the inspector was shown a template of an assessment of need.

There were positive behaviour supports in place to support residents manage their behaviour. Behaviour management guidelines were in place as required. The inspector reviewed a sample of these guidelines and found that they were up to date and appropriately guided the staff team. There were restrictive practices in use in the centre. For the most part, the restrictive practices were appropriately identified and reviewed by the provider. However, a restrictive practice regarding a resident accessing their money required further review. This was also identified as an area for improvement at the previous inspection.

There were systems in place for safeguarding residents. The inspector reviewed a sample of incidents which demonstrated that incidents were reviewed and appropriately responded to. Residents were observed to appear comfortable and content in their home. Staff spoken with were clear on what to do in the event of a concern or allegation.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective

equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre had access to support from Public Health.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner. However, areas of scratched paintwork required attention.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal evacuation plans in place which outlined how to support residents to safely evacuate in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

It was not evident that each resident had an comprehensive assessment of need of the residents' health, social and personal care needs.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required.

Restrictive practices in use in the centre were appropriately identified and reviewed by the provider. However, one restrictive practice in relation to access to money for one resident required further review.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately managed. Staff spoken to were clear on what to do in the event of a concern. Residents were observed to appear relaxed and content in their home.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cashel Downs OSV-0005610

Inspection ID: MON-0032828

Date of inspection: 24/06/2021

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	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All refresher training to be completed by 31.10.2021, PIC and training department to meet to devise new ways of training. This will ensure that entire teams receive the required training efficiently and effectively.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Quality and Assurance department has completed a schedule to ensure all 6 monthly quality and assurance audits are completed and actioned in a timely manner and in line with regulation 23 This is due to be completed by 31.12.2021	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: On the day of the inspection, the maintenance folder was shown to the inspector, all	

painting was scheduled at time of inspection. This is due to be completed before 31.12.2021

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Since inspection 2 Initial needs assessments have been completed and the third INA is due to be completed by 31.07.2021

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: PIC to link with Human Rights committee, and restrictive practice committee, PIC to consult family, PIC in consultation with behavioural support, studio 3 psychologist and key workers to fully collaborate on risk of finances for said specific resident. This will be completed and compiled by 31.08.2021

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.	Not Compliant	Orange	31/10/2021
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	31/12/2021
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	Not Compliant	Orange	31/12/2021

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	31/12/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall 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 shall 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.	Not Compliant	Orange	31/12/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional,	Not Compliant	Orange	31/07/2021

	of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/09/2021