

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	No 86 Melville Heights
Centre ID:	OSV-0005690
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	S O S Kilkenny Company Limited by Guarantee
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	1

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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 November 2017 08:30 To: 09 November 2017 11:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to Inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by SOS Kilkenny (the provider). The centre was a new build, was for the purpose of respite service provision and this was its first inspection.

There were presently no residents living in the centre as it had yet to be registered. All proposals outlined and plans agreed and/or described by the person in charge will be checked and verified at the next inspection. This was a centre to provide respite services in a house which would accommodate one person at any one time. Very good levels of compliance were demonstrated across all outcomes assessed.

The inspector found that the person in charge was a highly experienced, skilled and qualified professional, working as an Assistant Director of Services with the Organisation. She was also to be directly involved in the governance and management of the centre.

She was to be supported in her role by a qualified person participating in

management, who was acting the Residential Manager and a team of qualified social care professionals and qualified care workers. Overall the inspector found that there were systems in place to ensure that the service was safe and provisions were in place to provide a good quality of care. Of the ten outcomes assessed, all were found to be compliant.

How we gathered our evidence:

The inspector spoke with the person in charge at length throughout the inspection process and it was found that she was knowledgeable of her remit to the Health Act (2007) and Regulations. The inspector also spoke directly with a family member of one of the residents due to avail of the service.

The resident in question was already availing of another respite service in the organisation and the family member was extremely complimentary of management and staff and reported that their relative was very well looked after in the care of the service.

The inspector reviewed a sample of documentation such as health and social care plans, policies and procedures and staff files. The chief executive officer, the director of services and quality co-ordinator were also met with over the course of this inspection.

Description of the Service:

The centre comprised of semi detached three bedroom house with the capacity to provide respite services for one resident. It was found to be warm, very well decorated, very well maintained, bright and suitably furnished throughout.

It was located close to Kilkenny city, which provided access to a range of amenities such as shops, shopping centres, restaurants, churches, library, barbers, hairdressers, swimming pools, fitness centres, cinemas, pubs and hotels.

The person in charge informed the inspector that adequate transport would also be provided by the centre for residents to avail of.

Overall judgment of our findings:

This inspection found that the centre was compliant across all outcomes assessed. There was also an experienced and qualified person in charge who was to be supported by a residential services manager and a team of qualified social care workers and qualified care workers.

Plans were in place to ensure that the health needs of residents would be provided for and residents would have access to a general practitioner (GP) and to a range of other allied health care professionals as and when required.

The person in charge discussed the arrangements in place to meet the social care needs of the residents and to ensure that residents would have opportunities to participate in activities appropriate to their interests, assessed needs and preferences. Proposed medication management practices were also found to be in

order.

Overall it was found that systems were in place to provide a safe and quality based service to the residents availing of respite services with this centre.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the rights, privacy and dignity of the residents would be promoted and there were a number of mediums available so as residents' individual choice would be supported and encouraged.

The inspector reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedures were available in the centre and an easy read format was also available to residents.

There was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. The inspector also observed that residents would have access to advocacy services if required.

The person in charge informed the inspector that there are a number of ways to support the residents' autonomy in the centre, one being that residents' meetings would be supported and facilitated. It was also observed that the centre was to provide a bespoke respite service to residents which would facilitate their individual assessed needs.

In order to support the residents' privacy and dignity there was a policy available on intimate care in the centre. The inspector briefly viewed this policy saw that it was to provide a framework for staff based on best practice which identified guidelines to follow when involved in intimate care.

The inspector viewed a sample of an intimate care plan and found that it was

informative of how best to support the intimate care needs of the residents while at the same time maintaining their independence, choice, privacy and dignity.

It was also found that the residents would need support in managing their finances and systems would be put in place to ensure that their personal belongings and finances would be safe.

The person in charge informed the inspector there would be good continuity of care provided as staff coming to work in the centre had worked with the residents and were familiar with their assessed needs.

Systems of communication were also found to be in place to support the assessed communication needs of the residents.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that, when implemented, the care and support as described by the person in charge and documentation viewed would be consistent and sufficiently provide for the residents' assessed needs and wishes.

The inspector reviewed one sample of a personal plan and found that it was comprehensive in identifying how to meet the individual needs of the resident.

For example, the plan called 'All About Me' took into account the residents overall health and well being, their likes and dislikes, important people in their lives and how they like to spend their day.

The centre was to be a 'service user' led service and the person in charge informed the inspector that social outings and activities would be provided for on the request of the

residents.

The person in charge also informed the inspector that supports and interventions would be facilitated in order to provide for a safe transition for each resident moving into their new home.

Systems were in place so as residents could choose what daily outings to participate and activities to participate in.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the centre was suitable for its stated purpose. It was also found to be spacious, homely and very well maintained throughout.

The centre comprised of a large semi-detached three bedroom house. It was found to be clean, modern, very well furnished and decorated and in an excellent state of repair.

There were three bedrooms in the centre. The room to be made available to the residents on respite was a double bedroom and it was found to be spacious, bright, clean and very well maintained.

The other bedroom was to be used as a staff sleepover room with the third bedroom as a spare room. There was a spacious kitchen cum dining room and a large furnished sitting room for the residents to avail of.

There were private garden areas to the front and back of the centre for residents to avail of as they so wished. The back garden was private and very well maintained.

There was adequate parking available to the front of the centre and the inspector was informed that suitable arrangements were in place for the safe disposal of general waste.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the centre and there were adequate policies and procedures in place to support the overall health and safety of residents.

There was a Health and Safety Statement in place at the centre and there was also a policy on risk management. The risk management policy was comprehensive and met the requirements of the Regulations.

The person in charge had already put together a risk register containing environmental risks and reported that this would be further developed to take into account individual risks once the residents transitioned into the centre. There was also an emergency plan in place specific to the centre.

The inspector saw that a fire alarm system had been installed. Documentation viewed by the inspector informed that there would be plans in place to carry out regular fire drills and systems to ensure that the fire equipment including the fire alarm system would be serviced regularly.

A sample of a fire log was viewed and the inspector was assured that fire drills would be carried out as required by regulations. Regular checks of escape routes and emergency lighting would also be carried out and from a small sample of files viewed, staff had attended fire training as required.

The person in charge informed the inspector that personal emergency evacuation plans would be developed for residents moving into the centre. Emergency lighting was also in operation and a range of fire fighting equipment, including fire extinguishers and a fire blanket were in place.

There were policies and procedures in place for the management of infection control and the inspector observed that there were adequate hand sanitising gels and warm water available in the centre

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that adequate measures would be put in place to protect residents being harmed in the centre.

There were policies and procedures in place on supporting vulnerable adults. This was to ensure all residents who use the service were protected from abuse of any kind and outlined the responsibility of staff in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.

The inspector was satisfied that residents would be provided with emotional, behavioural and therapeutic support that would promote a positive, non aversive approach to behaviour that challenges.

There were policies in place guiding the management of positive behavioural support. Where required, residents would also have access to a range of multi-disciplinary supports.

The inspector reviewed one residents file and saw that they had a comprehensive positive behavioural support plan in place, which had recently been reviewed and updated by a behavioural support specialist.

The inspector also reviewed a small sample of training records which informed that staff had received specific training positive behavioural support, safeguarding of vulnerable adults and Children's First.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that residents' health needs would be regularly reviewed with appropriate input from multidisciplinary practitioners as and when required.

The inspector saw that residents would have regular or as required access to a GP, their medication requirements would be regularly reviewed, visits to the dentist would be organised, as were visits to a range of other allied health care professionals.

The inspector spoke with a family member of a resident who would avail of the service once registered. The family member reported that the family, in conjunction with the staff in the respite centre would ensure that the healthcare needs of the resident would be provided for.

The inspector was also satisfied that once the proposed practices were implemented, residents' nutritional needs would be met to an acceptable standard.

It was also observed that the residents emotional health and well being would be provided for and access to a behavioural support therapist and other allied health care professionals would be provided for if or when required.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the proposed medication management policies and procedures

were satisfactory and safe.

The inspector reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications.

The policy was also informative on how to manage medication errors.

The person in charge explained to the inspector that medication would be kept under lock and key in a secured unit in the centre.

From a sample of files viewed the inspector saw that staff had undertaken training in the safe administration of medication.

Regular medication audits were also to take place within the centre by the person in charge.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

The statement of purpose would also be available to residents in a format that was accessible to them.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis. Effective management systems would also be in place to support and promote the delivery of safe, quality care services.

The person in charge informed the inspector that arrangements would be in place for an annual review of the quality and safety of care in the centre. Arrangements would also be in place for audits to be carried out in the centre by the quality co-ordinator of the service.

The inspector was also satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service.

She was knowledgeable about the requirements of the Regulations and Standards. She was also committed to her own professional development, was working as Assistant Director of Services, had a Masters degree in social work and held a management qualification.

She was supported in her role by a qualified person participating in management, who was a residential manager in the organisation.

It was also explained to the inspector that there was an out of hours on-call system in place to support staff working overnights in the centre

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):

This was the centre's first inspection by the Authority.

Findings:

From the information available at inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.

Evidence was also available that all staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a small sample of staff files and saw that they met the requirements of the Schedule 2 of the Regulations.

The person in charge told the inspector that the staffing levels would be based on the assessed needs of the residents.

The inspector saw that there were arrangements in place for the provision of supervisory meetings with each staff member.

From a small sample of files viewed, staff had attended a range of training in areas such as positive behavioural support, safe administration of medication, manual handling and fire safety training. Some staff also held third level qualifications in health and/or social care.

A relative of a resident spoken with by the inspector spoke very highly of the staff and said that they provided good and safe care to their family member.

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:

Raymond Lynch
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority