



Office of the Chief Inspector

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

Name of designated centre:	Kilcoran and East Cork
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	06 March 2019
Centre ID:	OSV-0005603
Fieldwork ID:	MON-0025131

About the designated centre

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

Kilcoran East Cork is a designated centre located in the East Cork region. Residential services are currently afforded to fourteen adults with an intellectual disability, following reconfiguration of the centre. The centre is comprised of four bungalows each being decorated in line with the resident's individual preferences and taste. The service operates on a twenty four hour, seven day a week basis ensuring residents are supported by staff at all times. Staffing levels in each house are allocated according to residents' assessed needs, as reflected within individualised personal plans and current transitional plans. Nursing support is in place as required.

The following information outlines some additional data on this centre.

Current registration end date:	26/09/2021
Number of residents on the date of inspection:	14

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
06 March 2019	08:30hrs to 16:30hrs	Lisa Redmond	Lead
06 March 2019	08:30hrs to 16:30hrs	Lucia Power	Support

Views of people who use the service

On the day of inspection, inspectors had the opportunity to meet and interact with six of the residents currently residing in the designated centre. Inspectors observed residents getting ready for the day ahead and it was evident that supports provided were carried out in a positive and supportive manner.

Although the residents could not tell the inspectors their views, staff spoke with inspectors about the residents' daily routine. Throughout the inspection, residents were supported to access activities of their choice within the local community. It was evident that staff were able to interpret residents' signals, needs and preferences and that supports provided were person centred.

Two of the residents that inspectors met with had recently moved to the designated centre following the reconfiguration of the centre from campus style accommodation. Residents and their families had been afforded the opportunity to assist in choosing their new home, ensuring that the premises would be suitable to meet the assessed needs of the residents. Staff spoken with informed inspectors of the positive impact the transition has had for residents. Inspectors had the opportunity to interact with residents and noted that residents appeared happy and comfortable within their home. Interactions between staff and residents were observed to be positive and respectful in nature.

One resident took great pride showing the inspectors their room. It was personalised to meet their individual need and also had certificates of achievement displayed. It was evident to the inspectors that the residents preferences were incorporated into developing their new home.

Capacity and capability

The inspectors reviewed the capacity and capability of Kilcoran and East Cork and found that effective governance systems were in place to ensure positive outcomes for residents. The designated centre had recently been through a period of reconfiguration whereby a number of residents had recently transitioned to new homes within the designated centre. Inspectors observed the positive impact this transition has had on residents and their quality of life within the designated centre.

The person in charge was in the process of departing their role within the designated centre however, the registered provider ensured that effective oversight was maintained until the newly appointed person in charge commences the role. The registered provider had ensured that effective systems were in place to ensure

service delivery was of a high quality standard, person centred and promoted a culture that empowered residents. An annual review of the quality and safety of care and supports had been carried out. It was evident that the review was comprehensive in nature and incorporated the views of residents, their families and staff members. Unannounced six monthly visits were completed which identified actions to be completed and the staff responsible to carry them out. There was also a schedule of audits and a quality indicators report which ensured that care delivery was safe, effective and evidence based.

The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. It was evident that staffing arrangements had changed to suit the individual needs of residents as required. Staff members had access to appropriate training, including refresher training, as part of a continuous professional development programme.

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1. The policies and procedures as referred to in Schedule 5 were reviewed and updated at intervals not exceeding three years, with the exception of one national policy.

On admission to the designated centre, an agreement in writing relating to the terms and conditions for which the resident shall reside in the designated centre was in place. The agreement included the support, care and welfare of the resident in the designated centre and details of the services to be provided for each individual resident. This agreement was provided to residents in an accessible format. An easy read complaints procedure was available to residents which included an appeals process. Inspectors observed evidence that staff had supported residents to make a complaint in line with organisational policies and procedures.

Regulation 14: Persons in charge

The person in charge was in the process of departing; however the registered provider assured inspectors that a suitably qualified individual had been appointed to the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that records of the information and documentation in relation to staff as specified in Schedule 2 were maintained and available for inspection by the chief inspector.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that management systems were in place in the designated centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care and support in the designated centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that, on admission, an agreement in writing relating to the terms on which the residents will reside in the designated centre was in place. The agreement included the support, care and welfare of the resident in the designated centre and details of the services to be provided for each individual resident.

Judgment: Compliant

Regulation 3: Statement of purpose
The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had ensured that all incidents were notified to the office of the chief inspector in line with regulatory requirements.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The registered provider ensured that effective arrangements were in place in the event that the person in charge was absent.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had ensured the provision of an effective complaints procedure for residents which was in an accessible format.
Judgment: Compliant
Regulation 4: Written policies and procedures
The registered provider had not ensured that the policies and procedures referred to in Schedule 5 were reviewed and updated at intervals not exceeding three years. One national policy required review.
Judgment: Substantially compliant

Quality and safety

The inspectors observed that the quality and safety of the service provided to residents was of a very high standard. The designated centre presented as welcoming, warm, bright and clean. Each resident had their own bedroom which was decorated to meet their individual need and preferences.

Inspectors observed that residents were supported to access and experience a range of activities based on their individual goals. Each individual goal had an associated 'role' which supported and promoted their independence and inclusion in community life. One resident showed inspectors certificates they had received, which were proudly displayed in their bedroom. Another resident was currently being supported to access assistive technology as part of their individual goals. Residents had access to a telephone and appropriate media including television and radio however, residents' access to the internet was limited. Residents were supported to receive visitors in accordance with their wishes.

A comprehensive assessment of the health, personal and social care needs of each resident was carried out to inform their personal plan. The process of updating the personal plan was dynamic and ensured that it was subject to review as changes in needs or circumstances arose. The health and well being of residents was promoted and supported in a meaningful manner. Residents had access to a general practitioner of their choice and nursing staff were available to residents when required. A comprehensive health assessment and associated health care plan was available for each resident in an easy read format. There was evidence that residents were supported to attend national screenings such as bowel screening and diabetic retinal screening. A 'Hospital Passport' was developed for residents to ensure that key information in relation to their assessed health and support needs were communicated in incidences that they required emergency access to acute health services.

The person in charge had ensured staff had the appropriate skills and guidance to respond to behaviours that challenge. Behaviour supports were available to residents if required. The registered provider had appropriate systems in place to protect residents from all forms of abuse. Easy read documents were available to ensure that each resident was assisted and supported to develop the knowledge, skills and self-awareness for self-care and protection.

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk. Positive risk taking was observed at the centre ensuring that residents had the opportunity to live life without undue restriction. The registered provider has ensured that positive risk assessment took place in conjunction with person-centred planning and implementation of necessary safeguards.

The registered provider had ensured that effective fire management systems were

in place within the designated centre. The fire alarm panel and fire detection systems were inspected and serviced quarterly by a registered contractor. Emergency lighting and fire doors were in place within the designated centre. Break glass panels were available throughout the centre and the fire extinguishers had been serviced. There was a personal emergency evacuation plan in place for each resident. Inspectors observed evidence that regular fire evacuation drills were carried out.

The registered provider had systems in place to ensure that residents were protected against infection. Personal protective equipment was available for use by staff and signage informing visitors about their role in the prevention of spreading infection was displayed in a prominent area.

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines. A six monthly medication audit was carried out by a competent person. Information regarding the medicines prescribed for residents was also available for staff which included rational for administration and possible side effects.

Regulation 10: Communication

The registered provider had not ensured that each resident had appropriate access to the internet.

Judgment: Substantially compliant

Regulation 11: Visits

The registered provider had ensured the facilitation of visitors for each resident in accordance with their wishes.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had provided opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs. Residents were supported to develop and maintain personal relationships and links within the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. The premises were clean, warm and suitably decorated.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that a copy was available to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had systems in place to ensure that residents were protected against infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management systems were

in place in the designated centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. The personal plan was the subject of a review as there were changes in residents' needs or circumstances.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that, where restrictive practices were used, such procedures were applied in accordance with national policy and evidence based practice. It was evident that every effort was made to identify and alleviate the cause of residents' challenging behaviour and that all alternative measures were considered before a restrictive procedure was used.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. There were systems in place to protect residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that each resident, in accordance with their wishes, age and nature of their disability, had the freedom to exercise control in their daily life.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilcoran and East Cork OSV-0005603

Inspection ID: MON-0025131

Date of inspection: 06/03/2019

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The policy that this is in reference to relates to the National HSE Policy for recruitment of staff, the service will link with the Cork Kerry HR department to assist/advise regarding the development of a local policy specific to the center.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The service will explore the options that are available to us to ensure that all residents have access to the internet in their home.	

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 10(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Substantially Compliant	Yellow	30/06/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/08/2019