



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:	Announced
Date of inspection:	14 October 2019
Centre ID:	OSV-0005610
Fieldwork ID:	MON-0022653

About the designated centre

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

This centre is a large two storey detached house at the end of a cul-de-sac in a housing estate on the outskirts of Kilkenny city. It is currently home to three adults with capacity for four. Individuals who live in this centre present with an intellectual disability and behaviours of concern. This centre is open all year with no closures and residents are supported at all times by a staff team comprising social care workers and care staff. The house has six bedrooms two of which are for staff, with four bedrooms in total upstairs and two resident bedrooms downstairs. One of the residents downstairs also has access to a personal living room and en-suite bathroom. There is a large communal living area and a smaller living room in addition to a kitchen available to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
14 October 2019	09:30hrs to 17:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

The inspector met with all three residents who live in this centre and spent time with each of them over the course of their day. The residents reported that they like living in their home and one resident in particular was very proud of their room and their model aeroplanes that were suspended from the ceiling as well as pictures of favourite tractors displayed on the wall. Another resident was seen to be supported by staff to go into town and buy the latest version of a gaming system. The staff along with the resident were seen to take time during the day in setting it up. Cheerful rivalry was observed in trying to pass a level on a game between the resident and a staff member.

One of the residents was seen to spend some quiet time with a staff member who was playing a guitar to them in a smaller living room during the afternoon while a second resident relaxed with a cup of tea watching the television in a larger sitting room. Partially completed jigsaws were on tables with residents spending time on completing them on and off. A resident in the morning was seen to eat their breakfast while wearing their headphones and told the inspector that they like to listen to the radio and the news. They explained that the news that day was all about orange weather warnings and that meant they would not be out in the garden. This resident took pride in the flower beds and garden space and was also involved in the resident's association for the housing estate.

While the inspector was having a hot drink in the kitchen two residents came in to join and requested either coffee or tea. Staff encouraged residents to select their favourite mugs and to vocalise how they preferred the drink to be made. One of the residents chatted to the inspector about going to their woodworking session later that morning and explained that their project was ready to varnish now. The other resident was also going out, supported by a staff member, to a reflexology session.

The inspector heard about a number of social activities residents liked to attend such as the local men's shed or meeting with peers for a game of pool in a nearby pub. One resident has a friend from another centre close by who calls every Monday and they have a cup of tea together, this was outlined among others, as things that the individuals liked to do in their resident questionnaires. These had been completed with staff support in advance of this announced inspection, as HIQA had issued these to the provider. The inspector reviewed these and noted that they contained positive views regarding all aspects queried, such as bedrooms, visitors, staff support, complaints, and rights. In one, a resident commented that they liked that they can do their own shopping and can have food whenever they liked, they also commented that they liked to bake with staff and helped to make Sunday lunch sometimes. Another resident commented that they liked in particular going to the butchers, while another liked walking to the shop to buy their paper.

Capacity and capability

Overall, the inspector found that this was a well-managed centre, with good structures and levels of accountability evident which actively promoted residents well-being and independence.

There had been a very recent change to the post of person in charge and the provider had appointed a suitably qualified and experienced person in charge for this centre. The person in charge has responsibility for a number of other designated centres and as such is supported by a team leader in this centre who has protected time for administrative duties. There was evidence that the person in charge was present in the centre on a regular basis and maintained oversight of the governance systems and quality of care provided to residents.

There was a core team of staff with relevant experience employed in this centre as consistency is important to the residents and their assessed needs. Where relief staff are utilised they are from the provider's bank of staff assigned to the roster of the centre. On an infrequent basis staff are provided from an external professional health care agency with the person in charge requesting named individuals to try and ensure they are familiar to residents. The inspector was shown a staff folder which contained material specific to the centre and ensured that any agency or relief staff received consistent information and were informed on set pertinent pieces of information.

Staff had completed training in line with residents' needs however a number of staff required refresher training in key areas such as safeguarding and the administration of specialist medications. Staff who spoke with the inspector were motivated and said they were supported and encouraged to carry out their role and responsibilities to the best of their ability, with new staff in particular commenting on the comprehensive induction programme. Following the appointment of the person in charge, some staff had either been in receipt of support and supervision recently and others were scheduled, as this had been overdue for all staff.

There was an annual review of the quality and safety of care completed for 2018 which had consulted with residents and their representatives; it was available in the centre. The last six monthly unannounced visit by the provider or their representative was completed in February 2019, with another not as yet having been scheduled for completion. There were also audits completed and these were scheduled for completion by the person in charge to continue completing with evidence of follow up on actions from previous audits. Staff meetings were held regularly and the agenda items were found to be resident focused.

Residents were supported to make complaints if required and the provider had a clear policy in place which provided guidance for staff on the process to follow if a

complaint was submitted. A complaints record was kept within the centre with individual complaints held on personal resident files. There was documented evidence that complaints were dealt with in a timely and effective manner.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted to the Office of the Chief Inspector within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and had relevant previous experience of this role. While the person in charge had responsibility for more than one designated centre, they were supported by a team leader.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff, which were suitably qualified and experienced to meet the assessed needs of residents. The provider had ensured good continuity of care for residents. The planned and actual rosters were well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs. However, a number of staff required refreshers in mandatory areas of training in line with residents' needs. Staff were supported in their roles and while they had not in been

receipt of regular formal supervision in line with the providers own policy the person in charge had initiated a system of support and supervision since commencement of their role.

Judgment: Not compliant

Regulation 19: Directory of residents

The provider had prepared a directory of residents, and had ensured that all required information in relation to residents was held in the centre, as outlined in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the governance and management arrangements were effective in delivering a good quality service to residents. Improvements were required to ensure that the providers six monthly unannounced visits, and associated reports on the safety and quality of care and support, were comprehensively and consistently conducted.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had a system in place to ensure all incidents were notified to the Chief Inspector in line with the requirements of regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on how to make complaints was on display in the designated centre. Complaints was a recurring topic at regular resident meetings. A complaints log was maintained in the designated centre for the recording of any complaints.

Judgment: Compliant

Quality and safety

The residents who lived in this centre were found to have a good quality of life and were active within their local community. Residents led busy social lives, with one resident accessing social farming, and attending a local garage once a week where they were supported by the mechanics to explore their love of vehicles and provided with an opportunity to participate in work. The residents were seen to have been for nights away over the last year and partook in frequent day trips.

The residents were happy to engage with the inspector and to show the inspector their favourite areas in the centre such as the flower beds in the garden around the house or their bedrooms. They also indicated areas where their individual jigsaws or preferred chairs were located.

The inspector noted that the designated centre was spacious, warm, clean and welcoming. The residents had input into the style of decor in their bedrooms and their personal items were evident in the communal areas. Residents were observed to relax in the sitting room with a cup of tea to catch up on television programmes they enjoyed.

All residents had individualised personal plans some of which had goals set according to assessed needs which had progressed however conversely for others where goals had been set there was no evidence of progression or review. This was something that had been self-identified by the person in charge. Staff present

during the inspection had good understanding of the residents' needs.

Residents were supported to attend the GP and any other health and social care professional as required. Staff were seen to help the residents implement any recommendations by these specialists. Annual health assessments were completed and calendars of appointments were in place to record residents' access to health professionals.

The inspector noted that appropriate efforts were being made in the designated centre to promote the health and safety of residents, however the assessment and monitoring of the risks within the designated centre did not completely follow the provider's procedures, for example, quarterly reviews and checks not consistently in place. A risk register was in place but it was not up to date. Each resident had individual risk assessments in place to promote their quality of life and protect them from harm but there were a number of areas of risk absent in the recording. This included the risk for one resident whose eating and drinking skills were recorded as deteriorating and was reported to be getting up at night to eat without staff knowledge.

There were effective systems in place to protect residents from abuse and the person in charge and the provider were seen to take appropriate action to address any issues which occurred and provide effective supports to the residents.

The registered provider had ensured effective fire safety management systems were in place within the centre. These systems included a fire alarm system, emergency lighting, fire doors and fire extinguishers. Such equipment was being serviced at the required time frames by a competent person. Fire exits were observed to be unobstructed on the day of inspection. Residents had personal evacuation plans in place.

Where required residents had positive behaviour support plans in place. The inspector noted that for residents a decrease in incidents of behaviours of concern had occurred following the transition to their new residence. Staff spoken with could clearly convey the supports required for residents in this area. Plans seen contained clear and concise guidelines for staff on how to support the resident including reactive and proactive strategies.

However, a number of restrictive practices were observed to be in use during this inspection. The registered provider had not recognised these practices as a restriction for the individual therefore not all had been identified and notified to the office of the chief inspector. These included keypad locks on all exit doors, restricted access to hygiene products, and the use of a sensor mat on a bed. In addition for one resident there was restricted access to their money. While this had been referred to the providers' human rights committee two years previously, the committee had recommended that the resident be informed and supported to manage their money, this had not however happened. The resident continued to have limited access to their finances. This matter was assessed in an ongoing manner and details recorded, however a recommendation for re-referral to the human rights committee made in February 2019 had not yet transpired. While it

appeared that any restrictive practice utilised was done so as to ensure the safety and well-being of residents was promoted at all times, however due to lack of documentation and guidance for staff it was not evident that these practices were utilised for the shortest period of time and in the least restrictive way.

For all residents there were financial capacity assessments in place and these were reviewed on an annual basis. In addition the provider had a clear process in place for supporting residents in withdrawing and accessing their funds. Where forms recording the withdrawal of funds required signing it was seen that some were signed by residents, some not signed and some had residents names recorded by staff. The inconsistency in record keeping was discussed with the person in charge on the day of inspection.

Regulation 12: Personal possessions

Resident's personal possessions and finances were protected and accounted for. However, there were inconsistencies in the recording of same.

Judgment: Substantially compliant

Regulation 17: Premises

This centre was a well kept, spacious warm and personal home which met the assessed needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management practices were in place, However, improved compliance with the providers own procedures was required in order to ensure that risk assessments remained up to date. Some individual risks had not been assessed for or recorded.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire registers reviewed highlighted adequate measures and equipment in place and records of evacuation drills completed showed the centre could be safely evacuated.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Systems for the administration and management of medicines were suitable and safe with regular reviews reviews of residents medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were found to be person-centred and each resident had access to a keyworker to support them with their personal plan. There was an assessment of need in place for residents which were reviewed in line with residents' changing needs. However, improvement was required to documenting residents' social goals, to ensuring information was consistent across all documentation in residents' personal plans and in reviewing support plans to ensure they were effective.

Judgment: Substantially compliant

Regulation 6: Health care

Health care plans and assessments were up to date. Residents were facilitated to access health and social care professionals and to achieve best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Residents had positive behaviour support plans which clearly guided staff to support them to manage their behaviour.

While the use of restrictive practice was in place to promote the safety of residents significant Improvements were required in relation to documentation of these

practices. No audits of restrictive practices were being completed to ensure the least restrictive measures were being used for the least amount of time. Where restrictive practices were in place, not all had been identified nor guidance was available to staff on how to appropriately apply these.

Judgment: Not compliant

Regulation 8: Protection

Residents were appropriately safeguarded and protected in this designated centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cashel Downs OSV-0005610

Inspection ID: MON-0022653

Date of inspection: 14/10/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Residential manager has developed a supervision schedule to ensure all staff receive regular supervision as per SOS Quality Conversation policy.</p> <p>Training audit has been completed and staff have been scheduled to attend relevant trainings.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>6 monthly provider audit to be completed by the provider nominee. Annual review of service to be completed. Schedule in place to ensure that these are completed within appropriate timeframes</p>	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal	

<p>possessions: Resident's money management capacity assessments to be reviewed. Where possible residents will be supported to develop their capacity. Following review of these assessments staff to complete a training workshop in supporting resident's to manage their finances in line with the SOS policy.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Residential manager to conduct review of all incidents in the last 24 months to ensure risk assessments accurately reflect current risks including use of restrictive intervention. Interim risk assessment in place for resident where there is a concern regarding the person's eating and drinking skills. This will be updated following review from a speech and language therapist.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Residential manager to schedule annual reviews with residents where required. This will inform the resident's personal outcomes for the year ahead. Personal outcomes and the recording of these will be discussed as part of staff supervision/quality conversations.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Training workshop on the use of restrictive interventions scheduled for all staff. Audit to be completed on use of restrictive intervention in the house taking into account</p>	

resident's views, review of risk assessments and incidents. The outcome of the audit will inform future practice and aim to reduce the use of restrictive intervention where possible.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	15/01/2020
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	17/12/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Yellow	15/12/2019

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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	Yellow	15/01/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/01/2020
Regulation	The person in	Substantially	Yellow	17/01/2020

05(6)(c)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Compliant		
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	17/01/2020
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.	Not Compliant	Orange	20/12/2019