



## Office of the Chief Inspector

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

Name of designated centre:	The Weir
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	28 November 2018
Centre ID:	OSV-0005625
Fieldwork ID:	MON-0022655

## About the designated centre

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

This is a service comprising of 3 separate houses providing care and support for up to sixteen adults (both male and female) with disabilities in close proximity to Kilkenny city. Each house is spacious and tastefully decorated and has private well maintained gardens for residents to avail of as they please. All residents have their own private bedrooms which are decorated to their individual style and preference. The centre is managed by a qualified and experienced person in charge and is staffed on a 24/7 basis by a team of social care workers, health care assistants and recreational assistants. Residents are supported to attend a range of day service options where they can engage in skills development, hobbies and activities of their preference and choosing. They are also supported to use local community based amenities such as local gymnasiums, hotels, shops and restaurants. Residents healthcare needs are comprehensively provided for and they have as required access to GP services and a range of other allied healthcare professionals.

**The following information outlines some additional data on this centre.**

Current registration end date:	10/10/2020
Number of residents on the date of inspection:	12

## 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
28 November 2018	11:00hrs to 16:00hrs	Raymond Lynch	Lead

## Views of people who use the service

This was an unannounced inspection and on this occasion the inspector did not get to meet any of the residents as they were at work, attending day services, out socialising or away for the day. The inspector offered to speak with some of the residents via telephone but none were available to take a call. One family representative told the inspector that the care provided to their relative was excellent and that the entire staff team were great and very approachable. They also reported that their relative loved living there, they felt safe and had a great social life.

## Capacity and capability

From reading a sample of individual care plans, reviewing a sample of feedback on the service and speaking directly with a family representative the inspector found that residents' assessed needs were being comprehensively provided for. This was reflected in the high levels of compliance found across the many of regulations assessed as part of this inspection. While some compliance issues were identified with regard to some regulations, feedback on the service was good and family feedback was very complimentary of the staff team.

The centre had a management structure in place that was responsive to residents' individual needs and feedback. There was a clearly defined and effective management structure in place with an experienced person in charge who worked on a full time basis with the organisation and was supported in her role by two persons participating in management (both qualified and experienced senior managers).

The person in charge was a qualified social care professional and provided good leadership and support to her team. She also held a third level qualification in management and had undertaken a suite of in service training to include safeguarding of vulnerable adults and positive behavioural support. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being provided for. She also ensured staff were appropriately qualified, trained and supervised so as they had the required skills to provide a responsive and effective service to the residents. However, one staff file required updating to include a complete and up-to-date list of their qualifications.

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way.

Many held third level qualifications and all had undertaken a suite of in-service training courses to include safeguarding of vulnerable, children's first training, fire safety and manual handling. This meant they had the skills necessary to respond to a safeguarding issue and the needs of the residents in a consistent, capable and safe way.

The senior management team provided regular support to the governance and management of the centre. They, along with the person in charge (with the support of a quality/auditing officer) ensured it was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care made available to the inspector along with six-monthly auditing reports. Such audits were bringing about positive changes to the operational management of the centre.

For example, an audit on the centre identified that more information was required in the centre with regard to accessing advocacy services. This issue had been addressed by the time of this inspection in turn, ensuring effective and responsive oversight, governance and management of the centre. However, it was unclear if some actions arising from audits had been addressed in a timely or effective manner as there was inadequate evidence recorded to ascertain if the issues had been resolved and there was no time frame identified for their completion.

There were systems in place to ensure that the residents' voice was heard and respected. From a sample of files viewed the inspector observed that residents communication preferences were provided for and respected and any issue they had with the service was acted on and addressed. From speaking with a staff member and a family representative the inspector was assured that residents input into the service provided was encouraged, supported and respected

Overall, the inspector found that the provider had made good provision for meeting the needs of the residents.

## Regulation 14: Persons in charge

There was a full time person in charge in the centre, who was a qualified social care professional with significant experience of working in and managing services for people with disabilities. She also held a third level qualification in management and was studying for a post graduate qualification relevant to her role and position

She was also aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She provided good supervision and support to her staff team and knew the needs of each individual resident very well.

She approached the inspection process in an enthusiastic and responsive manner.

Judgment: Compliant

### Regulation 15: Staffing

The inspector was satisfied that staff had the appropriate skill mix to meet the assessed needs of residents and to provide for the safe delivery of services.

Staff were also supervised on an appropriate basis, and from a small sample of files viewed, were recruited, selected and vetted in accordance with best recruitment practices.

However, it was noted that a key qualification was missing from one staff members file.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff were provided with the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Children's First, Safe Administration of Medication and Positive Behavioural Support.

From speaking with one staff member over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs.

Judgment: Compliant

### Regulation 23: Governance and management

There were systems in place to ensure adequate oversight, governance and management of the centre and as required by the regulations, the centre was being audited at regular intervals.

However, it was unclear if some actions arising from audits had been addressed in a timely or effective manner as there was inadequate evidence recorded to ascertain if they had been resolved and there was no time frame identified for their completion

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

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.

Judgment: Compliant

### Quality and safety

The quality and safety of care provided to the residents was being monitored so as to ensure their health, emotional and social care needs were being supported and comprehensively provided for. However, some minor issues were identified with the assessment of risk, upkeep of premises and individual assessment plans.

The individual health and social care needs of the residents were being supported and encouraged. From viewing a sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and community. Residents were being supported to pursue hobbies of interest such as working with animals and engaging in fitness programmes. They were also supported to use local community based amenities such as shopping centres, restaurants, gymnasiums and local shops. However, some minor issues were identified with the recording, review and upkeep of some documentation in individual assessment plans,

Residents were also supported to experience best possible health. Regular and as required access to a range of allied health care professionals also formed part of the service provided to include GP services, dentist, chiropodist and dietitian. Hospital appointments were facilitated as required and care plans were in place to support residents with conditions such as epilepsy. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals.

Where required residents had support from a behavioural support specialist and staff had training in positive behavioural support techniques. This ensured they had the skills required to support residents in a professional and calm manner if or when required.



If required, residents had access to independent advocacy services. They were also provided with awareness training on how to stay safe and protect themselves. From a small sample of files viewed, staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they would speak up for and advocate on the residents behalf if required. It was also observed that where required, safeguarding plans were in place to further promote the residents safety.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. However, it was observed that some risk assessments required review and updating so as they reflected the level of intervention in place to mitigate risk in the centre.

There were also systems in place to ensure all fire fighting equipment was serviced as required. A sample of documentation informed the inspector that staff undertook checks on all fire fighting equipment and where required, reported any issues or faults. Fire drill were also facilitated and the last fire drill reported that there were no issues with evacuating the residents. It was also observed that each resident had an up-to-date personal emergency evacuation plan in place

It was observed that the premises provided a comfortable and homely environment for the residents and there were spacious garden areas for residents to avail of as they wished. However, some parts of the external premises required cleaning and/or painting.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. All staff were trained in the safe administration of medication and there were systems in place to report, record and manage a drug error should one occur. However, it was observed that no recent drug errors had occurred in the centre.

Overall, written feedback on the service provided and verbal feedback from family members informed the inspector that residents were happy with the service, they felt adequately supported and their rights were respected. While some issues were found with regard to risk management, the updating of some personal plans and the upkeep of the premises, residents health and social care needs were being comprehensively provided for.

## Regulation 17: Premises

While it was observed the internal premises were in a very good state of repair and tastefully decorated, the exterior required some updating and repainting.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

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

However, some aspects of the management of risk required review. For example, there was insufficient information available on some of the measures in place to promote residents safety and some risk assessments required updating.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place in the three houses that comprised this centre to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blankets and emergency lighting.

Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations.

On viewing a sample of files the inspector saw that staff had training in fire safety awareness.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication management practices and procedures were satisfactory and safe.

The person in charge was able to inform the inspector the practices and protocols in place for medication administration, the ordering, dispensing, storage, administration and disposal of medications. There was also a protocol in place on how to manage medication errors should one occur. It was observed that the number of medication errors in the centre was low and there were no recent incidents recorded or reported

All medicines were securely stored in a secured unit in the centre and any staff

member who administered medication was trained to do so.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were policies and procedures in place on the individualised planning process. Residents were being supported to achieve personal and social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing. However, some aspects of residents individual assessments required review and updating.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector was satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular to GP services, their medication requirements were being regularly reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional, behavioural and therapeutic supports that promoted a positive, low arousal approach to behaviours of concern and where required, residents had access to a behavioural support therapist. From a sample of files viewed, staff also had received specific training in positive behavioural support.

Judgment: Compliant

## Regulation 8: Protection

Residents were supported to be safe and well supported in the center. Where required, safeguarding plans were in place to ensure their welfare and protection. A sample of files viewed informed the inspector that staff had training in safeguarding of vulnerable adults and Children's First training. From speaking with one staff member the inspector was assured that they would escalate any safeguarding concern to management if they had one.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially 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	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Weir OSV-0005625

Inspection ID: MON-0022655

Date of inspection: 28/11/2018

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:  Key Qualification that was omitted from staff member File now in place.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:  6 monthly and 12 monthly provider audit will be carried out in centre to ensure compliance with regulation 23.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:  Exterior paint work will be included in Maintenance budget for 2019	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk assessments updated and contain more robust information regarding risk identified and safety measures.</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:</p> <p>All personal plans updated  New personal outcomes/keyworker system been rolled out across the service.  Some staff and residents have already been piloted for this</p>	



## 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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	05/04/2019
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	05/04/2019
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	Substantially Compliant	Yellow	05/04/2019

	accordance with standards.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	05/04/2019
Regulation 05(6)(c)	The person in 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.	Substantially Compliant	Yellow	05/04/2019