

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cnoc Glas
Centre ID:	OSV-0005200
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	S O S Kilkenny Company Limited by Guarantee
Provider Nominee:	Francis Coughlan
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	1
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 March 2017 12:45 To: 28 March 2017 18:00

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This monitoring inspection was carried out to monitor compliance with specific regulations and to assess if the provider had implemented the systems outlined as part of the inspection to inform the registration of the centre.

How we gathered our evidence

At the commencement of the inspection the inspector met with the person in charge and the provider nominee. The centre provided respite services for two persons who had a diagnosis of autism and required support with complex needs. The service was provided for one respite user at any one time, however it had the capacity to provide respite for two persons at the same time if this was consistent with the needs of respite users.

As a result of respite users' assessed needs the inspector was limited in the time spent interacting with or in the presence of respite users. The inspection was carried out in accordance with respite users' needs and wishes. The inspector spent time in the centre before the respite user returned for the evening and, at the invitation of the person in charge, the inspector met both persons who availed of the service at their day centre.

In the absence of spending time with respite users and observing the care and support provided the inspector reviewed documentation and met with members of management and staff. This included the person in charge, a person who held the role of team leader and a staff member who worked in the centre.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was provided as described in that document.

The house contained adequate private and communal space to meet the needs of respite users. The centre was comprised of one house which had three bedrooms, a kitchen, sitting room and bathroom. Each respite user had an individual bedroom and the third bedroom was used as a staff office and bedroom for staff who slept in the centre at night.

The house was located within close proximity of services and amenities. A vehicle was provided by the service provider to ensure respite users could access amenities.

The service was available to adults with intellectual disabilities and complex needs some of whom may also be diagnosed with autism.

Overall judgment of our findings:

Overall, the inspector found that respite users were supported to have a good quality life when staying in the centre and the provider had arrangements to promote the rights and safety of respite users.

Good practice was identified in all areas particularly in regard to the individualized service provided to meet the needs of respite users which included staffing levels based on respite users' needs.

Improvement was required to some fire safety systems, one aspect of respite users' prescription sheets and the measures to ensure the quality and safety of care was reviewed. These findings are included in outcomes 7, 12 and 14 and the regulations that are not being met are included in the action plan at the end.

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):

No actions were required from the previous inspection.

Findings:

There were arrangements in place to ensure respite users' rights and dignity were upheld and respite users were consulted with.

The inspector reviewed respite users' personal care plans. Each respite user had a personal care plan which outlined the way they would like their intimate care delivered. Staff spoken with outlined how they support respite users with their intimate care and this was consistent with the information in the personal care plan.

Respite users were consulted with about the support they received and daily routine in the centre. The service was led by the respite users' needs and wishes. Staff spoken with, and documentation reviewed, showed that respite users led the service provided and the centre routine was arranged around respite users' assessed needs. Respite users' preference in regard to staff was facilitated where possible.

There were procedures in place to ensure all respite users were supported to make a complaint and to ensure complaints were responded to. There had been no complaints received in the centre since it opened. The provider had recognized that respite users would require support to make complaints as a result of their assessed needs. The provider nominee outlined their intention to address this and ensure that all respite users received all required support to make a complaint should they wish. The provider nominee said this would include guidance for staff in identifying changes in respite users' behaviour which may indicate a respite user's dissatisfaction with something.

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):

No actions were required from the previous inspection.

Findings:

There were arrangements in place to assess and meet respite users' health, personal and social care needs.

The inspector viewed a sample of respite users' personal plans and saw that assessments had been carried out. Corresponding support plans and assessments by allied health professionals had taken place where required. Staff spoken with were knowledgeable of respite users' needs and these were consistent with allied health professional recommendations.

The person in charge outlined the social care needs of respite users which was provided by the day service team. The inspector spoke with the team leader of the day service who also held the role of supervising staff who worked in the respite service. The team leader outlined the way respite users' needs were met on a day to day basis. Staff were in the process of using a tool to assess respite users' priorities which would then be used to inform respite users' goals.

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):

No actions were required from the previous inspection.

Findings:

There were systems in place to promote and protect the health and safety of respite users, visitors and staff. Improvement was required to the system to ensure all respite users and staff had taken part in a fire drill in the centre and to the measures to ensure the centre could be evacuated at all times of day or night.

There was a safety statement and risk register in the centre. The safety statement was not the most up-to-date version and some risk assessments had not been reviewed in line with the time period specified by the assessor. The person in charge said these had been reviewed and the most up-to-date versions had not been put in the centre. She addressed these items on the day of the inspection and told the inspector she would ensure that the centre had all up-to-date documents.

There were fire doors, fire fighting equipment and emergency lighting in the centre. The inspector received evidence the fire fighting equipment had been serviced the day after the inspection. The information received stated staff working in the centre visually inspected the emergency lighting and reported any identified faults. However, there was no arrangement to ensure the emergency lighting was serviced by a competent professional.

Staff had received training and fire drills had taken place in the centre during the day. Furthermore, a respite user and staff had evacuated the centre in the early hours of the morning due to an unplanned activation of the alarm. However, not all respite users and staff had taken part in a fire drill in the centre. The inspector was told that staff had highlighted difficulty in adhering to the organization's policy on the frequency of fire drills due to the frequency the centre opened. The person in charge and provider nominee said a risk assessment would be carried out to identify the frequency of drills required and to identify the measures required to ensure all respite users could be evacuated from the centre at all times.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The centre had implemented measures to protect respite users being harmed or suffering abuse.

There was a policy and procedures in place for responding to allegations of abuse and staff spoken with were knowledgeable of what to do if they witnessed abuse or received an allegation of abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organization with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.

There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

Respite users who required support with behaviours that challenge had support plans in place and staff spoken with were knowledgeable of how to support respite users. Staff outlined the way respite users were supported to ensure that their behaviours that challenge did not escalate.

There were policies and procedures in place on the use of restrictive procedures and physical, chemical and environmental restraint.

The use of restrictive measures was monitored and reviewed at regular intervals to ensure they were the least restrictive measure for the shortest possible duration. The use of restrictive measures and the guidelines for use were included as part of respite users' behaviour support plans.

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):

No actions were required from the previous inspection.

Findings:

Respite users were supported to achieve and enjoy the best possible health. The inspector viewed a sample of respite users' personal plans which showed that respite users' health needs were being identified and responded to.

Respite users lived with family members and attended the centre for respite breaks and therefore their healthcare needs were supported by their families. The centre had relevant information such as the results of appointments and any supports the respite users required.

Respite users were supported to access their general practitioner (GP) and allied health professionals as 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):

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to respite users.

The centre had a locked press for storing medicines. Only medicines which were prescribed for the respite user using the centre were held in the centre.

Medicines were provided by the respite users' families who liaised with their general practitioners and other prescribers. The team leader outlined the system for ensuring up-to-date prescription sheets were in place for each respite user.

An inspector viewed a sample of prescription sheets and found they contained all required information with the exception of the prescribed route of administration of medicines.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were clear lines of authority and accountability. All management persons met on the day of inspection were aware of their roles and respite users' needs. Improvement was required to ensure that an unannounced visit was carried out once every six months and a review of the quality and safety of care in the centre took place on an annual basis.

The person in charge and provider nominee met the inspector at the beginning of the inspection and attended the feedback at the end of the inspection. The person in charge was present throughout the inspection.

The person in charge had the required experience, qualifications and knowledge to hold the role. She also held the role of person in charge of other designated centres operated by the provider. In addition, she held a management role in the day service the respite users attended. She told the inspector she had been instrumental in setting up the day service and the respite service to meet the needs of persons with autism. She had extensive experience in working with people with disabilities, relevant qualifications in autism and experience of managing services.

There were systems to ensure the centre was governed on a regular and consistent basis. There was a frontline manager who held the role of team leader of the day service and respite service. She was responsible for coordinating the respite services for a number of people who attended the day service. This included the two persons the centre provided respite services for.

The inspector met with the team leader and found she was knowledgeable of her role, the respite users needs and areas of governance for which she held responsibility. She ensured consistency of approach in supporting the respite users by supervising and supporting staff working in both the day service and the respite service.

The inspector found that all information provided by the team leader, the person in charge and staff were consistent with documentation viewed.

Improvement was required to the provider's system for ensuring a review of the quality and safety of care was carried out on an annual basis and an unannounced visit took place once every six months as required by the regulations. The centre was registered on July 9 2015 and one unannounced visit had taken place in February 2016 and one annual review had been carried out in February 2017. The annual review had an associated action plan and the inspector noted that the person responsible for addressing actions was identified and the timeline for ensuring actions were addressed was specified. The timelines for the completion of the actions had not passed at the time of the inspection.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The staff numbers and skill mix were arranged around the assessed needs of respite users. Formal supervision and support meetings had taken place and there was a process for ensuring staff received an appropriate induction to the centre. For example, staff spent time with respite users in their day service prior working with them in the respite centre and staff were supported by a second staff member prior to working in the centre alone.

Staff spoken with were new to the centre but had experience of working with people who were assessed as having complex support needs. They outlined the induction which had taken place and this was consistent with the information received from the person in charge and the team leader. Staff said they were in the process of developing their relationship with the respite user.

Staff meetings were held every second month. This was identified as the appropriate frequency for the centre based on the number of respite users and the purpose and function of the centre. In addition, staff were supported on an ongoing basis by the team leader and the person in charge.

Staff had received training in a number of areas including fire prevention, the

prevention, detection and response to suspected or confirmed allegations of abuse and the safe administration of medicines.

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:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by S O S Kilkenny Company Limited by Guarantee
Centre ID:	OSV-0005200
Date of Inspection:	28 March 2017
Date of response:	18 April 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no system to ensure that all staff and, as far as is reasonably practicable, all respite users, were aware of the procedure to be followed in the case of fire at all times of day or night.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

A risk assessment has been carried out in relation to management of fire evacuation drills to reflect frequency of respite users' uptake on respite service and auditory defensiveness issues. The result has been that fire evacuation drill to be carried out every 12 weeks, to ensure that each respite user partakes in a fire evacuation drill at all times both day and night. Also each staff member to partake in a fire evacuation drill at all times both day and night.

Safety Statement reviewed to reflect this change for Cnoc Glas.

Proposed Timescale: 18/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The emergency lighting was not serviced by a competent professional.

2. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:

Services of a competent professional have been engaged to service emergency lighting, to be completed by 25.04.17

Proposed Timescale: 25/04/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Medicine prescription sheets did not contain the route medicines were prescribed to be administered.

3. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:

Medicine prescription sheets now contain the route of administration of medicines.

Proposed Timescale: 11/04/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An unannounced visit to the designated centre had not taken place at least once every six months.

4. Action Required:

Under Regulation 23 (2) (a) you are required to: 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 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.

Please state the actions you have taken or are planning to take:

The registered provider shall ensure that an unannounced visit to the designated centre will take place at least once every six months. Next unannounced audit due before 8.08.16

Proposed Timescale: 08/08/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A review of the quality and safety of care in the centre had not been carried out on an annual basis.

5. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:

The registered provider shall ensure that a review of the quality and safety of care in the centre be carried out on an annual basis. Next annual audit due 8.2.18 as annual audit last carried out 8.02.17.

Proposed Timescale: 08/02/2018