

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by SOS Kilkenny Ltd
Centre ID:	OSV-0003411
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	SOS Kilkenny Ltd
Provider Nominee:	Francis Coughlan
Lead inspector:	Ide Batan
Support inspector(s):	Mairead Harrington
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 November 2014 10:30	27 November 2014 17:00
28 November 2014 09:00	28 November 2014 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspectors met with the residents and staff members. Inspectors reviewed documentation such as the centre's statement of purpose, person centred care plans, arrangements with regard to nutrition, end of life care, activities, staff training records, staff files, policies and procedures, fire safety records and residents' accommodation.

There was a clearly defined the management structure which ensured that the service provided was safe and appropriate to residents' needs. The centre was governed by a voluntary board of management which included representatives from the local community and representatives of residents. The board maintained oversight of the organisation and service development. The nominated provider was also the Chief Executive Officer (CEO).

The centre consisted of an apartment complex of seven individual two bedroom apartments and one communal apartment located in a residential area within easy walking distance to the town centre and all amenities. Inspectors observed that four apartments were located on the ground floor, one of which was the communal apartment and the remaining four apartments located on the first floor.

The person in charge has management responsibility for a number of centres in the organisation and demonstrated an in-depth knowledge of staff and residents living at this centre. Throughout the inspection the provider, person in charge and residential manager demonstrated knowledge of the legislation, standards, person centred approach and awareness of pertinent issues relevant to the designated centre.

The views of residents and staff members of the centre were also sought throughout the inspection. Inspectors also reviewed questionnaire feedback submitted by residents and relatives. The majority of feedback provided was very positive and complementary of the service provided and dedication of the provider, person in charge and staff. In the main, the residents were aware of the inspection process and this had been communicated by staff at the centre. Residents expressed their satisfaction in respect of living at the centre and were satisfied with the accommodation and the routine day to day life of the centre.

The inspectors saw that residents' rights, dignity and consultation were upheld, and a very good standard of communication demonstrated. Service provision and care practices were respectful and appropriate, and maintained each residents' privacy and dignity.

Overall, inspectors found that residents received a good quality service. There was evidence of compliance, in most areas, of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

Staff interactions were seen to be respectful, dignified and genuine and residents appeared to be very relaxed in their homes and in the care of the staff. The inspectors saw that residents were supported to achieve their best, possible health and to participate in meaningful activities, employment and training appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family and friends and the wider community.

Two areas were identified as requiring minor improvement these were in relation to:

Medical records
medication management practices.

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:

Residents' rights and dignity were respected. Residents' were consulted with about the running of their home and their care. Residents had weekly meetings where they discussed their weekly plans, planned their menu, requested staff support and planned for visitors/friends calling. Residents spoken with told the inspectors that they were always given choice in relation to how they wanted to live their lives and choices were respected.

There was a complaints policy in place; it was accessible in a format readable to residents. The inspector was informed there were no open complaints. The complaints policy met the requirements of Regulation 34. The nominated person to investigate all complaints was identified, and the appeals person. There was a named independent advocate who was accessible to residents if any issues arose. There was an advocacy group in place, the inspector saw minutes of a meeting from November 2014.

A number of residents had completed certificates in leadership and advocacy from an Institute of Technology. There was a planned programme for more residents to complete this award and the development of an organisation wide training programme on confidentiality.

There was a human rights committee in operation. The committee consisted of external personnel. The inspectors saw that there were outstanding referrals of issues from residents. The process involved acceptance of the referral, representation sought from relevant parties, consideration of the information by the panel and a final decision/recommendation.

There was an up to date property list in each resident's personal outcomes folder which identified when the resident bought or received items of furniture. There was adequate space in each apartment for clothes and personal possessions. Residents did their own laundry and facilities were appropriately set up for residents to manage their own laundry.

Inspectors saw and were told by residents that they could receive visitors to their homes. Residents retained autonomy of their own life. Residents were able to take risks within their day to day lives; they were not impeded from participating in anything they chose to do. The inspectors saw residents had control of their own personal finances and this was facilitated with the assistance of staff where required.

Inspectors saw that the centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents could choose what time they got up at and what time they dined at. They could choose to participate in the day to day activities in or outside of the centre or they could spend time privately if they so wished. Residents were supported to ensure involvement in the local community via having lunch out or coffee in local establishments or going to the local shops.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy on communication and in the sample of care plans reviewed there was evidence that residents were assisted and supported to communicate. There was a policy on the provision of information to residents which included communication strategies for residents with vision and hearing impairments. A number of other policies were available in easy to read format including the statement of purpose, abuse, complaints, finance and education.

There were a number of communication forums for residents including communication meetings and the self-advocacy group. There was a centre newsletter published quarterly which included information on the service, film news and items of interest. There was also a local radio station broadcasting from the main organisation centre and some residents told the inspector they really enjoyed their slots on the radio station.

Each resident directed their own care preferences and this was possible because communication between residents and staff; between staff and families and amongst members of the multidisciplinary team was very effective. For example, residents decided their social activities and who they would go with on social outings; families were invited to care planning meetings and referrals to members of the multi disciplinary team were made in a prompt manner and in consultation with the resident.

Staff knew residents well and were observed communicating with them in a kind, calm and patient manner. Residents had access to communication devices and aids which met their individual assessed needs. Residents had easy access to television, radio and internet.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors saw that emphasis was placed on ensuring residents maintained friendships. Some residents were friends and arrangements were in place for these friends to visit, go for coffee together and attend the same workshops. Cognisance was also given to ensuring that residents' boundaries were not infringed by other residents. For example, staff closely observed interactions between residents; used distraction techniques if necessary and explained in a sensitive and respectful manner to residents how their actions impacted on others.

The majority of residents attended activation workshops. The frequency of attendance and the type of workshop attended was decided on following an individual assessment of the resident's needs and preferences. There was a policy on visiting and residents said to the inspector that families were welcome and were free to visit. A log was maintained of all visitors. There was adequate communal space in each apartment to receive visitors with each apartment having a kitchen/dining room and individual bedrooms.

The inspector received a number of completed resident and some relative questionnaires which were highly complementary of the service provided. Residents told the inspectors that they felt safe and questionnaires returned by residents indicated that residents felt safe in the centre as they were supported by staff and residents who had attended training in the prevention of abuse.

A number of residents participated in a community art project the objective of which was to create a shared space for people of all abilities to create art, music and to meditate. The organisation had launched also the "Happy to Help" community support initiative with a large shopping centre in March 2014. The shopping centre was identified as the ideal venue for residents to meet their friends for coffee, lunch or shopping in a safe environment. Many of the shops in the centre agreed to become "Happy to Help" points and were displaying the "Happy to Help" stickers.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the statement of purpose and noted that all residents were afforded respect, choice and dignity at all times through a holistic and person centred approach to care and a welcoming and homelike environment was provided. The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff prior to admission.

The criteria for admission included an assessment carried out by the social work department which was then referred onto the admissions team for consideration. Each prospective resident had a period of transition before the placement was finally accepted. This centre does not accept emergency admissions or respite care.

There was an admission policy which detailed pre admission arrangements, emergency admissions and the admissions process.

The policy addressed the need to protect residents from abuse by their peers as required by legislation. Inspectors reviewed copies of the written agreements in relation to the term and conditions of admission to the centre and noted that such contracts detailed the support, care and welfare of the resident and details of the services to be provided for that resident or where appropriate, the fees to be charged in relation to residents care and welfare in the designated centre as required by the regulations.

The inspector saw that there was a tenancy agreement also in place for residents. This was available in an easy to read format and included details relating to the rights and obligations of the service user and service provider, summary of the complaints process and the ending of the tenancy.

There have been no recent discharges from this service.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Each resident had a comprehensive assessment of their health, personal and social care needs. There were arrangements in place to meet any identified needs of an individual resident. Support plans had been completed for each resident and included other specific plans, including risk assessments, behaviour intervention plans, health plans and intimate care plans. Each resident had a written personal plan, in an accessible format. There was evidence of multi-disciplinary input sought as required. The personal plan named the person responsible for pursuing objectives in the plan within specific timeframes.

Inspectors saw that care staff fulfilled the role of individual residents' key workers in relation to individual residents care and support. There were identified key workers responsible for pursuing objectives in conjunction with individual residents within each resident's personal plan and reviewing such plans annually or as required. There was also evidence of a number of individualised risk assessments and self care assessments.

Inspectors noted there was an established social activities schedule available and evidence of an assessment process that identified each resident's educational, employment and/or training goals.

For example in the centralised activation centre there were activities such as, sport, art and creativity, drama, gardening, and photography. Some residents attended flip side art studio based in the city and other residents worked in various locations in the city. During the inspection, inspectors noted that a number of residents participated in their own individualised activities; often on a one to one basis. For example some residents regularly enjoyed relaxing in their apartment sometimes just watching television, listening to music, going for walks or coffee. One resident owned a small dog that he

walked each day. Inspectors saw that residents did their own cooking, cleaning and shopping. Some residents said that they liked to cook and told inspectors the meal plan for that day.

There were planned supports in place where a resident had to be admitted to hospital either for a day-case procedure or a longer stay. Staff told inspectors that if a resident was in hospital that a staff member would stay with the resident for the length of hospitalisation. Similarly if a resident had to attend an out-patient appointment in a hospital a staff member would accompany the resident. Staff kept an appointment record for each hospital visit by the resident or review by a healthcare professional. This included a list of medication prior to the appointment, a summary of treatment received and an updated list of medication following treatment. This updated list highlighted the changes, if any, to medication.

Inspectors also noted that a number of residents regularly visited their friends, went to the local shops and attended mass in the local church on Sundays and religious occasions. Residents to whom inspectors spoke stated that they also enjoyed eating out, going to the pub or the cinema, one described enjoying golf and others enjoyed bowling. One resident described how he enjoyed playing the keyboards and the spoons. Inspectors noted that this resident also played with a local band.

Visitors were welcome to the centre and facilities were in place for residents to meet with visitors in private. Inspectors received a warm and welcoming reception from residents on arrival to the centre and residents were aware of the purpose of the visit.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

The apartment complex provided community based living in a homely environment for eight adults. The centre consisted of an apartment complex of seven individual two bedroom apartments and one communal apartment located in a residential area within easy walking distance to the town centre and all amenities. Inspectors noted that four apartments were located on the ground floor, one of which was the communal apartment and the remaining four apartments located on the first floor. There was a lift in place however, at the time of inspection the lift was not in use as the person in

charge told inspectors that training was scheduled for residents in relation to using the lift and emergency procedures.

Inspectors saw that six apartments were contained within the main building and two apartments adjoined the main building with individual access. Inspectors saw that the apartments were fully furnished and decorated in conjunction with the resident's wishes, residents could purchase their own furniture if they wish and they are also encouraged to personalise their apartment with pictures and ornaments or any items they choose. Inspectors saw that each apartment was easily accessible, bright, well ventilated, had central heating and decorated to an adequate standard. The apartments assessed by inspectors were homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. Inspectors noted that the design and layout of each of the apartments was compatible with the aims of the statement of purpose. Inspectors observed that residents were very proud of their homes.

There were adequate showers, bath and toilets with assistive structures in place including hand and grab rails; to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas. Inspectors saw that apart from their residents' own bedrooms there were options for residents to spend time alone if they wished with a number of communal rooms available including the communal apartment that also served as the staff office and staff overnight facility. Staff told inspectors that the communal apartment was regularly used for residents meetings, celebrate birthdays or to watch sporting events.

Laundry and kitchen facilities were provided within each apartment and were adequate. Inspectors noted that there was an accessible external garden that was kept safe, tidy and attractive. There were some car parking spaces available to the side of the premises that were accessible for car/mini bus transport.

All parts of the centre were fully accessible to residents. Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors observed that there were fire evacuation notices and fire plans displayed in

each apartment. All visitors were required to sign in and also sign out when leaving the premises. Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available. Inspectors observed that fire training for staff was provided. Staff to whom inspectors spoke with gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire. Inspectors saw that a number of residents had also received certificates in training on the use of fire extinguishers. All residents spoken with knew what to do in the event of a fire, including the evacuation routes and assembly points. There was emergency signage identifying escape routes and emergency lighting had recently been installed. There was daily checking of the means of escape routes.

There was confirmation, dated September 2014, from a properly and suitably qualified person that all statutory requirements relating to fire safety and building control had been complied with. The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- Servicing of fire alarm system and alarm panel October 2014
- fire extinguisher servicing and inspection May 2014.

There was an emergency residential on call policy which outlined the arrangements when a senior manager would be notified of an emergency situation including serious injury to staff or resident, a missing resident or any situation that required emergency services. The person in charge outlined that there was an on-call rota for senior managers 365 days per year to respond to such situations. There was a separate policy on emergency planning which identified the arrangements in place to respond to emergencies like flooding, fire and loss of electricity. Inspectors saw that each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. The inspector saw records of regular evacuation drills being carried out.

Since the last inspection the risk management policy had been updated and included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. All of these issues were also identified as hazards on the centre risk register and had been separately assessed and risk rated. Inspectors observed the documentation in relation to risk assessment and subsequent management plans to be clear, comprehensive and specific.

Staff demonstrated adequate knowledge of appropriate infection control practices such as hand hygiene procedures. The inspector observed that there were disposable paper towels available. Inspectors were informed by staff that the cleaning of each apartment in the centre was done by residents and/or part-time cleaning staff. Cleaning schedules were in place and these were completed on an on-going basis.

Maintenance requests were logged and dealt with appropriately. There was a robust system in place for incident reporting and investigation of same. The inspector reviewed the incident logbook and found that it was completed as required and each incident signed off by a senior member of staff with appropriate actions to minimise recurrence recorded. Audits were trended by the quality team and results were presented to the

board of management on a quarterly basis.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that there were measures in place to protect residents from being harmed or suffering abuse and residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges.

Policies and procedures were in place for the prevention, detection and response to abuse and were up to date. Staff with whom inspectors spoke knew what constituted abuse and demonstrated to the inspectors an awareness of what to do if an allegation of abuse was made to them. The senior social worker was the designated contact person in relation to protection of vulnerable adults. Residents had also received training and the inspector saw certificates of attendance at the allegations of abuse training for a number of residents.

Inspectors saw that there was easy read pictorial information in relation to safeguarding also available for residents. There was a comprehensive training programme in place which was also delivered by the social work department. Records showed that staff had received training in 2014. There was a policy relating to delivery of personal care to residents.

Inspectors noted a positive, respectful and homely atmosphere that mainly emanated from the easy dialog between residents in their interactions with staff. The inspectors were satisfied that the provider and person in charge had taken adequate steps and safe-guarding practices to protect the residents.

There was a policy on challenging behaviour and inspectors saw that staff had received training on dealing with positive approaches to behaviours that challenge. Staff to whom inspectors spoke were able to detail suitable strategies in relation to providing de-escalating and intervention techniques. A behavioural therapist worked onsite and also

provided support to staff in relation to training and debriefing. The behaviour service also included a psychotherapy support service consisting of three counsellors. From a selection of personal plans viewed by the inspectors they noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges.

There was a policy available on restrictive practices and restraint. A restraint-free environment was promoted and inspectors saw that restrictive practices were well managed. Inspectors saw that where environmental restraint was used it had been risk assessed and consent of the resident for the use of the restraint had been obtained.

There was a policy on residents' personal finances. The inspectors reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable.

Inspectors noted that closed circuit television cameras (CCTV) were in place in a number of locations and inspectors noted that there was sign near to the entrance door to the complex warning residents and visitors of the presences of these cameras. Inspectors saw that there was a policy in relation to the use and management of CCTV cameras and a procedure in place should visitors wish to stay overnight.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Practice in relation to notifications of incidents was satisfactory. The nominated provider and person in charge were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The inspector saw that there was a process for recording any incident that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents had opportunities for new experiences, social participation, education and employment. Residents were encouraged to participate in education and training much of which was provided through the day services. It provides many programmes for residents which are structured, developed and delivered in line with individual needs and abilities.

There was a policy on access to education, training and lifelong learning. As referenced throughout this report a number of residents had undertaken further training and education including certificates in leadership and advocacy from an Institute of Technology

Some residents also attended an art studio in the city which was a community hub. Inspectors were told that it was an umbrella for a broad range of programmes and initiatives and it provided an alternative outlet from the main campus.

Residents were also encouraged to avail of rehabilitative training and preparation for work training through supported employment departments which were accredited through FETAC (Further Education Training Awards Council).

There was a system in place to facilitate residents to find employment. The majority of residents participated in employment to varying degrees. Residents stated to the inspector that they enjoyed their work as this allowed them to regularly meet new people.

Inspectors saw that residents had been afforded the opportunity to attend various activities such as annual holidays, over-nights away from the centre, and outings to the cinema with friends and facilitated to partake in musical and sport events.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors saw that residents were assisted to access community based medical services such as their own GP, physiotherapy, dietician, speech and language therapy. They were supported to do so by staff that would accompany them to appointments such as psychology, neurology or psychiatry. Records of these appointments were maintained by staff who transcribed information relayed to them by health professionals into their care plan. Inspectors did not observe any medical records contained within the personal plans which would facilitate and promote good communication between health professionals involved in the treatment and support of residents.

A record was maintained of all referrals to and treatment by allied health professionals. This included dentist, optician, chiropodist and audiologist and outpatient clinics. There was an organisation healthcare department with nursing staff available if required. There was good access to the organisation social work department and behavioural therapist. Residents personal care plans seen by the inspector contained completed discussions with residents on arrangements for their end of life care.

Residents spoken with told inspectors they had a choice of food and residents could make menu decisions, which were flexible to all residents likes and dislikes. Staff and residents did most of the cooking. Residents' assisted with the shopping and the preparation of meals. Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff to whom inspectors spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. Inspectors noted that residents generally had their breakfast and evening meal in their own apartment and their lunchtime meal mainly off site. Residents to whom inspectors spoke stated that they enjoyed their meals. Inspectors noted that residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in each apartment.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake and the inspectors noted that residents were referred for dietetic review as required. Each resident personal care plan contained recorded discussions with residents on their particular food likes and dislikes. The care plan also discussed resident participation in meal preparation and washing up afterwards.

Staff had a good knowledge of the different food consistency required by the residents' and the inspectors saw their knowledge was reflected in the resident individual assessment records. There was documentary evidence of regular blood profiling and the monitoring of vital signs.

Based on their observations, staff and residents spoken with, and records reviewed

inspectors were satisfied that each resident was supported to achieve and enjoy the best possible health. A nurse led service was available if required, medical review was available as required on a daily basis and other healthcare professionals including SALT, occupational therapy , physiotherapy, social work department and behaviour therapist were available.

Judgment:

Non Compliant - Minor

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a centre-specific medication policy dated as reviewed in August 2014 that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. There were records of training of staff in medication management and staff to whom inspectors spoke demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements.

Medication was dispensed on a monthly basis from the pharmacy in a monitored dosage system. It was kept securely in a locked cabinet in the communal apartment and during the two days of the inspection the cabinet was locked at all times. Staff outlined that if there were any change to the resident's prescription the monitored dosage system was returned to pharmacy and a new pack was dispensed.

The prescription sheets reviewed were clear and distinguished between PRN (as needed), short-term and regular medication. The maximum amount for PRN medication to be administered within 24 hour period was stated on all of drug charts reviewed. The signature of the GP was in place for each drug prescribed in the sample of drug charts examined. Inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

There was a protocol on the management of pro re nata (PRN or as required) medication. When a resident's GP prescribed a PRN medication a form was completed and added as an appendix to the resident's health care plan and a copy kept with the resident's prescription sheet. The form included the reason for the prescription of the PRN medication, symptoms to be identified before administering the PRN medication,

possible side effects and instructions about when to see the GP and any other special instructions in relation to the use of this medication.

However inspectors saw that the PRN protocol had been transcribed by staff and the prescriber had not signed off on the protocol which increases the potential risk of error. Inspectors saw that the PRN medication protocol had been transcribed by staff and the prescriber had not signed off on the protocol which increases the potential risk of error and is not in compliance with Medicinal Products (Prescription, Control of Supply) Regulations. For example in one instance inspectors observed that the transcribed information was not an accurate reflection of the prescriber's initial documentation. These practices could potentially lead to error as the transcriber is accountable for the accuracy of the prescription.

Judgment:

Non Compliant - Minor

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by Schedule 1 of the Regulations. The statement of purpose was kept under review and last reviewed in October 2014 and was available to the residents in an accessible format. The inspectors found that the statement of purpose was implemented in practice.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall inspectors were satisfied that there were effective management systems in place to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored. Inspectors saw that a formal system for carrying out an unannounced visit of the designated centre as required by the Regulations had been completed. There was a clearly defined management structure which identified the lines of authority and accountability in the centre. Staff who spoke with the inspector were able to demonstrate a good awareness of the management and told inspectors that those involved in the management of the centre were responsive and approachable.

The person in charge for the centre works full-time and has managed the service for a number of years. Inspectors formed the opinion that she had the required experience and knowledge to ensure the effective care and welfare of residents in the centre. There was also a deputy person in charge who was also appropriately skilled and qualified.

The nominated provider, and the person in charge were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors saw that there was a copy of the National Standards and the Regulations were available to staff in the centre along with other relevant documentation.

Inspectors noted that residents were very familiar with the person in charge and nominated provider. Inspectors saw that residents approached them with issues and to chat during the inspection. Residents and staff in the houses identified the person in charge as the one with authority and responsibility for the service. Staff who spoke to the inspectors were clear about whom to report to within the organisational line and of the management structures in the centre.

The person in charge and provider outlined to inspectors that there was an open door policy for residents and staff to approach them or any member of the management team. The provider reported to a voluntary board of management which included representatives from the local community and representatives of residents. The board maintained oversight of the organisation and service development. There was a quality assurance team led by the quality officer with a specific remit of ensuring the quality and safety of the service. This team had taken the lead in developing the easy to read policies, populating the organisation wide risk register and introducing a new incident report form. The quality assurance team also had responsibility for auditing the reports of the inspections by the Authority and supporting the person in charge in implementing action plans.

Staff who spoke with the inspectors said they had regular team meetings and received

good support from the person in charge. Inspectors saw that staff received formal support or performance management in relation to their performance of their duties or continuous personal development.

Systems were in place to ensure that feedback from residents and relative was sought and led to improvements There were a number of forums in place such as:

- Bi-weekly house meetings
- service user advocacy meetings
- service review meetings
- review of service user complaints
- satisfaction surveys.

- family forum
- family member on the board of directors committee
- smaller family forums
- post HIQA report family meetings
- quarterly REWIND magazine.

Inspectors observed that throughout the inspection the nominated provider, person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspectors found that adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge. The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The provider was aware of the need to notify the Authority in the event of the person in charge being absent.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspectors found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The inspector found that the facilities and services available in the centre reflected the Statement of Purpose.

There is an annual budget for the centre which is reviewed regularly. The accounts and budgets are managed by the registered provider who reports to the board of directors. The provider told inspectors that the centre was adequately resourced.

The inspectors spoke with staff members, who confirmed that activities and routines are not adversely affected or determined by the availability of resources. Staff also confirmed that there have not been instances where they have been unable to meet residents' goals, as outlined in their personal plan, due to lack of resources.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

There were safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed and it was found that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. The person in charge stated that many of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing. Inspectors reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements.

Staff to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors saw that copies of the standards were available in a number of the residents' houses and staff spoken to demonstrated adequate knowledge of the Regulations and standards. There was a comprehensive induction programme in place.

Overall inspectors were satisfied that the education and training provided to staff enabled them to meet the holistic needs of the residents. The management team demonstrated commitment to providing ongoing education and training to staff relevant to their roles and responsibilities. There was a training plan in place for 2014.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff. Staff confirmed that they were supported to undertake further education and training which was relevant to the support the care that they were providing to residents.

An actual and planned staff rota was maintained. A copy of this rota was available in a picture format in all of the houses so that residents were aware of which staff were on duty. There was a volunteer agreement in place which outlined roles and responsibilities.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Overall records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Records relating to communication needs, money or valuables, complaints, notifications, fire safety and rotas were maintained, stored securely and were easily retrievable. A directory of residents was maintained in the centre and was made available to the inspectors.

There was a policy on the provision of information to residents and a Residents' Guide was available which included:

- A summary of the services and facilities provided
- the terms and conditions relating to residency
- arrangements for resident involvement in the running of the centre
- how to access previous inspection reports
- complaints procedure
- arrangements for visits.

The inspector was provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

All the required policies and procedures were made available to the inspector. Staff with whom the inspector spoke demonstrated an understanding of specific policies such as the medication policy, risk management and the complaints policy.

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:

Ide Batan
Inspector of Social Services
Regulation Directorate

**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 SOS Kilkenny Ltd
Centre ID:	OSV-0003411
Date of Inspection:	27 November 2014
Date of response:	19 December 2014

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 11. Healthcare Needs

Theme: Health and Development

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

Inspectors did not observe any medical records contained within the personal plans which would facilitate and promote good communication between health professionals involved in the treatment and support of residents.

Action Required:

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

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Staff to transcribe the medical note as instructed by the General Practitioner during the medical appointment with the resident, the General Practitioner will then sign the medical note to ensure staff have recorded the information accurately.

Proposed Timescale: 31/03/2015

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:

Inspectors saw that the PRN medication protocol had been transcribed by staff and the prescriber had not signed off on the protocol which increases the potential risk of error and is not in compliance with Medicinal Products (Prescription, Control of Supply) Regulations. For example in one instance inspectors observed that the transcribed information was not an accurate reflection of the prescribers initial documentation. These practices could potentially lead to error as the transcriber is accountable for the accuracy of the prescription

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:

Staff to transcribe PRN medication Protocol as instructed by the General Practitioner during the medical appointment with the resident, the General Practitioner will then sign PRN Protocol to ensure staff have recorded the information accurately.

Proposed Timescale: 31/03/2015