

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Woodview
Centre ID:	OSV-0003413
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:	19
Number of vacancies on the date of inspection:	5

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 November 2016 15:15	29 November 2016 22:15
30 November 2016 08:30	30 November 2016 18:30

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

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 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 addressed the actions from the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with thirteen residents. One resident declined to meet with the inspector and some residents were not in the houses at the time of the inspection. The inspector was supported by staff when communicating with some residents.

Residents spoken with told the inspector they were happy living in the centre and liked staff. Some concerns were raised by residents regarding psychological abuse and the maintenance of one house. The findings relating to these are included in outcomes 6 and 8.

The inspector also spoke with staff, the person in charge of the centre, persons participating in management, the provider nominee and reviewed documentation

such as residents' support plans, medical records, accident logs, policies and procedures and staff files.

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 centre was comprised of four houses which were located within close proximity of towns and amenities. Residents were supported by staff to access amenities and the centre had the use of the provider's vehicles to support residents to access community based activities.

The houses contained adequate private and communal space to meet the needs of residents. Residents had individual bedrooms and shared bathrooms, kitchen/dining rooms and living rooms. The centre met residents' assessed needs in regard to the physical premises with the exception of one house which required improvement internally and externally. The findings relating to this are documented in outcome 6.

The service was available to adults with a mild to moderate intellectual disability. The centre provided a 'home from home' environment with a focus on supporting people to participate in their communities.

Overall judgment of our findings:

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

The inspector found the provider had put a system in place to meet the requirements of the regulations.

Good practice was identified in areas such as:

- Healthcare Needs (Outcome 11)
- Medication Management (Outcome 12)
- Governance and Management (Outcome 14)
- Workforce (Outcome 17)

Improvement was required in some areas including:

- One house was not maintained to an adequate standard (in outcome 6)
- There were no measures to ensure the houses could be evacuated at night (in outcome 7)
- The measures to ensure all residents were protected against the risk of psychological abuse and financial abuse were not adequately effective (in outcome 8)

The reasons for these findings are explained under each outcome in the report 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 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:

An assessment of each resident's health, personal and social care needs had been carried out annually as required by the regulations. However, improvement was required to ensure the supports required to maximise residents' personal development were identified in plans.

The inspector reviewed a sample of residents' personal plans. Each plan contained an assessment and corresponding support plans where a support need was identified. Although residents had identified goals it was not clear that goals were focused on improving residents' quality of life. For example, many goals were one off activities and some goals were the same as the previous year.

The provider told the inspector the assessment documentation was being reviewed as it had been recognised that the format did not provide the best possible support for staff to carry out these assessments. The provider said the new tool would focus on identifying residents' social roles and supporting residents to identify new social roles and live meaningful lives.

Notwithstanding the improvement required to documentation the inspector noted that residents were supported to live meaningful lives. Residents spoken with said that they had opportunities and were supported to engage in employment, attended training programmes and took part in leisure activities such as swimming and bowling. The provider had reviewed and expanded the opportunities for residents to take part in training programmes and this had been carried out in a manner which was consistent with national policy.

Judgment:
Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre comprised of four houses which were located within the same county. Each house was home to between two and seven persons and provided staff support consistent with residents' assessed needs.

The houses were located within a short drive of amenities. The provider outlined the measures which had been taken to address residents' concerns regarding availability of, and access to, transport. This included changing the requirement for all newly recruited staff to have full driving licences and the provision of transport for each house.

The inspector visited all four houses and viewed parts of each house. Three of the houses were maintained to an adequate standard and were arranged around the assessed needs of residents.

Residents had individual bedrooms and there were adequate numbers of suitable bathrooms to meet residents' needs in three of the houses. Some residents showed the inspector their bedrooms and the inspector saw they were decorated to the resident's preference and personalised with photos and pictures.

The houses contained adequate private and communal space. Some houses had two living areas which allowed residents to spend time alone or with visitors. Residents in all houses were observed using the communal spaces and residents told the inspector they had adequate space in the houses.

Residents were involved in maintaining the houses and had taken ownership of keeping the houses clean. Residents told the inspector they viewed the houses as home and enjoyed maintaining the interior and exterior of the houses.

One house required improvement as it had not been maintained to an adequate

standard. Residents spoken with raised concern that although their contribution to the running cost of the house had increased in 2016 areas identified as requiring improvement in the house had not been addressed. Residents said they were told these areas would be addressed.

It had been identified that the bedrooms located at the rear of the house were not adequately warm due to lack of insulation and ineffective windows. As a result some residents told the inspector that they were cold when in bed at night which necessitated wearing extra clothing. The inspector noted a visible difference in the temperature of these bedrooms in comparison to other bedrooms on the day of inspection.

Other areas which required improvement in this house were a shower room which was damp and footpaths which were uneven and posed risk of falling for residents in the event these exits were used in an emergency. In addition, a broken shower door had not been repaired and instead a shower curtain had been placed over the broken shower door.

Furthermore, although there were two bathrooms in the house only one was used by residents as residents no longer chose to use the bath. Although it had been identified that the layout of the shower room required improvement, and the inspector was told funding had been secured to address this, the use of the second bathroom had not been reviewed to ensure it met the needs of residents.

Judgment:

Non Compliant - Moderate

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:

There were systems in place to protect and promote the health and safety of residents, staff and visitors. Improvement was required to ensure all residents could be evacuated safely from the centre in the event of an emergency at any time of the day or night.

The risk management policy outlined the measures and actions in place to control risks in the centre. The inspector viewed a sample of risk assessments and saw risks had been identified by the provider and control measures had been implemented to address or minimise risks.

The inspector noted that the management of risk in the centre did not impinge on the

rights of residents and the promotion of residents' independence. For example, some residents had been assessed as independent in staying in the centre in the absence of staff.

There was a fire safety folder in each house in the centre. The folders contained the system and documents to show all equipment was serviced and regular checks were carried out on all aspects of fire safety.

The fire fighting equipment and emergency lighting had been serviced. A service contract was in place with an external company to ensure this was carried out with the frequency required.

The inspector viewed the fire drill records in one house. Residents and staff had taken part in fire drills during the day. It was acknowledged by the provider that there was no system to ensure the houses could be evacuated in the event of an emergency at night. The provider told the inspector fire drills would take place at night to ensure residents could evacuate if there was an emergency at night.

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):

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

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Measures to ensure that residents received support with any behaviour which may impinge on their quality of life and on other residents were implemented. Improvement was required to the measures in place to ensure residents were protected from psychological abuse and to ensure residents were safeguarded from the risk of financial abuse.

There were measures in place to keep residents safe and protect them from abuse. Staff and the person in charge were knowledgeable of the procedures for safeguarding residents and reporting any suspected or confirmed allegations of abuse. Staff had

received training in safeguarding residents.

Allegations of abuse had been submitted to HIQA and these related to peer to peer incidents. The inspector read the incident records and saw that incidents were taking place between residents. The inspector met with residents, read safeguarding plans and viewed the measures which had been implemented to address the frequency of incidents. The provider had employed the services of a professional with expertise in this area to further strengthen the measures in place to respond to residents' behaviour that was having a detrimental impact on some residents' lives. The inspector was told these measures would be evaluated to ensure they addressed the identified safeguarding concerns and that further measures would be taken if these were not effective.

Some residents spoken with made allegations of psychological abuse when speaking with the inspector. Residents subsequently made these allegations to the person in charge. The person in charge responded immediately by providing support for residents and reporting these to the designated officer. An investigation into these allegations had commenced prior to the end of the inspection.

The inspector reviewed the arrangements for supporting residents to manage their finances. There were clear procedures which were audited regularly by a person participating in the management of the centre. A record of incoming money and expenditure was maintained and receipts were in place for all expenditure in the sample viewed. However, the records were not reconciled with residents' bank account statements and therefore it was not evident if the amount documented as deducted from residents' accounts was consistent with the amount documented as received in the centre.

Judgment:

Non Compliant - Moderate

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:

Residents were supported to achieve and enjoy the best possible health. There were systems to ensure residents' healthcare needs were identified and responded to.

Residents were supported to access a general practitioner (GP) of their choosing and allied health professionals such as psychology, psychiatry, speech and language therapy

and occupational therapy where required.

Documentation outlining the assessment of residents' healthcare needs was maintained and staff were knowledgeable of the interventions outlined in residents' support plans.

Residents were encouraged and supported to access health professionals independently and support was provided to the extent required by or requested by residents.

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):

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

Findings:

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

The inspector viewed the management of medicines in one of the houses. Medicines were stored in a locked box in a locked cabinet. The staff member on duty was knowledgeable of the medicines which were prescribed, their uses and how to monitor the resident.

There was a refrigerator for storing medicines which needed to be stored below specific temperatures. The temperature of the refrigerator was checked on a daily basis.

Staff had received training in administering medicines to residents. Training was also provided in administering medicines which were prescribed in the event of a specific medical emergency.

There were procedures in place to ensure all medicines which were received were administered to the resident for whom it was prescribed or returned to the pharmacy for disposal.

There was a system for reviewing and monitoring safe medicine management practices. Audits were carried out and corrective action taken where required.

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:

There were clear lines of authority and accountability. The person in charge, provider nominee and two persons participating in management were present on the days of inspection. It was evident that members of the management team knew residents and were aware of their needs.

There were systems to ensure the centre was governed on a regular and consistent basis. There was a frontline manager who reported to the person in charge. The frontline manager was responsible for the day to day operational management of the centre which included auditing the service provided. She outlined the mechanisms in place to ensure that any areas which required improvement were addressed. This included regular meetings with her line manager who held the role of person in charge of the centre.

The person in charge was knowledgeable of her role, responsibilities and had extensive experience in working with people with disabilities and managing services.

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:

There were appropriate staff numbers and skill mix to meet the needs of residents. The provider had reviewed staffing since the previous inspection and 'recreation' staff had been employed for specific evenings in each house to support residents to access the community.

There was a planned and actual staff rota. A core staff team worked in each house and specific staff were identified to provide support when staff were on planned or unplanned leave.

The inspector spent time in the company of residents and staff and saw positive and respectful interactions. Staff spoken with were knowledgeable of the residents and their role in supporting residents. Staff were observed interacting with residents in a manner consistent with residents' support plans.

Staff had received all required training. This included training in the prevention, detection and response to suspected or confirmed allegations of abuse, fire prevention and control, supporting residents with behaviour that is challenging and the safe administration of medicine. Some staff had received training in epilepsy, diabetes and occupational first aid.

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-0003413
Date of Inspection:	29 and 30 November 2016
Date of response:	24 January 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 05: Social Care Needs

Theme: Effective Services

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

Supports required to maximise residents' personal development in accordance with their wishes were not identified in all personal plans.

1. Action Required:

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

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Review of the Person Centred Planning system commenced in August 2016 as it was acknowledged that it is not a satisfactorily, holistic planning tool. The reviewed person centred planning system will include domains such as Life History, Relationships, Home, Work, Education, Employment, Community Inclusion, New Experiences, Respect and Rights, Needs, Vulnerabilities and Safeguards and grounded in the principles of Social Role Valorisation. The reviewed person centred plans will be piloted within the service by July 2017 and implemented across the service by October 2017.

Proposed Timescale:

Reviewed person centred planning system piloted by 28.07.17 implemented by 2.10.17.

Proposed Timescale: 02/10/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Part of the centre was not kept in a good state of repair externally and internally.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Immediate action taken included electric heaters supplied to residents with bedrooms at rear of house and Cobblelock on footpaths re-installed.

An energy audit was completed on 13.01.17 by an energy agency to be submitted to Sustainable Energy Authority Ireland by 10.02.17 for grant approval.

Wall insulation and installation of new windows to be carried out.

Main bathroom being renovated and extended into a wet room.

Second bathroom being redeveloped to allow for a shower.

Proposed Timescale:

Wall insulation and new windows to be carried out by 28.04.17.

Two bathrooms redesigned and renovated by 17.02.17.

Proposed Timescale: 28/04/2017

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 staff and, as far as is reasonably practicable, residents, were aware of the procedure to be followed in the case of fire at night.

3. 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:

Each house undertook a night time fire drill, dates 13.12.16, 11.1.17, 18.1.17, 20.01.17. Night time fire drills now incorporated into schedule for fire drills and reflected in policy.

Proposed Timescale: 24/01/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some arrangements for protecting residents from all forms of abuse were not adequately effective.

4. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Clear policy and safeguards in place to prevent abuse and neglect of vulnerable adults. Staff trained in policy and safeguards. Further training was provided to staff team in relation to meeting the needs of residents on all levels. This includes their psychological needs being met as well as their care needs and ensuring staff are aware of all forms of abuse.

Re-training to be provided to residents to identify what is abuse, reporting abuse, who the designated officer is and the role of the social work department and other staff in supporting them in making allegations of abuse.

Manager directed to engage on one to one basis with residents during visits to ensure satisfaction and to ensure a consistent approach to protecting people from abuse.

Finance Policy commenced process of review on 13.01.17, amendments to include system to ensure residents' bank account statements are checked and audited with

clear procedures.

Proposed Timescale:

Training for staff completed on 20.01.17

Training for residents 26.01.17

Finance Policy review to be completed by 3.04.17.

Proposed Timescale: 03/04/2017