

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by SOS Kilkenny Ltd
<b>Centre ID:</b>	OSV-0005379
<b>Centre county:</b>	Carlow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	SOS Kilkenny Ltd
<b>Provider Nominee:</b>	Francis Coughlan
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	Shane Grogan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 16 December 2015 10:10 To: 16 December 2015 16:30

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 first inspection of this centre, a centre that had made an application to register as a designated centre with the Authority. It was one of a number of designated centres that is managed by the SOS Kilkenny Services. SOS Kilkenny provide a range of day, residential and respite services. It was a not-for-profit organization and was managed by Chief Executive Officer (CEO) who is also the provider nominee for this centre.

The application had been made as five residents were transferring from a campus-style congregated centre to a purpose built house, where they would be supported to live in a community setting in a large town. The residents were vulnerable people

who had lived together on campus for many years. The families of residents had been informed of the proposed move, with one family having visited the new location. Some families had agreed to collaborate with the advocacy group Inclusion Ireland on a steering committee to support residents to live in the community. The provider nominee outlined that a practice development manager had been recently appointed with a specific role of transforming service provision utilising a supported self directed living (SSDL) framework of practice. In practice this meant that the residents would be at the centre of service provision and would participate in activities that they enjoyed and that were meaningful for them.

On the day of inspection there were no residents living in this centre as it was not yet operational. All proposals outlined and plans agreed will be verified at the next inspection. A full multi-disciplinary healthcare team was available to residents including nursing staff, a behavior therapist, psychologist, occupational therapist, speech and language therapist and a play therapist. Residents, the person authorized to act on behalf of the provider, operations managers, the finance manager, nurses and care staff were spoken with during the inspection.

The provider nominee informed inspectors that a comprehensive induction plan would be delivered to the first cohort of new staff in January 2016. The provider discussed the proposed fire procedures and the inspectors were satisfied that, if implemented, they are sufficiently robust. Adequate fire equipment was in place. The health and safety of residents and staff will be promoted and the risk management policy was adequate. Policies, procedures, systems and practices were in place to assess, monitor and analyse potential risks with a view to controlling/minimising them.

Overall, inspectors were satisfied that there will be robust systems in place to ensure effective, consistent governance and to ensure that the quality and safety of resident care is monitored on a continuous basis.

There were a number of actions from this report:

Residents rights: one resident had not been re-imbursed for the purchase of items that should have been provided by the previous service provider. This was discussed with the operations manager who confirmed that any outstanding charges would be re-imbursed to the five residents moving to this centre.

Communication: communication plans did not have input from a speech and language therapist in relation to residents' communication needs.

Healthcare: the care planning process in relation to healthcare needs required improvement. In addition the use of three separate files for resident healthcare information had the potential for inconsistent care of residents.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors reviewed records in relation to residents' finances and saw that each resident had a deposit account that was managed by the Patients Private Property Central Unit of the Health Services Executive (HSE). There were statements issued to the resident every three months from this account. Each resident had a current account managed by the service. This was reviewed on a weekly basis by the Director of Finance. There were receipts available for all resident day-to-day expenses.

The Director of Finance confirmed that each resident had been re-imbursed for overcharges from the previous service provider relating to transportation. However, there were records to show that in 2014 one resident had purchased at their own expense a built-in bed, mattress and wardrobe. The Director of Finance confirmed that this resident had not been re-imbursed for the purchase of these items that should have been provided by the previous service provider. This was discussed with the operations manager who confirmed that any outstanding charges would be re-imbursed to the five residents moving to this centre.

This centre had adequate space for clothes and personal possessions in all bedrooms. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished.

There was a complaints policy which was also available in an easy to read format. The provider nominee outlined that the policy would be displayed prominently throughout the centre. There was a designated complaints officer to ensure that all complaints were investigated properly.

<p><b>Judgment:</b> Non Compliant - Moderate</p>

**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):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
There was a policy on communication and 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.

In the sample of care plans reviewed each resident had a communication profile that identified how residents communicated and what assistance and supports the resident required to communicate. However, these communication plans did not have input from a speech and language therapist in relation to residents’ communication needs. The provider nominee outlined that a speech and language therapist had been recently appointed to the service.

There was evidence that some residents were being supported by the play therapist who had introduced a multi-sensory projector to one resident’s room. Staff said to inspectors that the resident appeared to enjoy the different sensory inputs from the projector.

The provider nominee outlined that there would be a number of communication forums for residents including the in-line communication meetings and a self-advocacy group.

**Judgment:**  
Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

This inspection related to the move of five residents who had lived in an institutional setting to a community based residence. A number of these residents had lived on campus for many years and families had been informed of the proposed move, with one family having visited the new location. The services manager had met with each family in relation to the move and the provider nominee outlined that the families would be kept fully informed.

The services manager had arranged family forum meetings for all residents which outlined the overall plan for the current service and in particular the focus on residents living as part of the community. The services manager has set up a steering committee for these changes and some families have agreed to collaborate with Inclusion Ireland on a steering committee. Each family member has also received a letter outlining proposals to support residents to live in the community.

The provider nominee outlined that residents will be free to receive visitors without restriction. There was adequate communal space to receive visitors with a kitchen/dining room, a separate living room and a visitors room.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a policy on admission which described the admission process including assessment, access and the transition period that would be agreed with the resident. The policy also outlined that supports would be made available to ensure the person's safety and welfare and to ensure the safety and welfare of all residents in the residential centre.

A draft written contract for residential services had been prepared and was to be agreed and signed by each resident and/or their families. The sample contracts seen by the

inspectors included details of the:

- Location of the centre
- charges/fees
- personal effects
- staffing arrangements
- provision for family contact
- care planning
- medication management
- complaints/suggestions
- confidentiality
- tenancy agreements
- insurance
- termination of the contract.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Five residents were transferring from a campus-style congregated centre to a purpose built house, where they would be supported to live in a community setting in a large town. The residents were vulnerable people who had lived together on campus for many years.

The provider nominee outlined that to support residents with the transition a transfer and transition committee had been established. The core committee was made up of the assistant operations manager, area managers and staff. It was proposed that the behaviour support specialist, the social worker and the resident's key worker will also be involved in the move. Family representatives were also to be invited onto this committee.

The provider nominee outlined that each new resident will have a period of transition. As part of that process each resident had already visited the centre and chosen their

bedrooms. It was proposed that residents would have a number of meals in the new building and also have two overnight stays prior to moving in fully. The provider nominee said that following this process full admission to the home will occur if the person is happy with the placement. However, if the person was unhappy then the placement would be reviewed.

Each resident will have an individual support plan developed within one month of admission to their new home. This will outline personal goals, needs and supports for each resident and will have the participation of the resident and their families

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre was a purpose built house, where residents would be supported to live in a community setting in a large town.

The house was a bungalow and had been designed to be accessible to all. It had been maintained to a high standard. There were single bedrooms for each of the five residents. Each bedroom had a bed, locker, built in wardrobes and a sink. There were two "wetrooms" each with a shower, toilet and wash hand basin. There were also shower chairs and grab rails in the shower area for any resident who needed assistance.

There was a kitchen/dining room which led to a large enclosed garden. There was a separate sitting room and a further visitors room.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- Fire extinguisher servicing and inspection October 2015
- Servicing of fire alarm system and alarm panel November 2015
- Annual servicing of the emergency lighting January 2015

The Training Officer for the service outlined to inspectors that prior to any resident moving into the new centre the service would in consultation with fire safety consultants:

- Prepare individual Personal Emergency Evacuation Plans (PEEP) for each resident based on their new home.
- Carry out a day and night observed fire evacuation drill within a two weeks of moving.
- Ensure that all staff have necessary fire safety training
- Ensure that all staff have necessary ski pad training (based on specific needs of residents).
- Provide training on the fire safety register which states daily, weekly, monthly checks to be carried out by staff.

The risk management policy included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. The policy also outlined the risk assessment process whereby each resident will participate in identifying specific hazards relating to their lives, and in particular in this new location. The provider nominee outlined that these will be contained in a personal risk management plan.

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.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were records to show that all staff had received training in responding to behaviours that challenge to ensure that residents were supported appropriately to manage their behaviour. A behaviour support specialist had been appointed in September and had started a training programme for all staff to ensure that residents were supported to manage their behaviours. This programme covered the basic principles of behaviour, measuring behaviour, skill development for residents, behaviour support plans and reactive strategies/restrictive procedures. There was also an advanced training programme planned for staff. Behaviour support specialists would continue to be available to residents if and when they transition into this centre.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Training records indicated that all staff had received training in the prevention, detection and response to abuse.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

It is a requirement of the regulations that all serious adverse incidents are reported to the Authority within three working days. The nominated provider and person in charge were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

In their current service residents did undertake activities. However, there was evidence residents did not have an activities programme that was based on individual need, capacity and preference. For example, in some cases "sitting in the foyer" of the house was deemed an activity.

The provider nominee outlined that a practice development manager had been recently appointed with a specific role of transforming service provision utilising a supported self directed living (SSDL) framework of practice. In practice this meant that the resident would be at the centre of service provision and would participate in activities that they enjoyed and that were meaningful for them. The practice development manager would also have a role in training staff to support residents to achieve these aims.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors reviewed a sample of resident healthcare files and found the care planning process in relation to healthcare needs required improvement.

Each resident had access to a general practitioner (GP). There was evidence in the healthcare records that the doctor was reviewing residents' health needs as required. The GP requested review of residents' healthcare needs by consultant specialists as

required. The provider nominee outlined that the current GP had agreed to continue to as residents' doctor for a period of time while residents were transitioning to the new centre until residents chose a new GP in the town.

While care plans were available for identified healthcare needs these were being completed by non-nursing staff who may not always have the appropriate skills and expertise to complete them. For example, an epilepsy management plan which had been prepared and signed by a social care staff made reference to a review by a consultant neurologist yet there was no update in the care plan following that review.

There was evidence that residents had access to specialist care from the psychiatry team led by the consultant psychiatrist. However, care plans had not been updated to reflect recommendations from the psychiatrist reviews.

The person in charge outlined that a full multi-disciplinary healthcare team would be available to residents including a behaviour therapist, psychologist, occupational therapist, speech and language therapist and a play therapist.

In the new centre there will be more opportunity for residents to be involved in the day to day activities around mealtimes like, preparing the vegetables, helping to cook the dinner and clear away after dinner. All staff were scheduled to attend a food hygiene and safety course with the emphasis on assisting individuals with food shopping, purchasing food for the house and how to store and prepare food.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a comprehensive medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines.

Medications for residents was to be supplied by local community pharmacies. The person in charge confirmed that there would be appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland.

A sample of medication prescription and administration records was reviewed by

inspectors. The prescription for one as required medication (PRN) was found to be ambiguous and during the inspection the assistant director of services had brought this prescription to the GP for amendment.

In relation to the management of residents with epilepsy there was a prescription in place for two residents to receive emergency medication if required. As this centre was based in a community setting there may be occasions when a nurse is not always available to administer emergency medication. Staff were to receive accredited training in relation to epilepsy, the management of epilepsy and the administration of emergency therapy.

**Judgment:**  
Compliant

### **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):**

This was the centre's first inspection by the Authority.

### **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 and was also available in an easy to read format.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge was employed full time and was found to have the qualifications, skills and experience necessary to manage the centre. She was also appointed as person in charge for a number of other centres but outlined that her time would be managed evenly and will spend more time in this new centre to support the residents in their transition to community living.

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.

The management structure included an assistant director of service from the previous service provider who was to provide a link for residents, families and staff during the transition process.

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.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that adequate arrangements were in place through the appointment of the assistant director of services to deputise in the absence of the person in charge. The assistant director of services was a qualified social worker and had worked for the provider since 1999. She had a post graduate diploma in social

policy and a degree in applied mathematical sciences.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the statement of purpose. Sufficient resources were available to provide support in achieving the planned goals and aspirations. The facilities and services available in the designated centre reflected the statement of purpose.

The director of finance outlined that new budgeting arrangements would be put in place, and in particular increased resources would be allocated to the buying of groceries. The person in charge said that the centre will endeavour to implement financial systems that support individualised funding projects.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider nominee outlined that the proposed staffing arrangements for the centre during the day were one nurse and three social care staff to support residents from 8 a.m. to 9 pm. There were two staff on duty at night time, one nurse and one social care staff. Each resident will have a nurse assigned to them to ensure that resident's health care needs are being met.

The provider nominee outlined that additional support would be provided at peak times or if an individual was ill to facilitate individual residents with support to access recreation within the community and also to facilitate medical appointments etc. Residents will avail of one to one support whenever they are an inpatient in hospital.

In relation to staff training the provider nominee confirmed that all staff had received the mandatory training on protection of residents and supporting residents displaying challenging behaviour. All staff had received up to date fire training. As outlined in more detail in outcome 7, a fire training programme was planned for all staff and residents in the new premises.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The management of healthcare records required improvement.

There were three sets of resident records; the medical file, the personal file and the daily recordings file

- The medical file included records of all clinical reviews including general practitioner appointments, consultant clinics and allied health reviews.
- The personal file mainly related to identified social care needs and included the resident's personal plan and highlighted a person's goals. It also included some care

plans.

- The daily recordings file had the daily updates on the resident's life. It also included charts for activities, community inclusion and weight recording.

Inspectors found evidence that the use of these three separate files had the potential for inconsistent care of residents. In some cases personal information relating to one resident was stored in another resident's daily recording file. At times relevant information was not included in each of the three resident files which had potential for inconsistent care of residents. For example, an epilepsy care plan was to have been filed in the daily recordings file but had been filed in the personal file. There was also evidence that out-dated information was being kept in some resident's personal files, relating to the use of restraint.

There were closed circuit television (CCTV) cameras on the outside of the house. While there was a policy on the use of CCTV this required updating to reflect the presence of CCTV cameras in this location.

**Judgment:**

Non Compliant - Moderate

## 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:***

Kieran Murphy  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by SOS Kilkenny Ltd
<b>Centre ID:</b>	OSV-0005379
<b>Date of Inspection:</b>	16 December 2015
<b>Date of response:</b>	18 January 2016

### 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

One resident had not been re-imbursed for the purchase of items that should have been provided by the previous service provider.

#### 1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

As part of the transition process all resident accounts are being reviewed and any items that should be reimbursed will.

**Proposed Timescale:** 04/02/2016

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Communication plans did not have input from a speech and language therapist in relation to residents' communication needs.

**2. Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

The Speech & Language Therapist has recently provided training to the staff re Communication Passports and individualised sessions between the SALT, the resident and their keyworkers are scheduled to take place before the move to the new house.

**Proposed Timescale:** 04/02/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Care plans were not always comprehensive.

**3. Action Required:**

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:**

New Standard Operating Procedures to ensure MDT inputs are updated in personal files will be agreed at a meeting scheduled for 18/1/16. These new SOPs will also outline how all staff are informed and appraised of MDT, GP etc updates.

All medical care plans updated by non nursing staff will be co-signed by a nurse and/or

manager.

**Proposed Timescale: 04/02/2016**

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The policy on the use of CCTV required updating to reflect the presence of CCTV cameras in this location.

**4. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Policy on the use of CCTV will be updated to reflect the presence of CCTV.

**Proposed Timescale: 04/02/2016**

**Theme:** Use of Information

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

The use of these three separate files for resident information had the potential for inconsistent care of residents.

**5. Action Required:**

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified 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 .

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

Resident Files have been refined and only 2 files will be in operation for each resident when they move to the new house.

**Proposed Timescale: 04/02/2016**

