



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

Issued by the Chief Inspector

Name of designated centre:	The Sycamores
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	24 August 2022
Centre ID:	OSV-0001875
Fieldwork ID:	MON-0028879

About the designated centre

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

The Sycamores designated centre is a large bungalow which provides community based living in a home from home environment. It is a retirement home for up to eleven residents with mild to moderate intellectual disability many of whom present with additional difficulties such as dementia or Parkinson's disease. The Sycamores is a high support home with a requirement for staff on duty both day and night. The staff team comprises of a combination of nursing staff, social care workers and health care assistants. It is a purpose built large bungalow in a housing estate on the outskirts of a large town. It has eleven bedrooms three of which are en-suite. There are two sitting rooms and a smaller communal room, with a dining room and separate kitchen. The house sits on a large site with ample parking to the front and a walled patio area for residents to enjoy private outdoor space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 August 2022	10:00hrs to 18:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to inform decision making with regard to the renewal of the centre's registration. Overall, the findings of this inspection were, that this centre had improved levels of compliance from previous inspections. The provider had good management systems in place and the centre was well run. There were some areas of concern relating to infection prevention and control and medicines management in this centre. These had not all been identified by the registered provider and are highlighted later in the report under the relevant regulations.

This centre comprises one large purpose built bungalow on it's own site set within a housing estate. The centre is currently registered for a maximum of 11 residents however, the provider has applied to renew the registration of the centre for a maximum of eight residents. Currently eight individuals live in the centre and the inspector had the opportunity to meet with seven of them on the day of inspection.

One resident met with the inspector in a small living room that had been created for them in what had previously been a bedroom. The resident was completing a word search and listening to music. They showed the inspector family photographs that were on the wall and explained that they were really happy to have all their belongings around them in a space that was theirs. They brought the inspector into their bedroom to show them how their bed was made as they liked it and their cushions arranged as they asked for. The resident explained that they liked it when staff sat with them to play board games and just to spend time chatting.

On arrival in the centre the inspector observed one resident in the dining room having their breakfast supported by a staff member who had joined them at the table to have a conversation. Another resident was supported to have breakfast in their bedroom as that was their preference. Staff were observed in the living room engaged in a game with another resident. Over the course of the inspection residents were observed to go out for walks, to go into town for errands or to go for a walk around the courtyard in the middle of the centre.

One resident was relaxing in one of the the living rooms and told the inspector that they liked to listen to music and would play classical music on the television. Another resident was watching the television in the main living room while yet another resident had been supported to watch the television in their bedroom. The residents showed the inspector their rooms and explained why they liked personal items on display and some residents also had selected additional items of furniture and the colours of the walls.

The residents in the centre presented with a range of communication styles or abilities with some using non-verbal communication while others were verbal and conversed freely with the inspector. The staff on duty were observed using a range of communication approaches when interacting with the residents over the course of

the day in a respectful and kind manner. Residents were observed sitting quietly with staff both inside and outside, chatting or playing games with staff or being supported as required in everyday tasks.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. All residents who completed the questionnaire stated that they were happy in their home and gave examples of activities they enjoyed such as, going for walks, going into town, day service activities such as speaking on the provider's radio station or going to have their hair done. Some residents in their questionnaire stated that they would like to go out for coffee more frequently and another said they would like more selection for meals. All residents commented that they liked the staff who supported them, were happy in the centre and were listened to. Residents said that they knew who to speak to if they were unhappy about something in their home. One resident said that they loved having their own space at last and that their sitting room was their favourite place in the centre.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall the findings of the inspection were that residents reported that they were happy living in the centre and that they felt safe there. Changes made by the provider such as creating more living spaces and providing greater opportunities for meaningful activity had been positively received by the residents who reported they liked having space and time that was individualised. They were supported by a staff team who were familiar with their care and support needs. The provider and local management team were identifying areas for improvement that were for the most part in line with the findings of this inspection.

Previous inspections of this centre had outlined that residents' needs had changed and that the provider was required to review the resources required to ensure that residents were kept safe and their assessed needs were met. This inspection found that the provider was actively reviewing the service provided in the centre and had a clear plan in place for the service to ensure that a good quality and safe service was currently in place and was planned for over an extended period of time.

There was a new person in charge in the centre since the last inspection and they were found to be knowledgeable in relation to residents' care and support needs and to be motivated to ensure they were living a good life. The staff team and the ancillary support team were together aware of residents' likes and dislikes and were motivated to ensure residents were happy and safe in their home and making

choices in relation to their day-to-day lives.

Regulation 14: Persons in charge

The provider had appointed a person in charge to this centre who was employed on a full time basis and was present in the centre on a daily basis. They had the required skills and experience as required by the Regulation. They were getting to know residents and to become familiar with their individual preferences and were supported in their role by the staff team and a person participating in the management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staff numbers and the skill mix in the centre was in line with the assessed needs of the residents and the statement of purpose. The staff team comprises nurses, social care assistants and healthcare assistants and there is a team of ancillary support staff also in place that included a cook and cleaning support.

From a sample of rosters reviewed, all the required shifts were covered and the rosters were well maintained. There was one vacancy on the staff team however, these gaps on the centre roster are covered for the most part by a small number of consistent relief staff. Where an agency staff member was used on the roster this was to cover periods of leave for the core team only.

The provider continues to review the assessed needs of the residents in this centre and this information was seen to inform staffing levels with the provider applying to their funder for resources when required.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and some had completed a number of trainings in line with residents' assessed needs.

Staff were in receipt of formal supervision in line with the organisation's policies and procedures. The person in charge had completed supervision for the staff team since they had commenced in post and a schedule was in place for the rest of the year. In turn the person in charge was supported and supervised by the person participating in management of the centre. Informal on the job supervision and support was also in place by the person in charge whose presence in the centre facilitated this. Staff who spoke with the inspector said they were well supported in their role and were aware of who to escalate any concerns they may have in relation to residents' care and support..

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was present in the centre and was available to the inspector for review. It was found to contain all information as required by the Regulation and Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that ensured the centre and the residents were protected.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in place in the centre with clear lines of authority and accountability in place. The centre was managed by a person in charge who was familiar with residents' care and support needs and with their responsibilities in relation to the regulations. They were supported in their role by a senior manager who fulfilled the role of a person participating in management of the centre. There was a clear focus on service review and quality improvement in the centre.

The provider and person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six monthly reviews, and regular audits in the centre. These audits and reviews were for the

most part identifying areas for improvement and these actions were being logged, tracked and completed. They were resulting in improvements in relation to residents' care and support and in relation to their home. The person in charge had a suite of standard operating procedures and contingency plans in place which guided staff practice and were reviewed following audit outcomes.

Following previous inspections of this centre concerns were raised relating to the suitability of the premises as it presented for residents with changing assessed needs, in addition to the requirement to review the level of resources in place to ensure residents were in receipt of safe services. The provider responded by completing a comprehensive review of the centre and all aspects of support and care, they also engaged with the funder of their services. This review had caused anxiety for some of the residents which the provider acknowledged and the inspector found that the provider was sensitively supporting residents. This is reflected further under regulation 34.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were protected by the complaints policies, practices and procedures in the centre. There was a log maintained of complaints and from the sample of complaints reviewed in the centre they had been recorded and followed up on in line with the organisations' policy.

An easy-to-read complaints process was on display and this contained pictures of the relevant staff. The complaints process was regularly reviewed at resident meetings and residents indicated via their responses in questionnaires that they were aware of the process.

As stated above as an outcome of a provider review completed to ensure the suitability of the centre to meet all residents assessed needs, a number of complaints were received in addition to a number of positive responses. The inspector reviewed the responses to these complaints and found that the provider had responded comprehensively and in line with their policy. The inspector acknowledges that a number of engagements are ongoing and the provider was at all times found to be responsive to queries and concerns that were received by the centre.

Judgment: Compliant

Quality and safety

From what the inspector observed and was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. The inspector found that the provider and person in charge had reviewed, with all residents, their daily routines and their use of the premises. They had introduced a number of new daily activities and supported individualised choice making in relation to residents' day-to-day lives.

Residents were being supported to engage in activities of their choice in their home. Residents were actively supported and encouraged to connect with their family and friends and to take part in activities in their local community. They were being supported to be as independent as possible and to be aware of their rights. They were also supported to access information on how to keep themselves safe and well.

Regulation 17: Premises

This centre comprises a large bungalow set on its own site in a housing estate. The centre is built around a central courtyard and is laid out with rooms off long wide corridors. As residents' mobility needs change covering the distances between rooms was acknowledged to be more difficult for some. All residents have their own bedrooms with some having moved to a new bedroom better suited to their needs since the last inspection. Changes had been made to the function of some rooms such as the creation of an individualised living room for one resident or creation of a safe storage room for oxygen.

The provider had also for the most part self identified that areas required painting or maintenance however, these remained outstanding on the day of inspection. This was observed by the inspector with paint peeling in some areas and damage to walls apparent where furniture or fixtures had marked them. There had been new furniture purchased for some areas and some residents and staff spoke of increased use of the external spaces.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

As stated earlier the provider had completed a review of the centre and the care and support provided to residents. As an outcome for one resident there was a current transition plan in place and the resident was excited about moving to a new home that had been identified as being an environment supportive of meeting their changing needs.

The inspector reviewed records of consultation with the resident and there had been a comprehensive assessment of their wishes completed. A transition plan was in

place that identified stages in the transition process that at all times kept the resident's wishes to the forefront.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by policies, procedures and practices relating to health and safety and risk management. The person in charge ensured that there was a risk register which they reviewed regularly as did the provider. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary.

There was evidence that new risks were added to a risk register when identified and that areas where risk was no longer assessed as present were reviewed and closed. All residents that required them had falls risk assessments in place and these were updated on a regular basis with changes made to control measures as required.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. Staff had completed a number of additional infection prevention and control related trainings.

There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre. The inspector observed staff wearing their face masks properly throughout the inspection and changing masks following the completion of personal care. There were cleaning schedules in place to ensure that all areas of the house were regularly cleaned however, responsibility for these was delegated across a number of staff and there were discrepancies in completing these and in the oversight of these observed.

As part of the walk through of the premises the inspector found a number of areas that had not been cleaned in accordance with the schedules and where the floors were visibly unclean, including a wheelchair storage room which also housed a musical instrument belonging to a resident in addition to food storage areas and alongside a fridge. In a bathroom an accessible bath was observed to have dirt in a corner which had not been observed nor cleaned. The inspector observed that a

comfort chair and resident's sling for use during hoisting were being stored in an en-suite bathroom beside a toilet.

Judgment: Not compliant

Regulation 28: Fire precautions

Residents were protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. There were adequate means of escape, including emergency lighting. The centre evacuation plans were current and regularly reviewed. Each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency.

Fire drills were occurring regularly in the centre and staff had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency. There was evidence that drills had been completed with the minimum number of staff and using all aids that were required by residents for safe evacuation. The provider's health and safety department had completed a fire safety review of the centre and had completed actions identified as part of this, including the fitting of self closing mechanisms to internal doors and learning with respect to the management of oxygen during a fire evacuation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had practices in place for the safe ordering, receipt, and storage of medicines. Improvement was required however, in the systems in place for disposal of prescribed items. The inspector found that prescribed thickener of fluids were not dated on opening and it was therefore not possible for staff to know how long the product had been in use and to then ensure that they were disposed of within the required period.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The residents had an assessment of need and personal plans in place. Their

personal plans were comprehensive in nature and detailed their support needs and the requirements needed to maximise their personal development and quality of life. It was evident that resident's health and social care needs were developed through a person-centred approach with attempts to involve the residents at each stage.

Resident's plans were subject to regular review by the multidisciplinary team, and it was evident that interventions considered their rights. Residents choose whether to engage in activities that were offered or not and there was flexibility as they directed their daily activities. Residents were observed planning activities for the day, discussing things they done and places they had been with staff over the course of that day in addition to relaxing in their rooms or throughout the premises.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. The provider had identified that improvement was required in relation to financial safeguarding in another of their services and learning from this was found to have been implemented in this centre. The provider had completed a number of audits specific to safeguarding of residents finances. These audits had identified a potential safeguarding concern and as such the provider had responded quickly. They had also liaised with residents and their families outlining the obligations of the provider was to ensure all residents are protected by ensuring transparent systems of oversight were in place.

Safeguarding plans were developed and reviewed as required. Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. The inspector reviewed a number of residents' intimate care plans and found they were detailed, attached to an appropriate personal care plan and guiding staff practice in supporting residents.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were supported to make decisions in their day to day lives. The physical changes in the centre, such as new bedrooms and the use of the individualised living areas had ensured that residents privacy and dignity were

promoted. In addition there was evidence that independence skills were promoted whenever possible. Resident's consent was sought through the use of easy read and symbol supported forms. All those who lived in the centre met either together or individually with staff on a weekly basis to discuss matters important to them and to decide on the organisation of their home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Sycamores OSV-0001875

Inspection ID: MON-0028879

Date of inspection: 24/08/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: SOS will be building two 4 bedded purpose built single storey houses for 8 residents. This construction is projected to be completed within 24 months.	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The current bathroom will be replaced including new flooring, Jacuzzi bath, electric seat for assistance and general painting and decorating. Required handrails and aids will be installed.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Labels will be provided for use on medical thickeners to reflect date opened and ensure not used after shelf life date. Amendment to medication stock audit document to reflect where medications are stored.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/09/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Not Compliant	Orange	31/01/2023

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	31/10/2022