Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	James Gate
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	01 September 2022
Centre ID:	OSV-0003411
Fieldwork ID:	MON-0037211

About the designated centre

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

James Gate is a designated centre operated by SOS Kilkenny CLG. This designated centre provides community-based living apartments for a maximum of 11 adults. The apartment complex is located on the outskirts of a large town and consists of eight individual two-bedroom apartments. One of the apartments is communal and used as a base by staff, in addition to being a space where residents could meet and socialise together as they wished. The residents are supported by a team of staff comprising of a social care leader, social care workers and social care assistants. The staff team are supported in their role by a team leader and person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

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
Thursday 1 September 2022	10:00hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced and targeted risk-based inspection to follow up on areas of improvement identified at the last inspection and the implementation of the provider's compliance plan.

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and Health Information and Quality Authority (HIQA) enhanced COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with residents, the staff team and management over the course of this inspection.

The centre is registered for a maximum of 11 residents and at the time of the inspection was home to eight individuals. The inspector met with seven residents over the course of the inspection. In addition, the inspector observed residents relaxing in their apartments, coming and going from the centre to attend appointments, going for walks in the community and engaged in activities of daily living including laundry. The apartment complex comprises of eight apartments, two of which are accessed externally and the others from a central hallway and laid out over two floors. Seven of apartments are available for residents and one apartment is used by the staff team. One apartment has a small private garden that connects to the communal gardens via a gate. The larger communal gardens contained a number of clothes lines, sheds, raised vegetable and flower beds.

On arrival to the first apartment the inspector was greeted by the two residents. One resident spoke with the inspector about their history, people important to them and their life in the centre. The residents talked about their interests in art and crafts and woodwork. Both residents had an individual shed in the communal back garden to pursue their interests. The residents spoke positively about the care and support they received in the centre.

The inspector then visited the second apartment which was home to one resident. The inspector was shown around the apartment which was decorated in a homely manner. The resident showed the inspector a new TV they had purchased and spoke of the recent installation of self-closing mechanisms on fire doors in the apartment.

In the third apartment, which was home to one resident, the inspector observed that the apartment was decorated in a homely manner and was well maintained. The resident welcomed the inspector and noted that they had just finished lunch and spoke of being out for walk in the community earlier.

Later in the afternoon, in the fourth apartment, the inspector met a resident who had recently moved in with their dog. They noted that they were happy in their new home and liked living there. They spoke positively of the care and support they had

received since moving in. The resident spoke with the inspector about their interests including a course they are attending.

In the afternoon, the inspector observed lunch being prepared by staff in the communal apartment. The lunch was to be brought to each resident in their apartment. The inspector was informed that this practice was currently being reviewed and the provider was engaging with the residents about what their preferences were.

Overall, the residents reported to be happy in their home and were observed to be appearing content and comfortable. However, some improvement remained in demonstrating that the staffing arrangements met the needs of the residents and in financial practices. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there was a defined management structure in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, some improvements were required in the staffing arrangements.

The centre was managed by a full-time, suitably experienced person in charge. On the day of the unannounced inspection, the person in charge was on leave and the inspection was facilitated by the team leader. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These included the annual review, the provider's six-monthly audits and financial audits. The quality assurance audits identified areas for improvement and action plans were developed in response. The previous inspection found that areas for improvement identified on previous inspections were not addressed in a timely manner. These areas included areas for improvement in the premises and fire safety. This was found to be addressed on this inspection.

During the inspection, the provider's senior management met with the inspector and provided assurance that they were progressing with the organisational review with their funder in relation to achieving financial sustainability now and into the future.

There was an established staff team in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner. The previous inspection found that staffing levels were not in line with residents' assessed health, social and personal needs. The provider had increased the staffing complement in place to include an additional day shift and and an additional sleepover night shift. This was reflected in the roster. In addition, the inspector was informed of an additional day shift was being introduced in the week following the inspection. However, some

improvement was required in order to demonstrate that the staffing levels were in line with residents' assessed health, social and personal needs.

Regulation 15: Staffing

Since the last inspection, there was an increased staffing complement which introduced an additional 12 hour day shift and and an additional sleepover night shift. However, improvement was required to demonstrate that the staffing levels were in line with residents' assessed health, social and personal needs. For example, during the day, two residents were identified as being supported by two staff on a one-to-one basis while six of the residents were supported by two staff members until 5pm and by one staff member until 9pm. At night, two staff members were on sleep over shifts. One resident was identified as requiring one-to-one support at night. The other seven residents were supported by the second sleep over staff member.

Also, at the previous inspection, the inspector was informed that one resident was assessed a requiring additional staff support for activities of daily life due to their changing needs. An application had been submitted to the provider's funder in relation to this. At the time of this inspection, the provider was progressing with a organisational review with their funder. In addition, the system of a centrally prepared lunch during the day remained in use and was under review.

The inspector acknowledges that the provider has endeavoured to supplement staffing in the centre from internal resources.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to Residential Operations Manager, who reports to the Chief Operations Officer, who in turn reports to the Chief Executive Officer. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. This included the annual review of the care and support for 2021, the six-monthly unannounced inspections and financial audits.

The previous inspection found that improvement was required in the effectiveness of implementing action plans from audits including areas such as premises, finances and fire safety. This had been addressed.

The previous inspection also found that it was not evident that the centre was adequately resourced. This inspection found that additional staffing resources had been put in place and the provider was actively engaging with their funder at the

time of the inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found the provider was striving to provide a quality person-centred service which respected the rights of residents. The inspector found that the provider had addressed the areas for improvement identified on the last inspection in relation to premises, fire safety and infection control. In addition, the provider had implemented measures to safeguard residents finances. However, some improvements were required in areas safeguarding.

The provider had systems in place for safeguarding residents. The area of financial safeguarding and overall safeguarding was reviewed in detail on the previous inspection. The provider had taken steps to safeguard residents' finances including updating the finance policy, introducing new audit practices and making referrals to advocacy supports where required. However, the inspector reviewed recent residents' finance records and found that some improvement was required in the day-to-day reconciliation of a resident's accounts.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which was serviced as required. The last inspection found that the arrangements in place for the containment of fire and the arrangements in place for the safe evacuation of all persons in the event of a fire required improvement. This had been addressed.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. The residents' apartments were decorated with residents' personal possessions and pictures throughout.

The previous inspection found that some areas of the premises required improvement, particularly the internal painting of one apartment. The inspector observed that the apartment had been renovated and decorated in line with the resident's preferences.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. The centre was visibly clean on the day of the unannounced inspection. The previous inspection found that some improvement was required in storing cleaning equipment and some minor premises issues for review. These were observed as addressed on this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers. There was evidence of regular fire evacuation drills taking place in the centre.

The previous inspection found that improvements were required in the arrangements in place for fire containment and the arrangements in place for the safe evacuation of all persons in the event of a fire.

Since the last inspection, self-closures had been installed which removed the need for wedging doors open and the over-door hooks which interfered with the integrity of the seal had been removed.

In addition, the inspector found that there were improved arrangements in place for the safe evacuation of all persons in the event of a fire. For example, at night-time there was increased staffing support available to residents. The eight residents were supported by two staff members on a sleepover shift. There was evidence of a night-time fire drill completed in June 2022 which demonstrated reduced evacuation times and identified areas for further improvements. The provider also had the local fire department complete an information session on fire safety with the residents in June 2022.

Judgment: Compliant

Regulation 8: Protection

The residents were observed to appear content in their home and spoke positively about living in the designated centre.

The previous inspection found that the systems in place to keep the residents in the

centre safe required review, particularly in relation to the oversight of residents' finances. This had been addressed. For example, the provider had reviewed the finance policy and introduced enhanced oversight practices in order to ensure that the residents' finances were appropriately safeguarded. For example, from a sample of residents files reviewed, all residents had an up-to-date money management assessment in place which identified the supports each resident required. There were monthly audits taking place on residents' finances. There was evidence of increased oversight of residents' accounts with audits reviewing bank statements. Where residents were supported in the management of their finances by others, the provider was working to ensure they had transparent systems in place to ensure residents had full access to their own funds. There was evidence that advocacy services were engaged to support residents where applicable.

While there had been improvements in the oversight of residents' finances, some improvement was required in the day-to-day financial recording. For example, the inspector reviewed a sample of residents' finance ledgers and compared the figures to the actual amounts present in residents' wallets. The inspector found one record reviewed did not tally with the daily records and required review.

Judgment: Substantially 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 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for James Gate OSV-0003411

Inspection ID: MON-0037211

Date of inspection: 01/09/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • All Needs assessments and Documentation are updated and accurately reflect the needs of people supported, this clearly demonstrates what specific supports are required by staff. • Core staff on duty are attuned to the individual supports and allocate their time appropriately based on same. • A review of supports for cooking is in place and will be based on will and preference of person supported. • 4 staff per day and 2 at night remain in place and allocated supports based on current needs are addressed at Team meetings.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • Day to Day managing of Finances has been discussed as an agenda item at Team meetings. • Any anomalies within residents ledgers are actioned immediately and included in daily handover. • All staff and Management continue to operate in line with Organisational Finance policy.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/10/2022