



# 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:	Announced
Date of inspection:	14 November 2023
Centre ID:	OSV-0003411
Fieldwork ID:	MON-0032696

## 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:	7
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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
Tuesday 14 November 2023	09:45hrs to 17:00hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed to monitor levels of compliance with Regulations and to inform the upcoming decision regarding renewal of the centre registration. The centre is registered for a maximum of 11 residents, The inspector had the opportunity to meet with six of the seven residents currently living in the designated centre over the course of the inspection. The inspector observed residents relaxing in their apartments, coming and going from the centre, going for walks in the community and engaged in activities of daily living.

The person in charge facilitated the inspector to visit each of the apartments. In five of the apartments, the residents warmly welcomed the inspector and proudly showed the inspector around their home. The residents spoken with, told the inspector that they liked living in the centre and that they felt supported by staff.

Residents spoke about their active schedules and things which were important to them. For example, pets, family, football, music and arts and crafts. On display in the centre were achievements of different residents. For example, pieces of work they had completed and certificates of achievements.

Overall, the apartments of the centre were well-maintained and decorated in a homely manner with residents' personal possessions and pictures displayed throughout the centre. It was evident that the residents received a good quality of care and support.

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 the inspector found that the registered provider was demonstrating effective governance, leadership and management arrangements in the centre.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also had responsibility for one other centre and was supported in their role by a team leader. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six-monthly audits. These quality assurance audits identified areas for improvement and action plans were developed in response.

There was a system in place that ensured records were up to date and supported the effective and efficient running of the centre. While it was evident that care was delivered to a high standard, gaps were identified in the documentation. For example, information pertaining to schedule three. While residents had a written agreed contract, details of some charges for additional services were not accurately covered in the contract.

On the day of inspection, there was an experienced and consistent staff team in place in this centre. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place and the use of regular relief staff which ensured continuity of care and support to residents.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

#### Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection. The person in charge was also responsible for another centre. They were supported in their role by a team leader. It was evident through review of local systems in place for example, local audits and staff supervision that daily oversight was appropriately delegated to ensure care was delivered as expected.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge maintained a planned roster for the centre. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. There was a core staff team with the relevant skills, qualifications and experience in place, which ensured continuity of care and support to residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Training was provided to staff in a range of areas such as fire safety, safeguarding, first aid, infection prevention control and medication management. The inspector reviewed the staff training records and found that all staff had received up-to-date training or refresher training had been scheduled.

The staff team in this centre were supported in their role by the completion of formal supervision and a clear staff supervision system was in place. The inspector reviewed the schedule for supervision meetings and a sample of the supervision records which demonstrated that the staff team received supervision in line with the provider's policy.

Judgment: Compliant

### Regulation 21: Records

There was a system in place that ensured records were up to date and supported the effective and efficient running of the centre. While it was evident that care was delivered to a high standard, gaps were identified in the documentation. For example, information pertaining to schedule three. Information was appropriate, accessible and, where confidential in nature, it was securely maintained to protect the rights, including privacy, of the residents. There were also appropriate systems in place for the safe archiving, destruction and backup of records.

Judgment: Substantially compliant

### Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective management systems in place in the centre. The provider and person in charge were ensuring oversight through regular audits and reviews. The provider had completed six-monthly reviews and an annual review of care and support in the centre. The annual review included feedback from residents and their representatives.

The provider and local management team were found to be self-identifying areas for improvement and to be taking the necessary steps to bring about the required improvements.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Consideration of admission to the centre takes into account the services outlined in the statement of purpose and residents living in the centre. Admissions to the centre were in line with the statement of purpose. While residents had a written agreed contract, details of some charges for additional services were not accurately covered in the contract.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Regulation 31: Notification of incidents

All required notifications had been submitted to the office of the chief inspector in line the requirements of regulation.



Judgment: Compliant

### Regulation 34: Complaints procedure

A clear complaints process was provided in the centre. Information guiding residents how to complain was available to them. It was evident that residents were supported to make complaints, and that action was taken on foot of complaints in the centre.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including visiting all apartments within the premises, speaking with residents and the staff team, a review of personal plans, healthcare plans, risk documentation and fire safety documentation. The inspector found good evidence of residents being well supported in the majority of areas of care and support. However, some improvement was required in relation to the management of personal possessions.

The inspector reviewed a sample of residents' personal files which comprised of a comprehensive assessment of residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs.

The residents were protected by the policies procedures and practices relating to safeguarding in the centre. Staff had completed training and were found to be aware of their roles and responsibilities in relation to safeguarding. The residents were observed to appear comfortable and content in their home.

Relevant risks were discussed with the inspectors on the day of inspection. A risk register was in place to provide for the ongoing identification, monitoring and review of risk.

### Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by

residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre. However, money belonging to one resident was paid into an account that was not in their name. The provider had engaged with external parties and ensured oversight, however long term planning and accessibility required further review.

Judgment: Substantially compliant

### Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal accommodation. The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own apartment which were decorated to reflect their individual tastes.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider prepared a residents guide which contained the required information as set out by the regulations. The required information outlined in the residents' guide corresponds with other related regulations specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services and the complaints procedure.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The residents had a number of individual risk assessments on file so as to promote their overall safety and wellbeing, where required.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff have received suitable training in fire prevention and emergency procedures. There were adequate means of escape, including emergency lighting. For example, escape routes were clear from obstruction. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal plans and found that personal plans to be comprehensive in that they informed all aspects of the residents' life and up-to-date assessments of needs had been implemented. Residents had their annual support meeting where their care and support was reviewed and planned with them.

Judgment: Compliant

## Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. The person in charge had ensured that residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

## Regulation 8: Protection

Systems to safeguard residents were clearly evident and staff members knew residents and their individual support needs very well. The inspector reviewed safeguarding incidents that had been reported and found clear follow up, learning from and corrective actions had been implemented effectively. Staff members demonstrated good knowledge on the types of abuse, how to manage safeguarding

allegations/disclosures, how to report and record safeguarding concerns and ultimately how to keep residents safe.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were getting the right supports and were given the right amount of information to help them make choices and decisions in relation to their day-to-day lives.

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for them in relation to their rights, complaints and advocacy were engaged within the service.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for James Gate OSV-0003411

Inspection ID: MON-0032696

Date of inspection: 14/11/2023

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Gaps in documentation identified and amended and put on file. Management to continue to review and update as required. Internal audits to review documentation in next six month audit	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Contract for provision of services updated and are targeted as more individual towards the person supported and all areas identified corrected signed and on file.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Identified area of improvement in residents finances, area of improvement brought to SOS Social Worker. Social worker has linked with family and they have agreed to get relevant paperwork signed by a professional. Once all completed, paperwork to be forwarded to Jamesgate in January.	

## 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 12(1)	The person in charge shall ensure that, as far as reasonably 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.	Substantially Compliant	Yellow	10/12/2023
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	10/12/2023
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the	Substantially Compliant	Yellow	30/01/2024



	resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
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