



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

Issued by the Chief Inspector

Name of designated centre:	Woodview
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	15 March 2023
Centre ID:	OSV-0003413
Fieldwork ID:	MON-0030438

About the designated centre

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

Woodview is a purpose built bungalow within easy walking distance of a town centre. It provides community based living in a homely environment for seven adults with mild to moderate intellectual disability. Woodview has eight single bedrooms one of which is used for staff to sleep over. The staff bedroom also serves as the office. It has ample parking and a large garden which the residents enjoy and are actively involved in maintaining.

This centre seeks to maximise the participation of the individuals who live there in the ordinary life of the community and supports them in developing valued social roles. Residents in this centre are supported by a staff team comprising of social care workers and care assistants on a 24 hour a day, seven day a week basis with no closures.

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
Wednesday 15 March 2023	09:15hrs to 16:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor levels of compliance with regulations to inform the upcoming decision in relation to the renewal of the centre's registration. The centre is registered for a maximum of seven residents and there were six residents present on the day of the inspection. The inspector had the opportunity to meet with all six residents that lived in the centre. In addition to speaking with residents, the inspector observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

On arrival at the centre, it was noted it was a well-maintained home located on the outskirts of a town in Co. Kilkenny. The designated centre, internally was well kept, warm and clean. Each resident had their own bedroom which was individualised. The centre was surrounded by a large well maintained garden.

In the morning of the inspection, residents were observed engaging in their routines and preparing for the day. Four residents were preparing to leave for a local day service while the other two residents had arranged to attend an appointment and also to go shopping. Residents spoke to the inspector about key interests such as athletics, farming, family and how they enjoyed DIY and woodwork. Residents appeared comfortable in staff company and spoke fondly regarding the staff on duty. Overall residents appeared comfortable in their home and to enjoy living there.

As this inspection was announced, the residents' views had also been sought in advance of the inspectors' arrival via the use of questionnaires. Six questionnaires were completed with the support of staff. The response from residents was positive with residents noting they had a good relationship with staff, enjoyed activities such as swimming and also that they felt listened to if they made a complaint.

In summary, 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 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 designated centre was well managed, and that this was resulting in the delivery of high-quality, person-centred care and support for the residents living in the centre. The residents appeared happy, relaxed and

content in their home. They were supported by a staff team who were very familiar with their needs and preferences. Oversight and monitoring were carried out routinely by the provider and person in charge.

The provider had employed a person in charge who had the qualifications, skills and experience to fulfill the role. They were employed on a full-time basis and had responsibility for a local day service. They were found to be knowledgeable in relation to each residents wishes and preferences and motivated to ensure they were happy and safe in their home. On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. 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 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.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

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 a local day service.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The service ensured staff ratios were flexible to respond to resident's needs also, for example one service user choose not to attend day service at times and was supported in their home as an alternative. The provider had recently allocated an additional 20 hours of support to ensure residents' needs could be met. Where agency use was required there was evidence of clear communication with residents. On-call arrangements were in place and communicated to staff to ensure access to managerial support at times when this may be required.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. Staff had completed training and refresher training in line with the organisation's policies and procedures, and the residents' assessed needs. For example, staff had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and human rights. The staff team were in receipt of regular formal staff supervision which was being completed by the person in charge.

Judgment: 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 2022 included feedback from residents and their representatives.

Staff meetings were occurring regularly and the staff team were in receipt of regular formal supervision.

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 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

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and provided person-centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of personal plans, healthcare plans, risk documentation, fire safety documentation, and protection against infection. The inspector found good evidence of residents being well supported in the areas of care and support.

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The resident were protected by the polices 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.

The inspector found that the service provider had systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. The designated centre was visibly clean and well maintained on the day of the inspection.

Regulation 12: Personal possessions

The provider and person in charge were supporting residents in ensuring their personal possessions were respected and protected and the residents' living areas contained items that were personal and important to them.

The inspector found that established systems were in place to support residents to manage their financial affairs. For example, an assessment was completed for each resident's ability to manage their financial affairs and supports where needed were identified. A sample of residents' financial records were reviewed which demonstrated day to day management of finances through recording of receipts and regular reconciliation. In addition, each resident had their own bank account.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. Some of these facilities were in need of renovation but there was a plan in place for the necessary work. For example, during the inspection small gaps were evident in the flooring in the hall and the kitchen presses while observed to be clean, were worn and in need of replacement. This had been identified by the provider and there was a plan in place for the necessary works.

The house was personalised throughout with the residents' personal belongings and photos on display. During the inspection, the residents were observed moving around their home independently and to spend their time in different parts of the house, depending on what they wanted to do.

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

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. For example, minutes of staff meetings noted discussion and learning from incidents. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules had recently been reviewed. There was evidence of discussion regarding the schedules at staff meetings. Good practices were in place for infection prevention and control including laundry management and a color-coded mop system.

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 and sufficiently wide to enable evacuation, taking account of residents' needs. 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 files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs, supports and goals.

Judgment: Compliant

Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed a sample of 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 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed by the organisation's restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

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 services. Staff had completed training in Human rights and were observed transferring this knowledge into practice.

Residents were also provided with information to help them make choices and decisions in relation to their day-to-day lives.

Residents were supported to have friendships and relationships and there were numerous spaces available to them to meet people in private, should they so wish.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant