



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

Issued by the Chief Inspector

Name of designated centre:	The Weir
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	18 April 2023
Centre ID:	OSV-0005625
Fieldwork ID:	MON-0030901

About the designated centre

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

The Weir is a designated centre operated by SOS Kilkenny CLG. The centre provides a community residential service for up to 14 adults with a disability. The centre comprises of three separate locations within close proximity of one another on the outskirts of Kilkenny city. Each property is spacious and tastefully decorated and two have private well maintained gardens for residents to avail of as they please. All residents have their own private bedrooms which are decorated to their individual style and preference. The staff team consists of social care workers and care assistants. Health care support is provided via access to staff nurses within the organisation. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 18 April 2023	10:00hrs to 17:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This inspection was completed to inform a decision regarding the renewal of registration for this designated centre. This centre had been inspected on three occasions in 2022 arising from concerns identified relating to fire safety and safeguarding due to resident incompatibility. As such this inspection focused on a review of progress against actions as set by the provider in their compliance plans following previous inspections, in addition to, an overview of the care and support provided to residents currently. Overall, the findings of this inspection were that the provider had made improvement in a number of Regulations and that residents were in receipt of a good quality and safe service. The provider was recognising residents' changing needs and responding appropriately albeit the rate of some changes had been slow. They had systems in place to monitor the quality of care and support for residents, and these were, for the most part, proving effective at the time of this inspection. The inspector found however, that further improvement was required in the management of residents' personal possessions and this is detailed later in the report.

This centre comprises three locations, a detached house, a semi-detached property comprising two individualised homes and three apartments on the first floor of an apartment building that are interconnected internally. All premises are a short distance apart and are in close proximity to Kilkenny city. There were nine residents living in the centre at the time of the inspection. The centre is registered for a maximum of 14 individuals. The inspector met with all nine individuals on more than one occasion throughout 2022, however, during this inspection, only one resident was home. The inspector met with this resident and spent some time with them over the course of the day. Other residents were either at their day service, at the beach, in the community or enjoying individualised activities supported by staff. The inspector had the opportunity to meet with some staff and the day was facilitated by the person in charge who was new to the role in the centre.

The resident who met with the inspector was complimentary towards care and support in the centre. They were particularly complimentary towards the staff team, their access to activities they enjoyed, and stated that they liked living in the centre. The resident told the inspector that they often met with representatives of the provider and that they would really like to live somewhere there was a garden and more rooms downstairs as they found stairs difficult. The resident explained that they had informed the provider of these wishes and they felt listened to.

The resident was engaged in arts and crafts in their living room and they showed the inspector examples of art projects they had previously completed. The resident was particularly proud that some of their work had been framed and was hung in communal areas of their home such as in the hallway. They described what it was like to live in the house, how much they enjoyed sharing their home with their peers, and how well supported they were by staff. The resident told the inspector what they would do in the event of a emergency, such as a fire and explained that

their new mobility aids were much easier for them to move with than their old one. The resident told the inspector about their bedroom which they had decorated and organised the way they liked it.

In questionnaires completed by residents in advance of the inspection, feedback was positive in relation to the houses, staff, and care and support. Residents indicated they were happy with the comfort and warmth of their home, and their access to shared spaces, gardens or outdoor areas. One resident described their bedroom as "spotless" and another stated they 'loved their bird feeder'. Most residents said they would not change anything about their home although one resident said they would like some changes in relation to the colour of the paint in their room. From speaking with staff, and reviewing documentation this change was being discussed and considered in line with residents' wishes.

Residents indicated that they were happy with their bedrooms, food and mealtimes, visiting arrangements and how their rights were respected. They also indicated they were happy with their access to activities in the centre, and outside the centre. They listed a number of activities they regularly enjoyed including, swimming, singing in a choir, art and colouring, going to concerts, getting a take away, playing the guitar, going bowling, attending church, going to have their hair or nails done and going to the cinema.

A number of residents spoke about how good the staff were in the centre. They talked about how they felt that staff really listened to what they had to say. They said they knew who to go to if they had any concerns or complaints. For example, one resident spoke about a time when they did not feel happy in the centre. They spoke about how supportive they found staff during this time, and how useful they found the complaints process. Examples of what residents said to the inspector about staff included, "I get on well with the staff", "staff always make time for a chat over a cuppa", and "I have fun with staff". Residents also indicated in the questionnaires that they were happy with the support they received from staff. They included comments such as, "staff are nice to me", or "I am happy with staff". They indicated they were aware of the complaints process, and for those who had used it they indicated they were listened to and that using the process had helped.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. The provider was for the most part self-identifying areas for improvement and implementing the required actions to bring about improvements in

relation to residents' care and support, and in relation to their home. Some minor improvements were required in relation to staff training, infection prevention and control systems and more significant improvement was required in the management of residents' possessions.

The person in charge had commenced in their role since the last inspection and had been in place only a number of weeks. They were found to be familiar with the systems in place to monitor the quality of care and support for residents. They were based in the centre and visiting each of the houses regularly. They were found to be familiar with residents' needs and motivated to ensure they were happy, well supported, spending their time as they wished, and achieving their goals. Residents were observed as already familiar with the person in charge, and staff were complimentary towards how they were supported to carry out their roles and responsibilities. The person in charge was supported in their role by a person participating in the management of the designated centre (PPIM). They were also found to be familiar with residents' care and support needs and motivated to ensure they were happy and safe in their homes.

The provider had systems for monitoring the quality of care and support for residents including audits in these areas, an annual review of care and support, and six monthly reviews. These were picking up on areas for improvement in line with the findings of this inspection and action plans were in progress at the time of the inspection. The annual review required some further detail in order to include the views of residents and their representatives and the provider was aware of the need to include these.

There had been a number of staff vacancies identified on previous inspections however, the provider had been successful in recruitment and new staff had joined or were scheduled to join the staff team within the following two weeks. Where there were any gaps on the roster these were not found to be impacting on residents' continuity of care and support as regular agency or relief staff were completing additional shifts.

Staff had completed training and for the most part refresher training in line with the providers policies, and residents' assessed needs. A number of staff spoke with the inspector about the positive impact of training in ensuring that they were providing person-centred services, and safe supports for residents. Staff were also in receipt of regular formal supervision by appropriately qualified and experienced personnel and a schedule was in place for supervision for the rest of the year.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all of the required information with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had commenced in their post a number of weeks before the inspection. They were found to have the qualifications, skills and experience to fulfill the role. They were present in the houses regularly and the resident who spoke with the inspector was familiar with them and aware they could speak to them if they had any concerns relating to their care and support.

They were familiar with the provider's systems in place to support staff, and to complete formal supervision with them. They were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy and engaging in activities they found meaningful.

Judgment: Compliant

Regulation 15: Staffing

The provider had successfully recruited to fill a number of posts in the centre such as the person in charge and members of the staff team since the last inspection. All of these posts were now filled with the exception of two full-time positions where staff were scheduled to start the week after the inspection.

The inspector found that while recruiting, the provider had ensured continuity of care and support for residents through the use of regular relief staff and where possible regular agency staff completing additional shifts. Improvement in the consistency of staff support for residents was found since the last inspection of the centre.

There were planned and actual rosters in place and they were reviewed by the inspector and found to be well maintained. The levels of staffing provided were in line with the residents assessed needs and with the centre statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team's access to and uptake of training and refresher training was found to be consistently high. They were for the most part completing training identified as mandatory by the provider, and a number of trainings in line with residents' assessed needs. For example, in response to residents' needs the provider had supported staff to complete a number of additional training programmes such as diabetes management or human rights awareness training. Where some staff were overdue refreshers in mandatory training these were for the most part scheduled with one staff found to be overdue in a hand hygiene refresher training since February 2023. For training identified by the provider as required in the centre due to residents' assessed needs a number of staff were due for epilepsy and buccal midazolam training and while these were now scheduled one staff had been due this since May 2022 and another since October 2022.

There were systems in place to ensure that staff were in receipt of regular formal supervision to ensure that they supported and aware of their roles and responsibilities.

Judgment: Substantially compliant

Regulation 23: Governance and management

As previously mentioned, the provider had implemented a number of systems which had led to improved oversight and monitoring in the centre. Staff had clearly defined roles and responsibilities and the lines of accountability and authority were clear. Their audits and reviews were picking up on areas for improvement and driving positive changes in relation to residents' care and support and in relation to their homes. The inspector found however, that in the area of managing residents' personal possessions required improvement and actions found on this inspection had not been identified in the providers' audits. The findings are reflected under Regulation 12 below.

The provider had appointed a local management team including a new person in charge and they were present regularly in the houses and met with residents and the staff team on a daily basis. There was evidence that the staff team were supported to meet on a regular basis and there were clear systems in place to share information within the team.

An annual review and six monthly unannounced audits were occurring in line with the requirements of the Regulations and where actions were identified there was a clearly defined action plan in place. Progression against identified actions was reviewed by the person in charge the person participating in management for the

centre and members of the registered providers support departments. The provider had identified that they had not included detail in the annual review that reflected the residents' view and those of their representatives, these had been identified for inclusion in a six monthly audit and going forward in the annual review.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that residents reported both in their questionnaires and in person that they were happy and felt safe living in the centre. They were making choices and decisions about how, and where they spent their time.

Overall, all premises were found to be warm, clean, and homely. There was plenty of private and communal spaces available for residents. Shared spaces were homely and appeared comfortable. A resident was observed during the inspection to spend their time in their preferred space. Residents' bedrooms were personalised to suit their tastes. Photos and art work were on display throughout the houses, and soft furnishings contributed to home homely and comfortable the houses appeared. The provider was aware that there were areas where maintenance and repairs were required. These had been reported and plans were in place to complete the required works. Where these impacted on the cleaning of the premises this is reflected under Regulation 27 below.

Residents had their personal, health and social care needs assessed. They had personal plans in place, and care plans were developed and reviewed as required. Residents also had person-centred plans which included their goals, likes, dislikes, important people in their lives, important places to them, their favourite activities, their supports, their health and safety, their community, things they want people to know, and their proud moments.

Residents had access to medical and health and social care professionals in line with their assessed needs. They were meeting with their peers or key staff regularly, and many topics were discussed at these meetings including, money management, my goals, my hopes and dreams, my home, my circle of support, problems or issues, complaints, and any other topics residents wished to discuss. From reviewing a sample of the record of these meetings, residents were openly discussing what was going well for them, and things they would like to do in the future.

Residents were protected by the safeguarding policies, procedures and practices in the centre although improvement was still required in the management of their personal possessions. There had been an increase in the number of allegations of abuse in the year preceding the inspection. The centre had been inspected on three

occasions and the provider had given assurances to the Chief Inspector of Social Services. The provider outlined in their assurances a number of responsive actions they had taken to support residents and this included responding to some residents' wishes to live in another location. As a result of the control measures implemented, there had been a significant reduction in the number of allegations of abuse in the centre.

Regulation 12: Personal possessions

Inspections throughout the previous year had identified that improvement was required in the management of residents' personal possessions. While the provider had made some progress in this area and had put immediate safeguards in place regarding the oversight of finances further improvement was required.

The provider had identified a number of areas that required action in their audits and following previous inspections however, not all areas found on this inspection had been identified. These included resident asset lists not being up-to-date and substantial items such as furniture not recorded as belonging to a resident. In addition where residents had been assessed as having capacity to manage their day-to-day finances there were no overarching systems of protection or systems of checks and balances in place. The rationale behind decisions where a resident bought their own furniture when a health and social care professional was involved in the recommendation and when the provider purchased them was not explicitly outlined.

The provider had implemented a number of financial oversight practices following previous inspections and their review of their policy and procedures. The inspector found that money management competency assessments had now been completed for all residents who were receiving levels of support in line with their assessed needs. Monthly audits and oversights had not been completed for all residents as required by the provider.

Judgment: Not compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and needs of residents living in the centre. The three premises were spacious, warm, clean and comfortable. Shared spaces were homely and residents' bedrooms were decorated in line with their wishes and preferences. In one location it had been previously identified by the provider and the inspector that factors such as being on a first floor were challenging given the residents' changing needs. One resident told the

inspector this was being spoken about with them and the provider was actively reviewing the situation.

There were systems in place to log areas where maintenance and repairs were required and evidence that a number of works had been completed since the last inspection. However, some works were required including painting and repairs and these are reflected under Regulation 27. In some of the premises the provider and staff team had identified areas that could be developed into sensory areas or rooms that would allow resident specific activities such as music exploration and the inspector reviewed the submitted business cases for these and associated proposed planned time lines.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider had identified that for some residents where their needs were changing or where there were ongoing concerns regarding peer to peer compatibility that a potential move to a new home may be required. There was evidence that the residents rights had at all times been respected in these decisions and consultation had been ongoing with both residents and their representatives. At the point of the inspection one resident had already moved to another home and was reported to be happy there. A second resident was also in the process of transitioning to a new home.

The provider has a comprehensive transition policy and procedure and these are used to provide a framework of supports that are put in place in line with an individual residents' assessed needs. Planned supports such as consistency of staffing over locations was considered and bespoke transition plans were in place.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained the information as required by the Regulation. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. Risk assessments considered each individuals needs and the need to promote their safety, while promoting their independence and autonomy. The inspector reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. The inspector found that there was positive risk taking also in evidence that supported the rights of residents, such as going out on a bicycle

independently or use of a bath.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. Where restrictive practices were in use in the centre these had been risk assessed and were subject to review.

Judgment: Compliant

Regulation 27: Protection against infection

Residents, staff and visitors were protected by the infection prevention and control policies and procedures in the centre. The physical environment was found to be very clean in each of the houses, and there were systems in place to minimise the risk of the spread of infection. There were however some aspects of the premises that required review in order that cleaning and disinfecting practices could be effective. This included a chipped counter surface in the kitchen of one premises, a bathroom accessed from a hallway and also a bedroom which had no toilet seat, and no hand towels available at the sink, an area behind a toilet with masking tape applied to the edges and laundry baskets that were fabric and either torn or worn.

There were risk assessments and contingency plans in place for the management of potential COVID-19 outbreaks or the management of an infectious disease outbreak other than COVID-19. There were stocks of personal protective equipment (PPE) available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management.

Staff had completed a number of infection prevention and control related trainings and there was information available for residents and staff in relation to infection prevention and control and how to keep themselves safe.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspections in this centre in 2022 had identified a number of areas of concern relating to fire safety, safe evacuation and containment of fire. The provider and person in charge had overseen a number of premises works and full health and safety review and had made substantial improvement in this Regulation. One premises continues to pose risks in relation to residents' mobility difficulties as it is

on a first floor of an apartment building. However, the control measures and reviews put into place by the provider continue to mitigate against these risks at present. These are subject to ongoing review.

There were fire containment measures in place in the centre including fire doors and self-closing mechanisms. There were systems to ensure fire equipment was serviced and maintained. Daily, weekly and monthly inspections of all fire safety systems were taking place.

Residents had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills. Fire drills were occurring regularly. A drill to demonstrate that each resident could evacuate the centre when the least number of staff are on duty were also being completed at intervals.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. From the sample reviewed residents' needs and abilities were clear. Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals, hopes and dreams in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews.

Residents were supported to set goals that had meaning for them, for instance, for one resident who had discussed with staff their love of feeding the birds they had been supported to purchase a bird feeder, set it up in the garden and to stock it with seed. Their sitting room was noted to have books about birds on the side tables and other items that supported their interest in this area.

Another resident was at the beach with staff on the day of inspection as it had been their birthday the previous day this had been a stated goal for them as somewhere they liked to go for a walk to celebrate special milestones. The residents' home was decorated with balloons and banners with birthday cards on display.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the provider was recognising residents' changing needs and responding appropriately by completing the required assessments and

supporting residents to access health and social care professionals in line with their assessed needs. Resident had their healthcare needs assessed and were supported to attend appointments and to follow up appropriately. Records were maintained of residents appointments with medical and other health and social care professionals, as were any follow ups required.

Health related care plans were developed and reviewed as required. Risk assessments were in place to address any risks identified in health care plans, for example the risks associated with residents' self monitoring blood sugar levels as part of their diabetes care plans. Residents were supported to access national screening programmes in line with their health and age profile, in line with their wishes and preferences.

Judgment: Compliant

Regulation 8: Protection

The inspector found that notwithstanding the areas identified under Regulation 12 that residents in this centre were protected by the safeguarding policies and procedures in place. Since the previous inspections of the centre significant work had been completed by the person in charge and the provider to review all safeguarding plans and to implement clear guidance for staff in supporting residents. Residents' safeguarding plans were current and had been reviewed in line with national guidance. A substantial number had been closed as an outcome of the providers review.

Residents had up-to-date intimate and personal care plans and guidance for staff was detailed and clear. The inspector found that in one location in particular changes to residents' daily schedules and to the levels of consistent staff support had resulted in a reduction of safeguarding incidents between peers.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents was being respected and promoted in the centre. Residents' personal plans, keyworker meetings and their goals were reflective of their likes, dislikes, wishes and preferences.

Residents were very complimentary towards how staff respected their wishes and listened to what they had to say. They talked about choices they were making every

day in relation to areas such as where and how they spent their time, what they ate and drank, and how involved they were in the day-to-day running of the centre.

Some residents had accessed independent advocates, and there was information available and on display in relation to independent advocacy services and the confidential recipient.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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 The Weir OSV-0005625

Inspection ID: MON-0030901

Date of inspection: 18/04/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have either completed or will have completed any outstanding training by 31.05.2023	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The PIC has implemented a system to ensure oversight of all residents finances including those residents who are managing their own finances. The PIC will review bank statements and financial transactions bi-annually with any resident who is managing their own finances. Resident's assets list have been reviewed and updated to include date of purchase. A full review of all residents' assets will be carried out across all designated centres. The current rational behind decisions as to what furniture SOS Kilkenny provide and furniture that residents wish to purchase for their own use has been reviewed and a clearer system will be put in place which will take into consideration recommendations by health and social care professionals and personal choice of residents. All monthly management finance audits will be completed as per policy and this will be reviewed as part of Residential Operations Managers six monthly audits and discussed at the monthly one to one meeting between PIC and Residential Operations Managers.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: All areas identified during the inspection have been logged on the maintenance system and laundry baskets have been replaced with washable containers.	

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.	Not Compliant	Orange	31/05/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2023

Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/06/2023
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