



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

Issued by the Chief Inspector

Name of designated centre:	Dukesmeadows
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	12 May 2021
Centre ID:	OSV-0005763
Fieldwork ID:	MON-0031986

About the designated centre

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

Dukesmeadows is a two storied house located within easy walking distance of Kilkenny city. It is registered to provide a full time residential service for four adults with intellectual disabilities. The property is managed by SOS (Special Occupation Scheme) Housing Association. The accommodation comprises of five bedrooms. One of these are en suite. One of the bedrooms upstairs is used as a staff bedroom and office. The communal area comprises of two sitting rooms, a kitchen-dining room, a utility room and a downstairs toilet. There are small front and rear facing gardens. There is a service vehicle to support residents to access community based activities and attend appointments. The staff team consists of social care workers and care assistants. Dukesmeadows aims to develop services for residents that are individualised, rights based and empowering.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 - 2015 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 12 May 2021	14:00hrs to 18:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This inspection was completed during the COVID-19 pandemic and as such the inspector adhered to infection prevention and control national guidance and best practice throughout. Review of all documentation was completed in the providers offices and the inspector later visited the centre and met with the management team.

This centre has been offering respite services for residents since initially registered and had in the preceding month applied to become a full time residential centre. In addition, over the last year this centre was used for isolation purposes should residents from other of the providers centres require a single occupancy location as a result of the COVID-19 pandemic. There were no residents living in the centre on the day of inspection however, transition for a new resident who was to live here had begun and the resident was attending the centre during the day. The inspector did not get an opportunity to meet with them.

There has been a recent change in the management structure of the centre and a new staff team had also been recruited and identified in line with the change in purpose of the centre. The inspector acknowledged that their review of the service provided to date was that of respite which will be in contrast to the new proposed full time residential service.

The inspector found a number of areas that required improvement in order that good quality and safe services would be provided in this centre, in particular, governance and management and management of risk and fire safety. These were discussed with the provider on the day of inspection and will be outlined in detail in the following sections of this report. The registered provider further agreed to reduce the prospective number of residents who could live in this centre from four to one following this inspection.

Capacity and capability

The provider's governance and management arrangements had ensured that residents who had been in receipt of respite received care and support in-line with their assessed needs during respite stays. However, improvement was required to the provider's governance and management arrangements to ensure compliance with both the regulations and the provider's own policies and procedures.

A new person in charge was appointed to the role in April 2021 and during his interaction with the inspector, he was found to have good knowledge of the proposed residents' needs and of his regulatory responsibilities. He had

responsibility for four other centres operated by the provider. The person in charge told the inspector that the current governance arrangements supported him to have the capacity to fulfil his role as person in charge for this centre.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete application for the renewal of registration of this centre was received within the required time frames. This followed an application to vary the registration of this centre and to change it from provision of respite services to full time residential services.

Judgment: Compliant

Regulation 14: Persons in charge

A new person in charge has been appointed to this centre who has the required qualifications and experience as identified in the regulations. The person in charge has a large remit and the registered provider assured the inspector of the supports in place including support from a person participating in management and a team leader in the centre.

Judgment: Compliant

Regulation 15: Staffing

A staff team has been recruited for this centre to support an individual resident. This was in line with the centre statement of purpose. Where the identified resident is currently supported during the day in the centre by day service staff this will continue and is part of a transition plan to ensure consistency.

Where respite services had been offered in the last year an appropriate staff team had been in place to meet the residents assessed needs. When the centre was used for isolation purposes the staff team came from the same centre as the resident usually lived in thus ensuring consistency and familiarity.

A plan for supervision meetings on completion of induction was in place and the person in charge has been in receipt of supervision from the person participating in management of this centre in line with the providers policy.

Judgment: Compliant

Regulation 23: Governance and management

There had been a change in the management team of this centre recently, which clearly identified lines of accountability and authority. It was acknowledged that this was in place to provide the new full time residential service.

However, the inspector found that the oversight of the centre and of the respite service that had been provided to date had been poor and improvement was required to the provider's governance and management arrangements to ensure compliance with both the regulations and the provider's own policies and procedures.

The provider had not ensured that unannounced six monthly visits occurred at the centre as required by regulation and an annual review of the care and support provided had not been undertaken since the centre had been initially registered. The inspector found that auditing and governance arrangements had not ensured compliance with both the provider's own policies and the regulations in areas such as fire safety arrangements or notification of incidents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose is an important governance document which outlines the service to be provided in a centre. The inspector reviewed the available document which required some changes to accurately reflect the current services and facilities provided and to contain all information required under the regulations. The provider following discussion with the inspector completed this on the day of inspection and an updated version was available for review and emailed to the inspector immediately following inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all restrictive practices that have been in place in the centre were notified as required on a quarterly basis by the provider.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The inspector found that a number of the providers written policies and procedures had not been reviewed as required by the regulations. This had been an area identified for improvement during inspections of other centres run by the provider in the last year and while a number had been reviewed and updated with some currently under review, others remained overdue for review. One policy was noted by the inspector as requiring review since 2016 and another since June 2019.

Judgment: Not compliant

Quality and safety

The inspector found that overall the monitoring of the quality and safety of care required improvement. The management team in place had however, identified some areas for improvement and were striving to ensure that the change to a full time service would provide a good quality of service to prospective residents.

Areas of the centre were found to be clean warm, comfortable and homely including residents' bedrooms and this will be amended to reflect the personal wishes and preferences of any resident who may move in.

Systems were in place to manage and mitigate risk in the centre however, some improvements were required to ensure all risks were appropriately recognised and assessed. The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of Covid-19 and other infections. The staff team that had been identified for this centre were as part of their induction to receive training in this area.

Suitable fire equipment was provided and regularly serviced. While residents who had availed of respite services had a personal emergency evacuation procedure there was no evidence that these were reviewed regularly and changes made in line with learning from fire drills. The inspector found that fire drills were not taking place in line with the providers policy.

Regulation 17: Premises

Overall, the inspector found that there was adequate private and communal space for residents and that the physical environment was clean. However, there were a number of areas in need of maintenance and repair such as a wall in the utility room that needed painting and holes filled.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The transition of a resident to this centre from the respite service as previously provided, had been initiated by the provider. The inspector found that the provider had a clear process in place for the transition of residents that was being adhered to. The resident was supported by an independent advocate to ensure their wishes and needs were positively reflected in the transition process. Transitional arrangements were found to be gradual in nature and subject to regular review in consultation with the resident and all other associated parties.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had risk management arrangements in place at the centre however the inspector found that these had not identified all possible risks. A number of identified environmental and centre specific risks had been identified for this centre with implemented control measures in place. As there was currently no resident living here there were no individualised risks for the inspector to review, however there were a number from previous respite stays on record.

Risks in relation to the centre being unoccupied in addition to it being used for the provision of day services had not been identified. While the person in charge did review these and they were completed on the day of inspection it was of concern that the providers assessments and reviews had not identified these.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had policies and procedures in place to protect residents from infection. The house was clean and the provider had ensured there was access to personal protective equipment and hand sanitising gels. This centre had been

used on five occasions to provide isolation for residents with suspected or confirmed cases of COVID-19 over the last year or residents who required isolation following an admission to an acute healthcare facility. While the information available for the inspector to review was minimal the residents had been supported by the staff from their centre of residence while in this centre and there was criteria in place for use and cleaning of the premises.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre with evidence of servicing of equipment in line with the requirements of the regulations. The registered provider had not however, ensured that fire drills were held in line with their policy nor was the inspector assured that the resident who had been availing of respite services could have been evacuated by the staff at times of least staffing resources. Only two fire drills were held in 2020 and none held to date in 2021 despite there being a resident staying full time in the centre for three months. The providers required daily inspection of safe evacuation routes had not been completed as required.

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 - 2015 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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Dukesmeadows OSV-0005763

Inspection ID: MON-0031986

Date of inspection: 12/05/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Quality and Assurance department has completed a schedule to ensure all 6 monthly quality and assurance audits are completed and actioned in a timely manner and in line with regulation 23.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Any restrictive practice will be included in the quarterly notifications to the authority going forward</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p>	

Quality and Assurance officer has escalated this to senior management for review and update. This is an on-going process which involves all senior management in conjunction with the quality and assurance department.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All items noted on the day of inspection has been escalated to maintenance manager and scheduled for completion in order of priority.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Person In Charge has completed a full Risk review of the designated centre. All risk assessments are now up to date for the designated centre and for the resident residing there.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Person In Charge completed a full file review on fire safety within the designated centre, Person In Charge create a fire evacuation schedule for the remainder of 2021 which include night and day time evacuations, this is to ensure the completion of fire drills as per policy and to ensure staff and residents are exiting the designated centre quickly and safely.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/08/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	01/08/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent	Not Compliant	Orange	14/06/2021

	and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	01/08/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	01/08/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of	Substantially Compliant	Yellow	14/06/2021

	risk, including a system for responding to emergencies.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	10/06/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	10/06/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical,	Not Compliant	Orange	10/07/2021

	chemical or environmental restraint was used.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	31/12/2021