



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

## Issued by the Chief Inspector

Name of designated centre:	Mayfield Designated Centre
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	24 April 2024
Centre ID:	OSV-0005783
Fieldwork ID:	MON-0034907

## About the designated centre

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

Mayfield Designated Centre is operated SOS Kilkenny CLG. The designated centre provides a community residential services to one adult with a disability. The centre is located in an urban area in Co. Kilkenny close to local facilities including shops, banks and restaurants. The centre is a two storey detached building which comprises of three bedrooms, sitting room, kitchen-dining room, two bathrooms, a staff office and a garden to the rear of the house. Staff support is provided by a person in charge, social care workers and care staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

0

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 24 April 2024	11:30hrs to 15:00hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

This was an announced inspection to inform the renewal of registration for the centre. The centre is currently registered for one adult, however is unoccupied. The resident transitioned to another centre operated by the provider in October 2023.

The provider advised of their intention to increase the occupancy of the centre to two and provide respite services. It is proposed that the respite service will provide overnight midweek respite breaks for up to three nights depending on the needs of respite users and their families.

On the day of the inspection, the inspector met with the management team for the centre which included the person in charge, deputy manager and residential operations manager. The inspector reviewed proposed systems for the operation of the centre including the respite, admission process, medication management and policy and procedures.

The provider had completed upgrade works to the property in preparation for operation of respite services. The centre was bright and welcoming. Two double bedrooms, one bedroom upstairs and one downstairs were proposed for respite use. Each room was tastefully decorated and had storage in place for respite users. Downstairs also included a living room, shared bathroom, sleep over room for staff and a kitchen/diner. Outside there was a small garden. Upstairs there was an office, shared bathroom and double bedroom as previously mentioned.

## Capacity and capability

Overall the inspector found that the proposed management arrangements in the centre would ensure an effective and safe service.

There was a full time person in charge who was supported by a deputy manager in the centre. There was also a residential operations manager who had regular oversight of the service.

The centre was resourced as per the statement of purpose and there were systems in place to ensure the workforce were aware of their roles and responsibilities, and appropriately trained.

## 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.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The provider had appointed a person in charge with the relevant experience and expertise to carry out their duties. The person in charge was also responsible for one other centre. They were supported in their role by a deputy residential manager. The person in charge outlined systems in place to ensure appropriate oversight and delegation of duties. The inspector also reviewed proposed systems for use when respite begins operation.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose clearly described the model of care and support delivered to residents in the service. On the day of inspection, the statement of purpose did not outline the arrangements in relation to emergency admissions. This was reviewed by the provider and resubmitted. 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 4: Written policies and procedures

The registered provider had ensured that all Schedule 5 written policies and procedures were available, implemented, and reviewed in line with the regulations.

Judgment: Compliant

## Quality and safety

On review of fire, the inspector found further assurance was required to ensure containment measures were adequate. The provider was seen to be responsive on the day of inspection in providing additional assurance in relation to fire safety. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required.

The provider had completed works to upgrade the centre in preparation for respite. The premises was well presented and appeared inviting for proposed respite attendees. There was adequate private and communal accommodation.

## Regulation 17: Premises

The provider had completed upgrade works to the property in preparation for operation of respite services. The centre was bright and welcoming. Two double bedrooms, one bedroom upstairs and one downstairs were proposed for respite use. Each room was tastefully decorated and had storage in place for respite users. Downstairs also included a living room, shared bathroom, sleep over room for staff and a kitchen/diner. Upstairs there was an office, shared bathroom and double bedroom. Outside there was a small garden.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff had received suitable training in fire prevention and emergency procedures. There were adequate means of escape, including emergency lighting. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. The inspector found further assurance was required regarding containment in relation to the two entry points to the attic from the upstairs office and bedroom.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant



# Compliance Plan for Mayfield Designated Centre OSV-0005783

Inspection ID: MON-0034907

Date of inspection: 24/04/2024

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: On the day of the inspection the health and safety officer gave assurance to the inspector regarding fire containment to the two entry points to the attic from the upstairs office and bedroom. The inspector also received the premises fire compliance certificate from the architect. Further to this the health and safety officer double checked the fire safety of these areas and has replaced the existing panels and upgraded them to FD30 rated protection as an extra level protection for this area. On the 12/05/2024 the inspector was emailed a copy the of letter of assurance from Mr Brendan Moore Architect, Copy of certification of FD30 panel installed, image of installed panels 1,2,3 in the two rooms and an Image of FD30 on side of the panel.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	12/05/2024