



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

Issued by the Chief Inspector

Name of designated centre:	The Sycamores
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	09 November 2021
Centre ID:	OSV-0001875
Fieldwork ID:	MON-0034173

About the designated centre

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

The Sycamores designated centre is a large bungalow which provides community based living in a home from home environment. It is a retirement home for up to eleven residents with mild to moderate intellectual disability many of whom present with additional difficulties such as dementia or Parkinson's disease. The Sycamores is a high support home with a requirement for staff on duty both day and night. The staff team comprises of a combination of nursing staff, social care workers and health care assistants. It is a purpose built large bungalow in a housing estate on the outskirts of a large town. It has eleven bedrooms three of which are en-suite. There are two sitting rooms and a smaller communal room, with a dining room and separate kitchen. The house sits on a large site with ample parking to the front and a walled patio area for residents to enjoy private outdoor space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Tuesday 9 November 2021	9:30 am to 4:30 pm	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed while restrictions due to the COVID-19 pandemic were in place. As such the inspector adhered to infection prevention and control guidance including the wearing of personal protective equipment and maintaining social distance.

This centre while registered for a maximum of 11 residents is currently home to only eight individuals. The inspector met all residents who were in the centre on the day of inspection. The inspector observed that since the previous inspection of this centre in June 2021 that the provider was now using two of the unused registered bedrooms as office spaces and review of the floor plans and layout of the centre was required.

Some resident's had moved bedrooms within the centre and one resident invited the inspector to see their personal pictures which had just been mounted on the walls and to see their television. They had their own armchair and explained that they loved having quiet time in their room and in particular liked watching musicals. The change of location within the centre had reduced levels of distress for some residents who found the noise in the centre difficult to tolerate and as such the inspector found that there had been an improvement in quality of life for some residents in addition to a reduction in safeguarding concerns due to incompatibility which had previously been reported.

Residents were observed to be more engaged in activities on this inspection and the provider had begun implementing a number of plans to look at bringing support services such as, art classes to the centre for residents. The provider had also begun to make changes internally to the centre such as placing privacy film on the glass walls of the living room so that those calling to the front door no longer could see straight into the room where residents were relaxing. In addition the use of other communal rooms had been reviewed and there were plans to provide individualised activity spaces for residents.

This inspection was completed to review progress against actions submitted by the provider to the Chief Inspector of Social Services following the previous inspection of this centre. Overall, the inspector found that there had been positive changes made to the quality of resident's lives and an increase in compliance with the regulations. Improvement was still required in areas such as medicines management, infection prevention and control and premises although progress had been made in these areas and these are outlined in more detail in the specific sections of the report below.

Capacity and capability

This centre was inspected last in June 2021 when significant non-compliance with the regulations was found. Following that the provider attended a formal cautionary meeting as an outcome of the inspection findings. The provider was requested to submit a time bound compliance plan to the Chief Inspector of Social Services that outlined measures they would take to come into compliance with the regulations. This inspection was completed to review progress/regress against this provider submitted compliance plan.

The provider had reviewed the areas of responsibility for the team leader in the centre who was available to provide support to the person in charge in assuring some audits and reviews were completed. The person in charge was supported in a more structured manner by the assistant director of service. These changes to the governance oversight structures had resulted in better oversight of the service provided to the residents.

Regulation 15: Staffing

The provider had amended the skill mix of staff in place following the previous inspection based on their assessment of resident needs. The number of staff on duty was reflected on the roster which was reviewed by the inspector and was reflective of the Statement of Purpose. The inspector found that there were gaps in the current staff team with two whole time equivalent vacancies. However, the gaps on the roster that arose were filled by consistent agency staff and both positions had been recruited for with staff about to commence their positions.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that the staff team had completed the mandatory training required and also had access to training that was specific to the residents needs, thus supporting staff in the provision of a safe service. The inspector reviewed the staff training matrix and found that all staff had completed required training and refresher training where needed.

The person in charge had reviewed the formal supervision schedule for all staff in the centre and had ensured that all had been in receipt of supervision since the previous inspection in June 2021. The provision of supervision was now in line with the providers policy and the inspector found that where required actions were identified that supported the staff team in their ability to provide good quality of care and support to the residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that a management team was in place in this centre since the last inspection and that lines of authority and accountability were evident to the staff team. The provider has instituted a schedule of reviews and audits as required by regulation with an annual review of the quality and safety of care and support having recently been completed. In addition the provider had ensured that an unannounced six monthly visit had been completed since the previous inspection. Actions were identified by the provider arising from these oversight mechanisms. While the inspector acknowledges that some actions from the previous unannounced visit had been completed it was not clear that there was a clear plan in place to address the concerns identified and how this was monitored.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of their remit to notify the Chief Inspector of adverse incidents that occur in the centre. In addition the person in charge had ensured that all restrictive practices in use in the centre had now been notified as required by regulation.

Judgment: Compliant

Quality and safety

The provider and person in charge had, since the last inspection, improved the monitoring of quality and care of support provided to residents. While the inspector observed that residents were more engaged with activities over the course of their day and had some improved access to their community this is an area that continues to require improvement. The provider has self identified opportunities which are planned but not yet in place in order to offer an enhanced range of activity within the centre. The inspector found that the provider and person in charge were working to implement and embed systems in the centre that would allow for ongoing review of residents quality of life.

The provider and person in charge had also reviewed the ongoing compatibility

issues that presented in the centre and had made changes in relation to the location of resident's bedrooms and this had reduced the safeguarding concerns that had been present.

Regulation 13: General welfare and development

The provider and person in charge had developed daily activation schedules for all residents in the centre, these were new and the inspector acknowledges are still being embedded into the daily routine. The provider has reviewed options for engagement with some day service activities within the centre such as art classes twice a week, however, these had not yet started. Residents were seen to access their community more than previously with them going out for coffee, to go shopping or to a religious service if they wished.

Access to transport remains a concern however, and is a barrier for some residents in the centre to get out at a time and in a manner that they might wish. While the provider has ensured that some residents have had specialised seating systems reviewed so they can access wheelchair accessible taxis or other provider vehicles the availability of transport for all residents equally remains challenging.

Judgment: Substantially compliant

Regulation 17: Premises

This centre is a large purpose built bungalow built around a central courtyard and registered for a maximum of 11 residents. It is currently home to eight individuals. On the day of inspection there were painters and maintenance contractors present in the centre and communal areas were undergoing planned decoration. The provider and person in charge were reviewing the second living room and sensory room within the centre as neither are currently used as had been hoped. As previously stated some residents had moved bedroom within the centre and these were reported to the inspector as being positive changes.

The inspector acknowledges a number of positive changes that had been made to the premises and that the provider continues to work towards their planned renovation of the centre although their timelines have had to be further revised. The premises layout and design continue to require adaptation to meet the aims and objectives of the service while it is clear they are more comfortable and newly decorated. Internally rooms that were identified as designated bedrooms are now office spaces and following discussion on the day of the inspection these changes are to be formally communicated to the chief inspector.

Judgment: Not compliant

Regulation 26: Risk management procedures

The residents who lived in this centre were protected by policies, procedures and practices relating to health safety and risk management. The inspector found that the risk register and suite of risks that had been identified had for the most part been reviewed since the last inspection. However, the inspector found that some individual risks had not been reviewed as outlined by the providers policy. These included the assessed needs for the use of fire evacuation aids.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider and person in charge have reviewed the systems in place to protect residents from the risk of infection. These include the introduction of systems to flush water in areas of the centre that are currently unoccupied. A number of audits are being completed of the management of infection prevention and control.

While staff who spoke to the inspector stated that the specialist fabric slings used by residents who required hoisting were frequently washed there was no schedule in place to evidence how often this was being completed. The cleaning schedules in place in the centre were not being consistently completed with no recording of cleaning tasks having been carried out over for example the weekends or with gaps at other times of day. Some rooms such as office spaces were not included on the cleaning schedule with staff moving between areas over the course of the day and documents or files moving between areas also.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider and person in charge had ensured that there were adequate arrangements in place for the detection, containment and extinguishing of fire in the centre. Fire drills were occurring as per the providers policy and these had been reviewed since the last inspection. The staff team had demonstrated during the drills that they could evacuate residents with both minimum and maximum staffing levels using a variety of methods such as use of wheelchairs, use of a bed or other evacuation aids.

Where one resident had moved bedroom the door to their room was too heavy for them to open independently, this had been risk assessed and referred for review by the person in charge. The inspector met with the relevant property manager and was provided with subsequent assurances and video demonstrating that the door had been adjusted and the resident could now open same.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication systems and practices taking place in the centre. The last inspection had identified that medication protocols for the administration of PRN (as required) medicine needed review. In addition that the method of administering a medicine was not always recorded on the residents prescription as required.

The inspector found that staff with responsibility for medicine management had been auditing systems, practices and prescriptions. Actions had been identified as arising from these audits however, while staff were working towards completion of these actions they remained outstanding. The PRN (as needed) protocols had not all been reviewed or revised if needed. Staff were bringing the resident prescriptions to the GP and pharmacy for amending but not all had been completed. These were actions identified in the previous inspection in June 2021.

The inspector observed during the day that a prescribed fluid thickening agent had been left on a residents bed and not returned to the locked medication cabinet as required.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

As outlined in this report under regulation 17 the provider and person in charge have made a number of changes to the living arrangements for some residents within the centre and this had ensured that a low arousal environment could now be implemented more consistently.

The use of restrictive practices were in place to promote the safety of residents and these had been reviewed and reassessed as indicated. All restrictive practices were now identified and had been applied in accordance with national policy and evidence based practice.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for The Sycamores OSV-0001875

Inspection ID: MON-0034173

Date of inspection: 09/11/2021

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A schedule has been completed to ensure that all six month unannounced audits will be fully completed in line with regulation. Following each audit, the auditor will meet with the PIC and Operations manager to give feedback and an action plan and timeline will be agreed. The action plan will be reviewed monthly with PIC and Operations manager to ensure that all actions are been completed within the agreed timeline.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Transport is being reviewed in the organization; funding application has been submitted to the HSE for replace of number of older vehicles, in addition to a funding request for the purchasing of new seven seaters.</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Statement of purpose will be amended to reflect the changes from bedrooms to offices and will be submitted to the Chief Inspector as agreed.</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All risk assessment will be reviewed by PIC and updated in line with policy. The risk registered will also be reviewed to ensure that all risk is been captured and assessed.</p>	
<p>Regulation 27: Protection against infection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Internal infection and prevention control audits are completed quarterly. PIC to review and audit cleaning schedules every two weeks and will ensure all actions are being completed and recorded correctly. All staff have been informed that the cleaning schedules must be completed on a daily basis and the PIC will spot check this regularly. Cleaning schedule has been reviewed by Operations Manager and amended to ensure that all identified issues have been addressed.</p>	
<p>Regulation 29: Medicines and pharmaceutical services</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The PRN protocols will all be reviewed and revised where needed. All residents prescriptions will be amended as required. All medications will be locked in medication cabinet and this will be addressed at staff meetings. Senior nurse will audit and review all medication requirements and protocols and will</p>	

liaise with PIC regarding any issues identified.

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	31/03/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/03/2022
Regulation 13(2)(c)	The registered provider shall provide the	Substantially Compliant	Yellow	31/03/2022

	following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.			
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/01/2022
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.	Substantially Compliant	Yellow	31/03/2022
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	30/04/2022

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	31/03/2022
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	31/03/2022

Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/03/2022
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