Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Nuncio Apartment Complex
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	16 December 2021
Centre ID:	OSV-0003411
Fieldwork ID:	MON-0035031

About the designated centre

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

Nuncio Apartment Complex is a designated centre operated by SOS Kilkenny CLG. This designated centre provides community based living apartments for a maximum of 11 adults. The apartment complex is located on the outskirts of a large town and consists of eight individual two bedroom apartments. One of the apartments is communal and used as a base by staff, in addition to being a space where residents could meet and socialise together as they wished. The residents are supported by a team of staff comprising of a social care leader, social care workers and social care assistants. The staff team are supported in their role by a team leader and person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

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
Thursday 16 December 2021	10:15hrs to 18:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from an office area in the designated centre. The inspector ensured both physical distancing measures and use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet with the five residents throughout the inspection as they went about their day and participated in their activities, albeit this time was limited. Three of the residents were out in the community and visiting family members on the day of the inspection. The five residents showed the inspector around their apartments. The inspector was accompanied by the person in charge who demonstrated the promotion of dignity and respect by knocking on all doors before entering and asking for permission to entire the residents' home.

In the first apartment, the resident said they liked the apartment and discussed upcoming plans to move to a new house. There were pictures on display in their apartment of the new house and its layout. The resident noted that they had bought new furniture for the house.

The second apartment, the resident warmly welcomed the inspector and showed the inspector around their apartment. They spoke about their interest in music. One bedroom in the apartment had been converted to a music studio with a music desk, speakers and stands. The resident spoke of plans to DJ at an upcoming local event.

In the third apartment, the resident discussed where they were from and family members. The apartment was decorated for Christmas with a Christmas tree and various decorations throughout. The apartment was also decorated in a homely manner with pictures of the residents and items important to them throughout the apartment.

In the fourth apartment, the resident spoke of friends who had passed away and showed the inspector pictures they out up in memory of them. The resident showed the inspector around their apartment and noted that they were happy with it.

The fifth apartment, was decorated in a homely manner with Christmas decorations. The resident welcomed the inspector and told the inspector they were happy in their home.

The designated centre had shared access to a transport vehicle which was shared with another designated centre located close by. The provider noted that arrangements were in place to request access to transport outside of the shared

arrangement if required.

As noted the designated centre consists of eight apartments located outside of an urban area in County Kilkenny. The apartment complex has a private communal garden to the rear where some of the residents have their own sheds, patio furniture or clothes lines, and one resident has a private individual garden. Overall, the residents spoken with said that they liked their apartments and bedrooms. However, there were some areas which required improvement including internal painting.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. However, the governance and management arrangements required improvement as the inspector identified a number of areas which required attention including the staffing arrangements, staff training and development, premises, fire safety, personal plans, oversight of restrictive practices and safeguarding.

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

Capacity and capability

Overall, the inspector found that improvements were required in the management systems in place to ensure that the service provided was effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, some improvement was required in the staffing arrangements, staff supervision and governance and management.

There was a clear management structure in place. The centre was managed by a full-time person in charge who had recently commenced in the role. There was evidence of quality assurance audits taking place to monitor the service. However, improvements were required in the consistency of the quality assurance audits and the implementation of action plans. For example, the provider had not completed unannounced six-monthly visits at least once every six months in line with the regulations. This was also identified at the time of the last inspection. In addition, a number of areas identified for improvement on the last inspection had not been effectively addressed and remained outstanding.

There was an established staff team in place which ensured continuity of care and support to residents. However, the inspector found that the staffing arrangements required review. For example, it was not clear that there was staffing arrangements in place were in line with the assessed health, social and personal needs of all residents in line with the size and layout of the designated centre. Throughout the inspection, staff were observed treating and speaking with residents in a dignified

and caring manner.

The previous inspection found that a improvement was required in the provision of staff supervision. The inspector reviewed a sample of staff supervision records and found that this had not been effectively addressed.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. There was a core staff team in place which ensured continuity of care and support to residents.

However, the staffing arrangements required further review to ensure they were in line with the needs of residents and the size and layout of the centre. For example, four staff members were on duty throughout the day with two staff on overnight sleepover shifts to support eight residents. From a review of records, one resident was assessed as required two to one staff support and two residents were assessed as requiring one to one staff support. While the designated centre provides a service to a number of residents who require a low to moderate support, this meant that at times the assigned staff of the three residents were providing support to the five other residents.

The inspector was informed staff from the provider's independent community team may be available to provide support to residents and the person in charge and team leader may also be available. The inspector reviewed the complaints file and one complaint was made in relation to staffing arrangements. The inspector was informed that this was currently being reviewed by the provider.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The staff supervision system in place required improvement. The staff team in this centre took part in formal supervision. However, the inspector reviewed a sample of the supervision records which did not demonstrate that the staff team received supervision in line with the provider's policy. The person in charge noted that this had been identified and a supervision schedule had been prepared for 2022 to address this. This was also identified as an area for improvement at the time of the last inspection.

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to Residential Operations Manager, who reports to the Chief Operations Officer, who in turn reports to the Chief Executive Officer. As noted the centre was managed by a full-time person in charge who had recently commenced in the role. The person in charge was found to be implementing systems as established by the provider and had been working to ensure that they were familiar with all residents of the centre. However, the provider had not ensured they had achieved all qualifications as required by the regulations. On the day of inspection, these had been initiated and were due for completion in April 2022.

There was evidence of quality assurance audits taking place. However, improvement was required in the consistency of the audits to ensure the service provided was appropriate to residents' needs. For example, the provider unannounced six monthly visits were not completed in line with regulations. While a recent six monthly visit had been completed in December 2021, it was not evident that the visits were completed at least once every six months in line with the regulations. This was also identified as an area for improvement at the time of teh last inspection. The annual review for 2021 was still in draft at the time of the inspection.

The inspector also found that improvement was required in the effectiveness of implementing action plans from audits. For example, the previous inspection found that improvements were required in governance and management, staff supervision and the oversight of restrictive practices. At the time of the inspection, while the person in charge outlined plans in place to address these areas, they remained outstanding.

As noted, further review was required in the management of resources, in particular transport. For example, the eight residents of this designated centre shared access to a transport vehicle with another designated centre located close by which supported four residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up-to-date, accurately described the service provided and contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the service provided person centre care and support to the residents in a homely environment. Residents who spoke with the inspector stated that they liked their home. However, improvement was required in the oversight of restrictive practices, premises, infection control and fire safety arrangements. In addition, a matter which related to a resident waiting to move to another centre remained unresolved. The delay was contributing to safeguarding concerns in the centre.

There were systems in place to manage and review the use of restrictive practices. The inspector was informed found that there were a number of restrictive practices which had not been identified as restrictive practice before nor reviewed within that context. The person in charge was in the process of recording the restrictive practices and seeking approval from the organisation's human rights committee. The identification and management of restrictive practices was identified as an area for improvement in the last inspection.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. However, improvement was required in the fire safety arrangements in place for the containment of fire and the safe evacuation of all persons in the event of a fire.

There were systems in place for the prevention and management of risks associated with infection. The provider had prepared contingency plans for COVID-19 in relation to staffing and the self-isolation of residents. The inspector observed sufficient access to hand sanitising gels and personal protective equipment (PPE) through-out the centre. Staff were observed wearing PPE as required.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-

maintained. The designated centre consists eight individual apartments in an urban area in County Kilkenny. The apartments were decorated with residents' personal possessions and pictures throughout. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display. However, there were some areas which required improvement including areas of internal painting in one apartment.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required. The apartments visited were observed to be clean. The centre had access to support from Public Health.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers. There was evidence of regular fire evacuation drills taking place in the centre.

However, improvements were required in the arrangements in place for the safe evacuation of all persons in the event of a fire. A night time fire drill completed in August 2021 did not provide assurances that all residents would evacuate as it took over nine minutes and two residents refused to evacuate. This was discussed with the person in charge. Each resident had personal evacuation plans in place to guide staff in supporting residents to evacuate. However, one plan reviewed did not provide assurance that residents could and would be evacuated in the event of a fire and was overly reliant on the arrival of emergency services.

In addition, improvement was also required in the arrangements in place for the containment of fire. The inspector observed two fire doors wedged open in one apartment. This negated the purpose and function of the fire door. The inspector was informed plans were in place to address same.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. However one assessment reviewed required review to ensure reflected the up-to-date needs of a resident. The assessment informed the residents' personal plans which were guided the staff team in supporting residents with identified needs.

In addition, some plans reviewed included duplicated and old documentation which required archiving to ensure staff were appropriately guided to support residents with up-to-date information. The person in charge and the staff team were in the process of reviewing personal plans at the time of the inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The systems in place to manage and review the use of restrictive practices required improvement. There were a number of restrictive practices which had not been identified as restrictive practices nor reviewed within that context. The person in charge was in the process of recording the restrictive practices and seeking approval from the organisation's human rights committee. This was also identified as an area for improvement in the last inspection.

Judgment: Not compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. Safeguarding plans were in place to manage identified safeguarding concerns. The residents were observed to appear content in their home and spoke positively about living in the designated centre.

However, the placement of one resident continues to be inappropriate which continues to have a negative impact on their peers since March 2019. The inspector observed four complaints made by residents since July 2021 regarding the impact of noise from the apartment. This was also identified at the time of the previous

inspection in terms of the continuous emotional impact on residents. The inspector was informed that the provider in advanced stages of transitioning the resident to an appropriate setting and submitting an application to the Chief Inspector regarding same. At the time of the inspection, this application had not yet been submitted.
Judgment: Not 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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Nuncio Apartment Complex OSV-0003411

Inspection ID: MON-0035031

Date of inspection: 16/12/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing is in place in line with Statement of Purpose. When resident supported transitions to another center both overnight shifts will remain to ensure continuity of care and support to resident. Ratio of staff will be 3 during the day to meet all needs based on profile and assessed needs of the residents.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Identified in internal audit and by person in charge, supervision schedule in place for 2022, individual monthly schedules in place in 2022, increase in supervisions from 2 to 3 for 2022 with all staff having received at least one supervision by end of March 2022. Internal audit in April/ May 2022 to reflect compliance in supervision and staff development	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Person in Charge to complete all requirements for qualifications by April and this will be discussed in supervision with Residential Operations Manager.
Person in Change to ensure the 6 monthly audits are conducted in a timely manner and schedule received from Quality and Compliance officer.
All actions from audit to be completed in line with Actions plans, evidence folders to be set up to show actions closed, with these been reviewed and updated on a regular basis to provide continuous oversight.

Centre is designed as community based, this encourages independence with the residents, residents have access to public transport within a few minutes' walk , Vehicle is available if required to attend appointments and family access that isn't facilitated by public transport.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Management set up of weekly inspections of apartments to identify any maintenance requirements within the Centre, staff to also highlight any requirements to management and all to be escalated to the internal maintenance team. Maintenance department have completed painting in some apartments and have schedule in place for 2022

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Review of the CEEP's in place for residents in the apartments, meeting between management, Behavioural specialist and keyworkers to develop plans aimed to aid the residents evacuate. Completion of night time fire drills with continuous assessment of CEEP's, review frequency of fire tests and drills with internal health and safety officer. This has been reviewed and updated since the audit and resident has left the apartment in a appropriate time and will continue to be monitored

Fire doors wedged identified and risk assessment produced, identified the need for Fire door release systems and these are currently ordered and awaiting insulation. Discuss with residents and the team the importance of keeping the fire doors closed till installed in team meetings and keyworking

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Continued review and update of folders for individual assessments and personal plans within the residents. Reviewed in 6-month audit.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Self-assessment of restrictive practices identified restriction's not submitted in previous quarter this had been identified by PIC and internal audit. All restriction's identified in the audit are submitted in January through the portal. Restrictive practices folder set up in the Centre, updated, and reviewed as required. Internal restrictive meetings to take place each quarter	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Application submitted to HIQA for registration of new residents for person causing concern, Resident is supported with 2 to1 staff and regular meeting taking place between management, keyworkers, Behavioural specialist and psychologist with this helping to reduce incidents of concern this has led to a reduction in incidents and complaints within the last year. Transition folder in place for the resident, this is continued to be update by staff and the resident.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/02/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/03/2022
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	31/03/2022
Regulation	The registered	Substantially	Yellow	31/03/2022

23(1)(a)	provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Compliant		
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 and effectively monitored.	Not Compliant	Orange	30/04/2022
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	Not Compliant	Orange	30/04/2022

	care and support.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2022
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.	Not Compliant	Orange	28/02/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/04/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	31/01/2022
Regulation 08(2)	The registered	Not Compliant	Orange	28/02/2022

	provider shall protect residents from all forms of abuse.			