



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

Issued by the Chief Inspector

Name of designated centre:	Ardnore
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0003412
Fieldwork ID:	MON-0034679

About the designated centre

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

Ardnore is a designated centre operated by SOS Kilkenny. It provides a community residential service for up to 18 adults with a disability. The designated centre is located on the outskirts of an urban area in County Kilkenny with access to local facilities and amenities. The designated centre consists of three units including two two-storey houses and one purpose built bungalow. The designated centre is staffed by social care workers and care assistants. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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 10 November 2021	10:20hrs 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 each of the units of 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 15 residents throughout the inspection as they went about their day and participated in their activities, albeit this time was limited.

On arrival to the first unit of the designated centre, the inspector observed a resident attending to the garden. The inspector was greeted by the four residents in the unit. The inspector observed residents relaxing, watching TV and being supported to access the community. The residents told the inspector that they liked their bedrooms. One resident spoke of plans to paint certain rooms in the centre and showed the inspector the colors and paint that had been bought. One resident told the inspector about people they knew in the community. Positive interactions were observed between the residents and the staff team.

In the afternoon the inspector visited the second unit and met with five of the residents. The residents were engaged in table top activities and having a dessert after lunch. The residents briefly spoke with the inspector about where they were from and their interest in sports. One resident spoke of their interest in the guards. One resident was also observed catching up on sporting news from the weekend and another being supported to access the community. The residents appeared content in their home which was personalised with their possessions.

In the third unit, the inspector met with six residents. On arrival the inspector observed a number of residents actively preparing for Christmas decorations to be hung in the house while another resident was organising their bedroom. The residents appeared relaxed and comfortable in their home. Overall, the residents appeared content in their home and in the presence of staff members throughout the inspection. The inspector observed positive interactions between residents and members of the staff team throughout the inspection.

In all units, access to transport was raised as an area for improvement. The designated centre had shared access to transport vehicles with the provider's day service. 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 three units located within a short distance of each other in Kilkenny. The houses varied in design and location. Two

units were two-storey houses which comprised two semi-detached properties combined into a single house with the third unit a purpose-built bungalow. Overall, the houses were decorated in a homely manner with residents' personal possessions and pictures throughout the centre. The residents spoken with said that they liked their bedrooms. However, there were some areas which required improvement including internal painting. This had been self-identified by the provider and plans were in place to address same. In addition, the provider's annual review in 2020 identified that one two-storey unit may not be suitable to meet the long-term needs of the residents. The provider informed the inspector that they were in the process of exploring options to address same.

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. There were areas for improvement which included the staffing arrangements, governance and management, premises, infection control and fire safety.

The next two sections of the report present the findings of this inspection in relation to 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, there were 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, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to monitor the service. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. The audits identified areas for improvement and action plans to address same. As identified on the previous inspection, it was not evident that the annual review for 2020 adequately included the views of residents and their family/representatives. The inspector was informed that the provider was in the process of completing the annual review for 2021. In addition, some improvement was required in the effectiveness of implementing action plans.

As stated, on the day of inspection, the inspector observed that there was sufficient staffing levels and skill-mix in place to meet the residents' needs. There was an established staff team in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner. However, staffing arrangements

required further review as outlined below.

The previous inspection found that a substantial number had not received refresher training as required in key areas. The inspector reviewed a sample of staff training records and found that, for the most part, this had been addressed. However, some of the staff team required refresher training in areas including fire safety and de-escalation and intervention techniques. This had been self-identified by the provider and refresher training had been scheduled for those staff members. The inspector reviewed a sample of staff supervision records and found that some improvement was required in the frequency of supervision.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre. The person in charge was suitably qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. There was a core staff team in place which ensured continuity of care and support to residents. In addition, day service staff had been redeployed to the service. The person in charge maintained a planned and actual roster.

However, the staffing arrangements required further review to ensure they were appropriate to the needs of residents and the size and layout of the centre. For example, at the time of the inspection, the designated centre was operating with one whole time equivalent vacancy and there was a reliance on regular agency staff and day service staff. The inspector was informed that this was currently being reviewed by the provider.

Judgment: Substantially compliant

Regulation 16: Training and staff development

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. While one gap was identified in fire safety, safeguarding and de-escalation and intervention

techniques, this had been self-identified by the provider and refresher training had been scheduled for those staff members.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received supervision. However, some improvement was required to ensure that staff received supervision in line with the provider's policy.

Judgment: Substantially 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. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

However, as noted in the previous inspection was not evident that the annual review for 2020 adequately included the views of residents and their family/representatives. The inspector was informed that the provider was in the process of completing the annual review for 2021.

The inspector also found that improvement was required in the effectiveness of implementing action plans from audits. For example, in April 2021 the self-closures on fire doors were identified as an area for improvement. At the time of the inspection, while there were plans in place to address this, it remained outstanding. The inspector also reviewed a sample of infection control cleaning schedules and audits and found improvement was required in one unit in the effectiveness of the cleaning schedules and audits. As noted, further review was required in the management of resources, in particular transport. For example, ten residents across two units shared access to a transport vehicle with day services.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse 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 management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a homely environment. However, some improvement was required in the premises, infection control and fire safety arrangements.

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. However, some improvement was required in the implementation of actions identified in audits.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. However, improvement was required in the fire safety arrangements in place for the containment of fire. For example, a number of self-closing devices had been removed from fire doors in the designated centre.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-maintained. The designated centre consists three units located within a short distance of each other in Kilkenny. The centre was decorated with residents' personal possessions and pictures throughout the centre. 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. This had been self-identified by the provider and plans were in place to address same.

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 centre had access to support from Public Health.

However, some improvement was required in the implementation of actions identified in audits. For example, pedal bins were identified as required in one unit and were not in place at the time of the inspection. In addition, on the day of inspection, the inspector reviewed a sample of cleaning schedules and in one unit it was not evident it was completed for the day of inspection.

Judgment: Substantially 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 which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre.

However, improvement was required in the fire safety arrangements. The inspector observed a number of self-closing devices removed from the fire doors across all three units. This negated the purpose and function of the fire door and may have altered the integrity of the fire door. This had been self-identified by the provider in April 2021 and the inspector was informed plans were in place to address same.

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. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting concerns.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ardnore OSV-0003412

Inspection ID: MON-0034679

Date of inspection: 10/11/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The vacancy of one whole time equivalent Social care worker has been filled and the staff member has commenced work on Monday the 6th of December 2021. The PIC will complete a review of the staff arrangements in the Centre and this review will be completed by 31/01/2022.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: As per Quality conversations policy, PIC is on schedule for all staff including day services staff to receive two (formal supervision sessions) Quality Conversations a year or more if required. There is now a clearer schedule effective 15/11/2021.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual review for 2021 will be completed by Tuesday 14th December 2021. The</p>	

views of all residents and families/representatives will be included in this annual review. The PIC will also include both families/representatives and residents views during yearly reviews.

PIC will agree to achievable dates and timelines post audits and will ensure these actions are met within the timeframe.

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. Outstanding concerns will be discussed with staff through quality conversations (supervision) and team meetings.

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. The outcome of these funding requests will be known by the end of December 2021.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
The Maintenance manager has confirmed that any outstanding planned maintenance will be completed by 31st of March 2022.

Regulation 27: Protection against infection	Substantially Compliant
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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. Outstanding concerns will be discussed with staff through quality conversations (supervision) and team meetings.

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Self-closing devices have been reinstalled on all fire doors that require same, completed 23.11.2021.	

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	31/01/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/11/2021
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	31/01/2022

23(1)(c)	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.	Compliant		
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2022
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	31/01/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	23/11/2021

	extinguishing fires.			
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