



# 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:	Announced
Date of inspection:	12 and 13 July 2023
Centre ID:	OSV-0003412
Fieldwork ID:	MON-0031761

## 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. Each house is in close proximity to each other and accommodates up to six individuals. 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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 12 July 2023	11:00hrs to 17:30hrs	Miranda Tully	Lead
Thursday 13 July 2023	08:30hrs to 12:00hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

This announced inspection was completed to inform a decision regarding the renewal of registration for this designated centre. The inspection was completed over two days by one inspector.

The designated centre consists of three large houses located in Kilkenny City. The inspector had the opportunity to visit each house over the course of the inspection. Overall, the houses were found to be decorated in a homely manner with residents' personal possessions and pictures on display throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the resident. However, improvement was required with the premises with regard to upkeep and accessibility.

Over the course of the two day inspection, the inspector had the opportunity to meet residents that lived in the centre. Residents used different forms of communication such as speech, vocalisations, gestures and expressions. In addition to speaking with residents, the inspector observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

On the first day of inspection, the inspector visited a house and met one resident initially, this resident did not attend a formal day service and participated in activities of their choosing, supported by staff from the residential centre. Activities included household tasks such as cleaning and knitting. They also described to the inspector how they enjoyed country drives and visiting a particular hotel. They were observed over the course of the inspection moving freely within their home, entering the kitchen to engage with staff and later prepare their lunch. The resident ate their meal while relaxing and watching TV in an individual sitting room. The sitting room had recently been re-purposed as a sitting room and had been decorated to reflect the resident's individual taste. The re-location of this sitting room for the resident formed part of a strategy by the provider to minimise negative interactions between the resident and their peers. This was seen to be effective with a reduction of incidents recorded. Later on, three other residents returned from day services to have lunch. Each resident spoke to the inspector about their individual likes and interests before leaving for the afternoon with day support staff.

The second unit was home to five residents. The inspector met with four residents as they returned from day services. All the residents appeared content and comfortable in their home. Residents were seen to carry out their evening routines watching their preferred television programmes, helping to set the table and engaging with staff. Residents spent some time talking with the inspector about their hobbies, activities they enjoy and holidays that they have planned.

On the second day of the inspection, the inspector visited the third house and met each of the five residents that lived there before they departed for the day. Each resident had individual interests and likes from hurling, golf, attending the gym to gardening, farming and woodwork. It was evident that the residents enjoyed busy, active lives. On the morning of the inspection, one resident choose not to attend day service. The resident's wishes were respected and alternative arrangements were made on the morning. This demonstrated the flexibility of the service to support resident's individual preferences.

The staff who spoke to the inspector were knowledgeable regarding residents' needs. Staff spoke about residents' individual needs and preferences and how they as staff respond.

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, there were some areas for improvement which included staffing, notification of incidents and premises. Overall, the residents appeared content in their home and in the presence of staff members throughout the inspection.

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 the registered provider was demonstrating effective governance, leadership and management arrangements in the centre.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection. The person in charge reported directly to the person participating in management appointed to the centre whom provided additional governance support.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place. However, improvement was required as the centre was operating with a number of staff vacancies and there was an over reliance on the use of additional hours and agency staff to meet the staffing complement and fill the centres rosters. This impacted on the consistency of staffing in the centre. The provider was working very hard to try and fill these staff vacancies but highlighted difficulties in filling staff posts.

There was systems in place for the training and development of the staff team, staff

spoken to throughout the inspection had the necessary skills and competency to care for residents.

### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge maintained a planned roster for the centre. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. There was a core staff team with the relevant skills, qualifications and experience in place, which ensured continuity of care and support to residents.

However, at the time of inspection, there were a number of staff vacancies in the centre which was found to negatively impact on the continuity of care and support to residents. The inspector was informed that the provider was actively recruiting to fill these vacancies and was using agency staff in the interim.

Judgment: Not compliant

### Regulation 16: Training and staff development

Training was provided to staff in a range of areas such as fire safety, safeguarding,

first aid, infection prevention control and medication management. The inspector reviewed the staff training records and found that all staff had received up-to-date training or refresher training had been scheduled.

The staff team in this centre were supported in their role by the completion of formal supervision and a clear staff supervision system was in place. The inspector reviewed the schedule for supervision meetings and a sample of the supervision records which demonstrated that the staff team received supervision in line with the provider's policy.

Judgment: Compliant

### Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective management systems in place in the centre. The provider and person in charge were ensuring oversight through regular audits and reviews. The provider had completed six-monthly reviews and an annual review of care and support in the centre. The annual review 2022 included feedback from residents and their representatives.

The provider and local management team were found to be self-identifying areas for improvement and to be taking the necessary steps to bring about the required improvements.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. 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 31: Notification of incidents

A review of notifications submitted to the Chief Inspector of Social Services occurred. Not all notifications were submitted as required. For example, there were ten occasions within the past year, when the Chief inspector was not notified (within three working days as required) following adverse incidents occurring in the designated centre.

Judgment: Not compliant

### Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including visiting all three premises, review of risk management, individual assessment and personal plans, protection, fire safety and infection control systems. The provider was for the most part identifying and responding to areas that required improvement.

The inspector reviewed a sample of residents' personal files which comprised of a comprehensive assessment of residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs.

Overall, the designated centre was decorated in a homely manner however, in one building the environment was not suitably meeting the needs of one resident. In order for a resident to complete personal care tasks safely, they were required to use downstairs shower facilities located in a staff office. This required the resident to travel through the kitchen and living room area from their bedroom upstairs.

The residents were protected by the policies procedures and practices relating to safeguarding in the centre. Staff had completed training and were found to be aware of their roles and responsibilities in relation to safeguarding. The residents were observed to appear comfortable and content in their home.

Relevant risks were discussed with the inspectors on the day of inspection. A risk register was in place to provide for the ongoing identification, monitoring and review

of risk.

### Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. The designated centre consists of 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.

In one building the environment was not suitably meeting the needs of all residents. In order for a resident to complete personal care tasks, they were required to use downstairs shower facilities located in a staff office. This required the resident to travel through the kitchen and living room area from their bedroom upstairs. The provider advised the inspector that they were reviewing the property design and layout in order to meet the changing needs of the residents.

In addition, the inspector observed worn flooring in one premises, the provider advised there were plans in place to replace and or repair flooring. Areas of plaster also required repair in one house.

Judgment: Not compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The residents had a number of individual risk assessments on file so as to promote their overall safety and wellbeing, where required.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had implemented corrective actions outlined from a previous inspection. Residents were protected by the infection prevention and control policies, procedures and practices in the centre. There was evidence of contingency planning in place for COVID-19. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on

the day of the inspection. There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff have received suitable training in fire prevention and emergency procedures. There were adequate means of escape, including emergency lighting. For example, escape routes were clear from obstruction. 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.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal plans and found that personal plans to be comprehensive in that they informed all aspects of the residents' life and up-to-date assessments of needs had been implemented. Residents had their annual support meeting where their care and support was reviewed and planned with them.

Judgment: Compliant

### Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. The person in charge had ensured that residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

### Regulation 8: Protection

Systems to safeguard residents were clearly evident and staff members knew residents and their individual support needs very well. The inspector reviewed safeguarding incidents that had been reported and found clear follow up, learning from and corrective actions had been implemented effectively. Staff members demonstrated good knowledge on the types of abuse, how to manage safeguarding allegations/disclosures, how to report and record safeguarding concerns and ultimately how to keep residents safe.

Judgment: Compliant

### Regulation 9: Residents' rights

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for residents in relation to their rights, complaints and advocacy services. Staff had commenced completion of training in human rights and were observed transferring this knowledge into practice. For example, staff had increased awareness with regards to restrictive practices and are actively seeking to reduce restrictions where safe to do so. All restrictions within the centre were reviewed by a committee developed by the provider. Further work is being undertaken by the provider to increase person centred supports and supporting resident consultation.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ardnore OSV-0003412

Inspection ID: MON-0031761

Date of inspection: 12/07/2023 and 13/07/2023

## 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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All vacancies identified have now been filled and a new deputy manager will be commencing in the centre from 02.10.23	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: An update of the providers data management system has been completed which allows PPIM to be notified of reportable incidents while the PIC is not available in the designated center. This provides additional governance to completed reportable incidents with in the three working days requirement. A new deputy manager will be starting in the DC from 02.10.23 which will further ensure oversight and governance in the absence of the person in charge	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In one building the environment was not suitably meeting the needs of all residents. In order for a resident to complete personal care tasks, they were required to use downstairs shower facilities located in a staff office. This required the resident to travel	

through the kitchen and living room area from their bedroom upstairs. The provider advised the inspector that they were reviewing the property design and layout in order to meet the changing needs of the residents.

A plan has been put in place to fit a shower in the bathroom upstairs which will meet the needs of all residents.

The worn floor in kitchen is to be sanded and varnished and both hallway and office floors down stairs are to be replaced this is to be completed by 08/10/2023. All areas that require plaster and repair works are to be completed by 08/10/2023



## 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.	Not Compliant	Orange	14/08/2023
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.	Not Compliant	Orange	08/10/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Not Compliant	Orange	08/10/2023

	suitably decorated.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	30/11/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2023
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	17/08/2023