



# 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:	18 October 2022
Centre ID:	OSV-0003412
Fieldwork ID:	MON-0031766

## About the designated centre

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

Ardnare 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:	14
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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
Tuesday 18 October 2022	09:30hrs to 17:30hrs	Conan O'Hara	Lead
Tuesday 18 October 2022	09:30hrs to 17:30hrs	Miranda Tully	Lead
Tuesday 18 October 2022	09:30hrs to 17:30hrs	Tanya Brady	Support

## What residents told us and what inspectors observed

This inspection was completed by three inspectors which ensured all premises that comprise this centre were visited and time could be spent in each house. This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspectors followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspectors ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The designated centre consists of three large houses located in Kilkenny City. The inspectors had the opportunity to visit each house on the day of inspection and met with five residents over the course of the day. The inspectors had the opportunity to also engage with the staff teams in each house, with the local management team and with the provider over the course of the inspection. Documentation was reviewed in the office spaces within each home and in the provider's main office building separate to the centre.

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 internal and external painting of the premises which had been identified in previous inspections.

On arrival to the first unit of the designated centre, inspectors observed some residents leaving for their day service in the centre vehicle and supported by staff. The residents waved at the inspectors and staff reported that the residents enjoyed going to meet peers and engaging in activities in the day centre. One resident remained in the house and told inspectors that they do not attend a formal day service. They were observed over the course of the inspection moving freely within their home, entering the kitchen to engage with staff and to make a snack and later their lunch. The resident ate their meal while relaxing and watching TV in an individual sitting room. They spoke to the inspectors and told them about where they were from, things they liked to do and their future holiday plans. The resident demonstrated their knitting work and expressed how they enjoyed knitting. Positive interactions were observed between the residents in this home and their staff team.

The second unit was home to five residents. The inspectors met with four residents as they returned from day services. All the residents appeared content and comfortable in their home. The house was decorated with Halloween decorations and residents highlighted a recent birthday party. The residents spoke of their upcoming plans for Halloween and also for Christmas. One resident proudly showed the inspectors their bedroom which was decorated in line with their preferences.

Two inspectors visited the third unit in the afternoon and the third inspector

reviewed documentation in the provider's offices. The house was home to five residents. The residents were attending day services during the inspection so inspectors did not get an opportunity to meet them. Overall, inspectors found that the premises was decorated in a homely manner. The unit was in the process of being painted on the day of the inspection.

In summary, based on what the residents communicated with the inspectors 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 personal plans, infection prevention and control, governance and management, fire safety 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

The provider had ensured there was a clearly defined management system with clear lines of accountability and authority in place. Staff who spoke with the inspectors were clear on who they would speak to if they had a query or concern.

The centre was managed by a full-time, suitably qualified and experienced person in charge. They were supported by an assistant director of services who fulfilled the role of person participating in management for the centre. A number of staff had responsibility for some delegated duties and showed inspectors the audits and documentation they had responsibility for. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2021 and the provider's unannounced six-monthly visits as required by the regulations. These quality assurance audits identified areas for improvement and action plans were developed in response. However, some improvement was required in the effective monitoring of the progress against identified actions at a local level.

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. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner and to be familiar with resident's assessed needs, their likes and dislikes.

## Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. At the time of the inspection, the centre was operating with two whole time vacancies. These vacancies in addition to planned and unplanned leave were being managed by the staff team, a consistent relief staff team and through the use of agency staffing. The provider had ensured that additional hours had been also allocated to houses and residents at specific times ensuring that in evenings or weekends that if they wished residents had more opportunities to engage in individualised activities.

The person in charge maintained a planned and actual roster. From reviews of the rosters in all houses, there was an established core staff team in place with access to a relief panel and consistent agency staff which ensured continuity of care and support to residents. Staff were supported out of hours via the use of a management and on-call roster.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had systems in place for the training and development of the staff team. From a review of a of the training records, the majority of the staff team had up-to-date training in areas including safeguarding and safe administration of medication. While some staff required refresher training in areas such as fire safety and de-escalation and intervention techniques, there were plans in place to address same with some refresher training already 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 inspectors 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 23: Governance and management

There was a defined management structure in this centre with clear lines of authority and accountability in place. The person in charge reported to the assistant director of services, who in turn reports to the Chief Operations Officer. There was evidence of quality assurance audits completed to ensure the service provided was effectively monitored. These audits included the annual review for 2021 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response. In addition, there was evidence of quality assurance audits completed by the provider's specialist departments such as, health and safety.

However, some improvement was required in the effectiveness of audits as outlined further in Regulation 27 later in this report. In addition, where actions had been identified within audits the progress against these actions was not evidently monitored to provide an assurance that they were completed as required.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspectors found the provider was striving to provide a quality person centred service which respected the rights of residents. However, improvements were required including the poor compatibility of the resident group. Other areas were also identified as requiring improvement such as infection prevention and control, fire safety and personal plans.

The provider had self-identified concerns with the compatibility of the resident group and the negative impact on the lived experience of residents in two of the units. While the inspectors found that the provider had implemented measures to safeguard residents, this issue remains ongoing at the time of the inspection.

The inspectors reviewed a sample of residents' personal files which for the most part 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. However, one assessment of need had not been reviewed within the last year and two personal plans required review.

The systems in place for the prevention and management of risks associated with infection required improvement. For example, in one of the houses, bathrooms were observed to require deep cleaning, cleaning had not been regularly completed in currently unused rooms and in one resident bedroom there was a bin that could not close as it was overfull. In addition, while cleaning schedules were in place, the



inspectors observed gaps in the schedules which had not been addressed.

## Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained in all three houses. The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own bedrooms which were decorated to reflect their individual tastes and some residents had individual living rooms and areas they enjoyed spending their time. In one house the provider was renovating two rooms and were seeking to provide an individual living space for one resident within their home.

However, improvement was required in the general upkeep of the premises. For example, there were areas of internal paint observed as marked and damaged. This was also identified on the two previous inspection in 2019 and 2021 and while there were plans to address this, it remained outstanding during this inspection. The inspectors observed one unit in the process of being painted on the day of the unannounced inspection. The provider had obtained quotes for the painting work and a start date for painting was confirmed to inspectors.

In addition, inspectors observed areas of worn flooring, worn carpet and damage to window sills and frames internally. The provider had completed some refurbishment to windows externally.

The arrangements in place for suitable storage also required review. In one unit mobility equipment for one resident was tightly pushed into a hall cupboard which impacted on the storage of coats for other residents and posed a challenge in closing the door without damaging the aid. An individual living room no longer in use in one home was being used for storage and it was unclear whether some of the items in the room were for this centre. Some infection control issues were identified in relation to mould, dust and worn surface areas. This had also been self-identified by the provider and plans were in place to address same. This is outlined further under Regulation 27.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The provider had policies, procedures and systems in place to protect residents from healthcare associated infections. However, some of the systems in place for the prevention and management of risks associated with infection required

improvement.

In one unit, the inspectors observed areas of mould and worn surface areas. In addition a sink for hand washing was available in an office adjacent to a bathroom with the bin for disposing of hand towels across the room, which did not facilitate best practice in hand hygiene practices. Inspectors found a number of gaps in the cleaning schedules completed however, it was not clear that these gaps had been fully identified in audits nor actions identified. Areas of the centre were visibly dusty, some rooms now used for storage were cluttered which did not lend itself to deep cleaning and there was evidence that high cleaning was not consistently being completed in some areas of the centre.

In one unit, the storage practices for cleaning equipment required review where buckets and mops were stored externally. This practice did not ensure that buckets and mops were stored in a manner that kept them clean and reduced the risks of contamination.

There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. There was sufficient access to hand sanitising gels and a range of personal protective equipment (PPE). Staff were observed wearing PPE in line with current guidance throughout the day of inspection.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider had systems in place for fire safety management in the centre. The centre had suitable fire safety equipment in place which were found to be serviced as required. Some work had been completed since the last inspection of this centre such as installing fire containment measures and upgrading of fire doors.

There was evidence that regular fire evacuation drills were taking place and up-to-date personal evacuation plans in place which outlined how to support residents to safely evacuate in the event of a fire. However, some improvement was required to ensure that residents could be safely evacuated to a place of safety at night time. For example, a fire drill that reflected the night time position when all residents would be in bed with minimum staffing had not been completed in the last year in two of the units.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of resident's personal plans. Each resident had a comprehensive assessment of the residents' health, personal and social needs. However, some improvement was required in personal plans to ensure they were up to date and suitably guided the staff team. For example, one assessment of needs had not been reviewed within the last year in line with the Regulation. In addition, there were care plans which required review to ensure they were up-to-date. It was identified from the sample reviewed that two personal care plans required review to appropriately guide staff in supporting the residents. This had been self-identified by the provider through a recent internal care plan review but the identified actions were not completed and progress against these not monitored.

At the time of the inspection, there were concerns on the incompatibility of the resident group in two of the units which had negatively impacted residents' lived experience living in the centre. While the inspectors acknowledge the arrangements in place to safeguard residents, this issue remained ongoing on the day of inspection.

Judgment: Not compliant

### Regulation 8: Protection

Notwithstanding, the identified ongoing compatibility issues for the resident group in two locations, the registered provider had policies, procedures and systems to keep the residents in the centre safe. The person in charge had ensured there were appropriate systems and protocols in place to manage identified safeguarding concerns.

Safeguarding plans in place were found to be detailed and were reviewed in line with national guidance. Residents who required support in their personal and intimate care had plans in place that were found to be guiding staff practice. The provider and person in charge had identified that systems for the oversight and safeguarding of residents' finances required review and actions had been identified that the provider and person in charge were currently dealing with. Residents were observed to appear comfortable in their home and with the staff team supporting them.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Ardnore OSV-0003412

Inspection ID: MON-0031766

Date of inspection: 18/10/2022

## 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>All maintenance requests are now been logged into SOS Kilkenny Data management system which identifies timelines for each request and shows the status of each action therefore giving oversight to the person in charge and senior managers. All maintenance requests will be reviewed at the persons in charges monthly one to one meetings with senior management. Maintenance reviews will be completed annually.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All identified maintenance works have commenced in each locations. Internal painting work required which had also identified in two previous inspections has now been completed. All flooring and carpets have been replaced as required and solutions for suitable storage has been identified.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection</p>	

against infection:

All cleaning schedules have been reviewed and any gaps identified have now been actioned which includes high cleaning and dusting. A professional cleaner has been allocated once a month for an additional deep clean of all bathroom areas.

All mop buckets and mops are now stored in an allocated internal location. New infection control audits are now in place and will be carried out on a quarterly basis by an internal residential manager from an alternative location.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Nighttime drill were completed on the 21/10/2022 and 24/10/2022 in the two areas that were outstanding. All areas are now fully compliant as per policy reflecting the night timepositions when all residents are in bed with the minimum staffing.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

All needs assessments and personal care have been reviewed and completed in line with regulations and all identified ations have been completed and will be monitored on a regular basis by the person in charge.

In relation to incompatibility of residents, in one unit ongoing works are currently being completed which will alliviate the negative impact of the residents lived experience in this centre.

In the second unit, both resident are currently being safeguarded by appropriate systems and protocols and the manager along with MDT are actively working with both residents to explore new ways to resolve compatibility issues. Both residents have expressed their wish not to be moved from their currently home.

## 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 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	03/03/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	03/03/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	03/03/2023
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	Substantially Compliant	Yellow	02/12/2022



	safe, appropriate to residents' needs, consistent and effectively monitored.			
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.	Not Compliant	Orange	27/01/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	24/10/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health,	Substantially Compliant	Yellow	18/11/2022

	personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	03/03/2023
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	18/11/2022