



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

Issued by the Chief Inspector

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| Name of designated centre: | Woodview |
| Name of provider: | S O S Kilkenny Company Limited by Guarantee |
| Address of centre: | Kilkenny |
| Type of inspection: | Unannounced |
| Date of inspection: | 15 February 2022 |
| Centre ID: | OSV-0003413 |
| Fieldwork ID: | MON-0030448 |

About the designated centre

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

Woodview is a purpose built bungalow within easy walking distance of a town centre. It provides community based living in a homely environment for seven adults with mild to moderate intellectual disability. Woodview has eight single bedrooms one of which is used for staff to sleep over. The staff bedroom also serves as the office. It has ample parking and a large garden which the residents enjoy and are actively involved in maintaining.

This centre seeks to maximise the participation of the individuals who live there in the ordinary life of the community and supports them in developing valued social roles. Residents in this centre are supported by a staff team comprising of social care workers and care assistants on a 24 hour a day, seven day a week basis with no closures.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 7 |
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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 15 February 2022 | 09:30hrs to 15:00hrs | Tanya Brady | Lead |

What residents told us and what inspectors observed

This centre is a spacious bungalow set on an elevated site on the outskirts of a small town in Co. Kilkenny. The centre is registered for a maximum of seven residents and there were six residents present on the day of the inspection. The inspector met and spent time with all six residents, with the staff team on duty and with the management team for the centre throughout the day. This was an unannounced inspection completed while the COVID-19 pandemic restrictions were still in place. The inspector adhered to infection prevention and control best practice including the wearing of personal equipment at all times throughout this inspection.

On arrival in the morning, the inspector found that some residents were getting ready to go out for activities such as chair yoga in the local community centre. One resident was observed to get their bag ready for this and to tell staff that they would be late if they did not hurry. One resident was heading out for a walk which is part of their daily routine and they told the inspector they would see them later.

Later in the day the inspector observed a resident in the sitting room listening to a religious service on the laptop. Staff reported that prayer and the religious service was very important to this resident and so they made sure to support them by having a quiet space in the house and the laptop connected to the Internet. This resident was also supported by staff to travel on Sundays to a service with familiar celebrants if they requested to attend. The inspector spoke to one resident about their love of soap operas, they explained that they had a comfortable chair in a small living room to watch the television without interruption. Others preferred to watch documentaries and a resident had a subscription to an Internet provider of programmes they enjoyed.

Residents over the course of the day were observed engaging in activities of daily living which they took pride in completing. A resident showed the inspector how they helped prepare the meals and were cutting vegetables ready for the evening meal. Another resident was relaxing in the kitchen while chatting to a staff member who was completing some ironing. Residents freely accessed the washing machine in the utility room or completed household tasks.

Residents expressed the value they found in activities in the community to the inspector. They explained that they were happy day services were open again and that they were supported to engage as much or as little as they wanted to. The staff team and person in charge supported residents in having choice over how they directed their day and if residents preferred a quiet time at home this was respected. Residents spoke of attending a computer course, participating in art or making buns.

Through observations, the review of documentation and speaking with the staff team, it was evident that each residents' happiness and comfort were prioritised. The premises was a large bungalow and it was bright, airy and comfortable

throughout. There were numerous spaces available for residents to engage in activities, or to spend their time relaxing. Residents' pictures and art that was important to them was on display throughout the house. The design and layout of the centre was continuously considered to make sure it was meeting residents' assessed needs as the residents in this centre presented with changing needs. The corridors were wide to ensure residents could safely and comfortably move around their home however some work had been identified to support this further. Residents bedrooms were found to be designed and decorated in line with their wishes and preferences. Each residents' room contained their treasured memories such as pictures of their achievements, newspaper clippings and family photos.

One resident was waiting for surgery and explained to the inspector that the staff supported them in carrying out exercises that helped them to manage pain in their joints. The staff were seen to be caring and supportive while still supporting the resident to be as independent as possible. They took the time to explain what the upcoming surgery may mean and how they would help, this was found to be reassuring to the resident.

Residents and their representatives views were also captured as part of the annual care and support in the centre. Feedback from both residents and their representatives was positive. Care and support was described as "very good" and families reported being "very happy with communication with the centre".

In summary the inspector found throughout the inspection that residents appeared happy, relaxed, comfortable and content. They were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them. Kind, caring and positive interactions were observed between residents and staff throughout the inspection.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service. The centre was homely in its design and there was a clear focus by staff team on ensuring that each resident was happy, content, relaxed and comfortable in their home. They were also motivated to ensure that residents were spending their time taking part in activities they enjoyed. The provider was making the best of the available resources in the centre, and this was ensuring that residents were in receipt of the best care and

support available.

The provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing an annual review of care and support which included consultation with residents and their representatives. They were also completing six monthly unannounced inspections and the staff team were regularly completing a number of audits in the centre. These audits and reviews were identifying areas for improvement, and these improvements were found to be having a positive impact on residents' lived experience in the centre.

Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. For example, the person in charge was on site every weekday morning or more often if required, they were in receipt of supervision, staff meetings were occurring regularly and they had a staff communication book in place.

Regulation 15: Staffing

Residents were found to receive assistance, interventions and care in a respectful, timely and safe manner by a staff team. Staffing numbers were stable in the centre, with the consistency of the staff team prioritised. The person in charge recognised the importance of this in line with residents changing needs. Regular relief staff were covering the required shifts, when staff were on planned and unplanned leave.

There were planned and actual rosters in place and they were well maintained.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems in place that supported and promoted the delivery of a safe, quality service. The quality of care and the experience of residents was being monitored and developed on an ongoing basis.

The provider had made sure there were enough staff who were familiar with residents, supporting them. The centre was managed by a suitably qualified, skilled and experienced person in charge who had the authority, accountability and responsibility for the provision of service.

The provider was found to be self-identifying areas for improvement and there was a clear focus on person-centred care and quality improvement in this centre. They were completing an annual review of care and support and six monthly

unannounced audits in the centre. The person in charge had developed a system to monitor progress against actions identified in these audits and was meeting with the person participating in management of this centre to discuss same. Staff meetings were occurring regularly and the staff team were regularly completing audits. As previously mentioned, these audits and reviews were leading to positive changes in relation to residents' care and support and in relation to their home.

The centre was found to be resourced to ensure the effective delivery of care and support in line with the centre's statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of accident and incident reports in the centre and found that the Chief Inspector was notified of the required incidents in line with the requirement of the Regulations.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a very high standard. They were in receipt of person-centred care that supported them to spend their days as they wished. They were living in a comfortable and spacious home where their safety and wellbeing was being prioritised. Their rights were supported and promoted and their talents and skills were celebrated and encouraged. Although there had been challenges due to COVID-19 restrictions, the staff team had encouraged residents to explore more home-based activities and to stay in touch with their family and friends. Residents were supported to make decisions about their care and about the day-to-day running of the centre.

As mentioned earlier in this report, residents were very much involved in the running and operation of their home. Regular residents' meetings were held and these facilitated residents' participation in decisions about their home. They were being kept up-to-date in relation to COVID-19 and how the levels of restrictions would impact on their lives. Information was also available in a user-friendly format in relation to areas such as, rights, complaints and advocacy.

Regulation 17: Premises

This centre comprises a large bungalow on an elevated site in a quiet residential area on the outskirts of a small rural town. The centre was home to seven individuals and while spacious was acknowledged by the provider as being a busy home. The design and lay out of the centre did meet the resident's needs currently however, the provider was aware that adaptations may be required and that an additional bathroom may also be indicated as resident's needs continue to change.

On arrival to the designated centre the inspector observed a number of positive changes to the external area of the property. An area outside the front door had been paved to allow for the centre vehicle to get close to the front door which was a positive change for residents who found mobility challenging. In addition areas of the garden had been paved and levelled so that it was easier for those who liked to be outside to access the garden.

All residents had their own bedrooms and there was a spacious kitchen - dining room and two living rooms, the centre had two bathrooms that were accessed by all residents, one was a fully accessible wet room with level access.

The house had a number of areas internally that required repair however, this had been identified by the provider and there were contractors on site the day of inspection. This included the fitting of increased ventilation into the attic space and removal of patches of mould from one room. New furniture had been ordered for the living rooms and the person in charge had also had new kitchen table and chairs delivered.

Judgment: Compliant

Regulation 18: Food and nutrition

Resident's food and nutritional needs were comprehensively assessed by medical and health and social care professionals and had been used to develop personal plans that were seen to be implemented in practice. The staff team had been in receipt of specific training that equipped them to modify texture of food and drinks where indicated and to ensure food was nutritionally appropriate. Residents were offered choices around their meals and individual preferences were catered for. The inspector observed residents freely making packed lunches, having snacks, drinks and meals at times that suited them and the atmosphere was calm and supportive at mealtimes.

One resident who had been assessed as requiring an adapted texture of food for their safety was able to explain to the inspector the steps they needed to complete in order to reduce the risk of choking. The person in charge and the staff team

outlined examples of how they adapt or support residents in selecting appropriate snacks.

There were systems in place to monitor the temperature of both fridge and freezer and there were cleaning schedules in place for all food storage areas.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures and practices in the centre. There were appropriate systems for the identification and management of risks, and systems in place to respond to emergencies. Reasonable measures were put in place to prevent accidents. There were a number of residents at risk of falls in the centre and all residents had up-to-date falls assessments and fall protocols in place and areas that posed a higher risk had been identified.

There was a risk register in place and general and individual risk assessments were developed and reviewed as required. There were also systems in place to records, investigate and learn from accidents and incidents in the centre. Where risk assessments were completed that related to specialist areas such as the risk of choking the person in charge had obtained up-dated assessment by a health and social care professional.

The vehicle available in the centre had systems in place associated with it to ensure it was roadworthy, maintained, serviced and insured.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. There was a centre specific contingency plan in place that related to the use of the bathrooms and access to facilities for self isolation and there was evidence that when this plan had been implemented it was functional. An area was identified for staff to put on and dispose of personal protective equipment (PPE) and there were ample stocks of PPE in the centre. Staff had completed additional training in relation to infection prevention and control.

The premises was clean throughout and there were cleaning schedules in place to ensure that each area of the centre were cleaned regularly. There were risk assessments in place that were specific to infection prevention and control for residents in accessing the community, going to visit friends and family as well as

returning to a day service.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires. The provider had completed further works required following the last inspection in relation to fire containment, such as the installation of self-closing mechanisms to fire doors in the premises. The heavy patio door identified as a fire exit that caused concern to residents at the previous inspection had been serviced and was scheduled for replacement. There was suitable equipment in place and evidence was viewed that it was being regularly serviced and maintained.

Staff were in receipt of fire safety awareness training and fire drills were occurring regularly. It was evident that learning following drills was leading to further drills and the review and update of residents' personal emergency evacuation plans. The staff team completed regular checks of all aspects of fire safety and where issues were identified there was evidence this was reported and repairs completed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to the relevant professionals in line with their assessed needs. When required, detailed support plans were developed and those reviewed were found to be clearly guiding staff. To ensure consistency in supporting some residents scripts were in place so that staff were guided to give consistent responses and the inspector found that incidents of behaviour that challenges had reduced in the centre.

Restrictive practices were regularly reviewed by the relevant members of the multidisciplinary team to ensure they were applied in line with the organisation's and national policy. There was evidence that the restrictive practices in place had been reviewed by the provider's oversight committee.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to

safeguarding and protection in the centre. There were systems in place to ensure that allegations, disclosures or suspected abuse were reported, documented and followed up on in line with the centre's policy, and national guidance.

Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. It was evident from reviewing documents and speaking with the staff team that every effort was being made to ensure that each resident felt safe and protected in the centre. Residents who required support with personal care had plans in place that provided guidance to staff in managing intimate care.

There were systems in place to support and safeguard resident's finances. There was evidence that concerns were followed up by the person in charge and there was an oversight process in place for reconciling and monitoring financial transactions.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were getting the right supports and were given the right amount of information to help them make choices and decisions in relation to their day-to-day lives.

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for them in relation to their rights, complaints and advocacy services. There were also systems in place to ensure that their personal belongings were respected and kept safe.

Residents were supported to have friendships and relationships and there were numerous spaces available to them to meet people in private, should they so wish.

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 |
|---------------------------------------------|-----------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |