



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

## Issued by the Chief Inspector

Name of designated centre:	No 86 Melville Heights Respite Service
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	06 August 2021
Centre ID:	OSV-0005690
Fieldwork ID:	MON-0033347

## About the designated centre

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

No. 86 Melville Heights comprises of two premises on the outskirts of a large town. Each location can accommodate one resident at any one time. This centre provides respite services for adults with intellectual disability and complex needs namely but not exclusively, Autism Spectrum Disorder (ASD). The centre comprises of one three bed room house in a quiet estate within walking distance of the town centre and one two bedroom apartment further out from the town centre. There was access to a range of amenities in the town such as shops, restaurants, churches and leisure centres, transport was available to residents in order to avail of these if required. Each premises has ample parking and access to outdoor space. Both the house and the apartment were well decorated, albeit minimally as due consideration was given to the sensory sensitivities of the residents.

No. 86 Melville Heights Respite Services provides an individualised service to residents and if required may also facilitate residents to avail of day services within the centre in accordance to their personal plan and individual preferences. Residents in both locations are supported by a team of social care workers and care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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
Friday 6 August 2021	9:30 am to 5:30 pm	Tanya Brady	Lead
Friday 6 August 2021	9:30 am to 5:30 pm	Leslie Alcock	Support

## What residents told us and what inspectors observed

This centre provides respite breaks to two individuals, one of whom was in the centre on the day of inspection and inspectors had the opportunity to meet and engage with them. The inspectors were based in one of the units that was unoccupied on the day of inspection to review documentation. Inspectors adhered to infection prevention and control guidance at all times through the wearing of personal protective equipment and maintaining social distance.

The designated centre comprises of two units, an apartment and a house located a short distance apart. The apartment is used by one resident as the location of their day service, in addition to it being the location for overnight respite stays. The second resident is currently staying in the house in a full time capacity for a long respite stay while waiting for building to be completed on their permanent home. The apartment was unoccupied on the day of inspection and so inspectors did not meet with this resident however, they did spend time in the house with the other resident and their staff team.

The resident welcomed inspectors to the house and when asked was happy for an inspector to have a look around their home. They said that they had mopped the floors and made sure the house was tidy. The resident was proud of the house and the work they did to keep it looking nice. The resident made the inspectors and staff team a cup of tea and was observed to be familiar with their home and independent in completing a number of daily tasks. In the garden there was washing on the line from earlier in the day and the resident commented that they had hung it out. The resident reported being happy in this house and was aware they were only staying here and would be moving and explained they went to see the new house from time to time to see how the builders were getting on. On the kitchen notice board the resident pointed out that they had a roster for their time which the team leader had ensured was in the same format as the staff roster.

Inspectors met with the staff member on duty who demonstrated familiarity with the resident and their assessed needs. The staff member described a typical day and how the resident is involved in the planning of their activation schedule for instance. The staff member and the resident described their plans for the weekend and the resident's upcoming birthday party. The staff member advised that they felt supported by the management team and received on site support and training when required. Staff spoken with were clear on what to do if in the event of a concern and who the designated officer was. The inspectors observed respectful and meaningful interactions between all staff and the resident.

The following sections of the report outline the findings against the regulations reviewed on this inspection and their impact on the quality and safety of the service being provided to residents.

## Capacity and capability

Overall, the inspectors found that the registered provider demonstrated the capacity and capability to support the resident in the designated centre. The person in charge was found to be competent, with appropriate qualifications and experience to manage the designated centre and had a regular presence and oversight of the centre. The resident commented that the person in charge was not wearing their summer clothes on the day of inspection as they had done the week before. This gave assurance that the resident was familiar with the person in charge and they had a regular presence in the house.

There was an appropriate number and skill mix of staff to meet the residents assessed needs and the provider ensured continuity of care with an established staff team. The staff completed training in line with the residents needs. Staff received regular formal and informal supervision and ongoing support from the person in charge and the team leader.

However, while there was a clearly defined management structure, the management systems were not consistent nor being effectively monitored. The six monthly unannounced provider audits had taken place as per the regulation, however, there was no system in place to action areas identified in need of improvement or a system to monitor progress of same. There was no contract for the provision of services available for either resident in both premises. The inspectors also found that a number of the providers written policies and procedures had not been reviewed as required by the regulations.

## Regulation 14: Persons in charge

The person in charge was found to have appropriate qualifications and experience to manage the centre and to ensure it met its stated purpose, aims and objectives. While the person charge had a large remit, a team leader and extra administrative hours were in place to address the large remit to ensure effective operational management. The person in charge demonstrated regard for the residents and in depth knowledge of the residents and their assessed needs. The inspectors found that the person in charge provided effective support and supervision to staff. While the person in charge was responsible for a total of five designated centres at the time of this inspection, this was not found to have a negative impact on the operations of this current designated centre.

Judgment: Compliant

## Regulation 15: Staffing

The inspectors reviewed the staff rota in place which was reflective of the staff on duty. There was an appropriate skill mix and numbers of staff to meet the assessed needs of the residents. The staff were knowledgeable about how to meet the residents needs and seen to interact with the resident in a warm, respectful and dignified manner. The provider ensured continuity of care with a good contingency system in place through the use of an established staff team which also involved employing a small core group of agency staff to cover any gaps in the rota when required.

Judgment: Compliant

## Regulation 16: Training and staff development

The staff were supported and facilitated to access appropriate training including refresher training that was for the most part up-to-date and in line with both residents needs. A review of the training matrix indicated that one staff member required refresher training in the area of medication management, however, the person in charge provided evidence that this had been completed.

The person in charge and team leader demonstrated that they spent time with staff identifying areas for development and provided appropriate on site practical training where required. Staff were in receipt of formal supervision from the person in charge and the team leader in line with the provider's policy. Staff also received informal supervision and ongoing support from the person in charge and the team leader.

Judgment: Compliant

## Regulation 23: Governance and management

There was a suitably qualified and experienced person in charge who was supported by a team leader and both had regular oversight of the centre. There were clear lines of accountability and responsibilities identified and effective arrangements in place to support and develop staff to ensure the safe and quality delivery of care to the residents.

While there was a clearly defined management structure, the management systems were not consistent nor being effectively monitored. The six monthly unannounced provider audits had taken place as per the regulation, however, while there were actions required identified there was no system in place to action these or a system

to monitor progress of same. There was no annual review of the quality and safety in the designated centre to ensure such care and support was in accordance with the standards. The provider informed the inspectors that an annual review had been carried out in the week preceding the inspection and the report was almost complete however, there had been no previous annual reviews completed in this designated centre.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

There was no contract for the provision of services available for either resident in this centre. This was identified at the previous inspection in relation to one resident and the provider had indicated in their compliance plan that a conclusion would be reached by 31/05/2019. There was no evidence of progress made in relation to this matter since the last before the last inspection.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the service to be provided in the designated centre. There were a number of areas within the statement of purpose that required review in order to ensure it met the requirements of the regulations. These were highlighted on the day of the inspection and the provider modified and submitted an updated statement of purpose immediately following the inspection. However, one piece of information as required under Schedule 1 continues to require review. The room sizes stated on the updated statement of purpose do not match the size identified on the floor plans for both premises.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The inspectors found that a number of the providers written policies and procedures had not been reviewed as required by the regulations. This had been an area identified for improvement during inspections of other centres run by the provider in the last year and while a number had been reviewed and updated with some



currently under review, others remained overdue for review.

Judgment: Not compliant

## Quality and safety

Overall the inspectors found that the quality of the service provided to the two individuals availing of respite was good. Each resident was supported in a person centered manner that was in keeping with their assessed needs. Some minor improvements were required in documentation and in the areas of risk and medication management.

The inspectors found that both residents had an assessment of need in place and care plans had been developed in line with the findings of these assessments. Where one resident received a day service in addition to their overnight stay in the same location better separation of responsibility for the respite service was required from the person in charge. This was apparent for example in the risk assessments in place which were currently the responsibility of the day service manager and not the person in charge so it was not clear that the person in charge had reviewed or maintained oversight in this area.

The inspector found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge. Each location had a number of restrictive practices in place that were used to ensure the safety of the residents and had been assessed and were reviewed as required.

Overall, while the quality and safety of care provided to the residents was being monitored as required by the regulations and residents complex needs were being provided for, the provider and person in charge needed to more clearly identify the distinction between the day service and the respite centre areas of responsibility.

## Regulation 17: Premises

This centre comprises of two units (a house and an apartment) a short distance apart. Each unit contains the residents allocated bedrooms and spacious communal space. As this is a respite centre it is acknowledged that it is decorated in a neutral fashion and residents add their personal touches when they come to stay. In the house where a resident is currently availing of a longer term, full time stay their belongings were distributed throughout the house and they were seen to be very familiar with the house and it's amenities.

Both locations were clean although in one house a room not in use was untidy and had not been cleaned as per cleaning schedules. There were areas in need of

maintenance and repair such as painting or light fittings that required cleaning or repair. The house had a small garden to the rear which contained a shed, patio area and lawn. The resident reported they helped to maintain the garden as well as the house. .

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being, for example, the risk of using the electric lawn mower. However in the apartment the day service team had assessed and created the risk assessments and were named as responsible for their monitoring and review. While it is acknowledged that many of the risks identified were overarching between day and respite services the person in charge had not taken responsibility for the risk as it presented in their centre.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider and person in charge had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. Temperature records for residents and staff were maintained as part of the mechanisms in place to monitor for signs of infection and staff were observed wearing personal protective equipment in line with National guidance.

The person in charge monitored and ensured that there were cleaning schedules in place and staff documented when these were completed. In one house however, a bedroom that was unoccupied had not been included in the cleaning schedule, this was amended on the day of inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. Suitable equipment was available and there was evidence that it was maintained and regularly serviced. There were three other apartments on the same

floor as the one comprising part of this centre, these three combine to make up another of the providers' centres. The fire panel is within this other centre and covers the respite apartment. The provider had robust systems in place to ensure the person in charge received the outcome of weekly checks and that both persons in charge had access to servicing records and on occasion shared fire drill times. All required daily, weekly and monthly checks were taking place in both locations.

Each resident had a personal emergency evacuation procedure which had recently been reviewed. Fire procedures were available and on display. Fire drills were occurring in line with the providers policy and there was evidence these had occurred at times to review procedures for evacuation with minimum staffing levels.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were policies and procedures in relation to medicines management and suitable practices in relation ordering, receipt and storage of medicines. The inspectors found that not all creams or ointments had been dated when opened so this did not assure that they would be disposed of within the required time frames. There were some minor documentation errors, whereby on reviewing medication prescriptions and administration records the inspectors found that residents photographs were not present on their documentation as required.

While audits were completed regularly these were of stock levels and not of administration records or of medication errors. Audits had not been completed that picked up on documentation errors in the centre. In addition, the provider had within the preceding week self identified in their annual review that for one resident who self administers medication there were no recording systems in place to indicate staff had given them their medication to take or whether it had been taken. The person in charge acknowledged that this oversight system was in place.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed and care plans developed following these. For one resident who stayed infrequently their main goal was to relax and enjoy the respite break. Goals were set that supported this such as, symbol supported choice making systems to self direct their evening. Clear systems were outlined for staff on how to support the resident in getting a takeaway or selecting the TV channel to view preferred programmes. These options and

protocols were reviewed and monitored on an ongoing basis.

For another resident their goals were also reviewed on an ongoing basis and they were actively involved in the planning and review process. Their preferred activities were highlighted in their plan in addition to any supports they may require.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents had a positive behavioural support plan in place which had been reviewed within the last year and it was also observed that staff had training in positive behavioural support techniques which meant that they had the skills required to support residents in a professional and calm manner if or when required.

Inspectors noted there were a number of restrictions in place to keep residents safe. These had all been assessed for and there was documented evidence of review by the providers human rights committee or that consideration of referral for review had been made. The inspectors found that regular review of restrictions in place was taking place and that there was evidence that some restrictions had been reduced or removed following review if no longer required.

Judgment: Compliant

### Regulation 8: Protection

The inspectors found that the provider and person in charge were proactively protecting the residents in the centre. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding.

There had been a number of incidents in this centre since the previous inspection and inspectors found that all allegations were appropriately investigated and followed up on in line with national guidance and reported to the Office of the Chief Inspector as required.

Where residents required support with personal care there were intimate care plans in place that clearly guided staff practice and these were reviewed by the team leader and person in charge in line with the providers policy.

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
<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	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for No 86 Melville Heights Respite Service OSV-0005690

Inspection ID: MON-0033347

Date of inspection: 06/08/2021

## 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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Quality and Assurance department has completed a schedule to ensure all 6 monthly quality and assurance audits are completed and actioned in a timely manner and in line with regulation 23 This is due to be completed by 31.12.2021	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Contract of provision has been completed and sent to residents family for review and signatures this will be completed by 31.10.2021	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Quality and assurance department will rectify this by 31.10.2021 and ensure all measurements of the rooms within the designated centre are correct and accurate on the statement purpose and function.	
Regulation 4: Written policies and procedures	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  All policy and procedures are currently under review organisationally, this is due to be completed by 31.12.2021</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  All items in need of repair and or painting have been identified and scheduled in maintenance audit present at time of inspection. Hygiene issue raised have been rectified.</p> <p>Addressed hygiene noted in inspection has been rectified 05.09.2021  Maintenance issues will be fully completed by 31.12.2021</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  Residential manager/ Team leader will complete separate risk assessments for designated centre by 31.10.2021</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  All medication administrations to be documented, this was in place on the day of the inspection and a protocol in place to ensure compliance. Completed by 05.09.2021  All ointments are now recorded on kardex folder and all have a opened date on them, completed by 05.09.2021</p>	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	21/02/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	05/09/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2021

Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	31/12/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/12/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the	Not Compliant	Orange	31/10/2021

	designated centre.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/10/2021
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	05/09/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may	Not Compliant	Orange	31/12/2021

	require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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