



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

Issued by the Chief Inspector

Name of designated centre:	Park Avenue
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	09 January 2024
Centre ID:	OSV-0008530
Fieldwork ID:	MON-0041205

About the designated centre

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

Park Avenue comprises four individual apartments in two blocks each containing a support staff area in close proximity. Park Avenue is located in a quiet area on the outskirts of Kilkenny city. The centre can accommodate both male and female residents over the age of 18 years.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 9 January 2024	11:45hrs to 18:30hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed over one day. The centre was initially registered in August 2023 and is home for four residents. The centre is a purpose built centre located on the outskirts of Kilkenny city. The centre comprises four individual apartments in two blocks. Allocated staff areas are located adjacent to the apartments. Each apartment contains a bedroom, kitchen/dinning area, living room and large bathroom. Small enclosed gardens are situated to the rear of the apartments.

Overall, it was found that for the most part the care and support provided was person-centred and in line with the residents' specific needs in this centre. Some improvements were required across a number of regulations to ensure quality of care could be maintained and improved on.

To gather an impression of what it was like to live in the centre, the inspector briefly observed daily routines with the residents, spent time discussing residents' specific needs and preferences with staff, and completed a documentation review in relation to the care and support provided to residents. The inspector visited all four apartments on the day of inspection and met with two residents, a third resident was observed returning to the centre later in the afternoon. The resident was returning from a day service. One resident showed the inspector around their apartment and showed the inspector items which were important to them such as jigsaws, pictures and ornaments. It was evident that the resident was proud of their home and had decorated it according to their wishes. The second resident declined to show the inspector their apartment however was happy for them to visit and spend time with them. The resident was observed communicating with the support staff, it was clear the staff knew the resident well and were aware of the resident's individual communication cues. The resident later went bowling and with the support of staff. The other apartments visited were in the process of being individualised with some custom furniture being sought. Each apartment was homely and welcoming on the day of inspection.

In summary, based on information reviewed and what was observed, it was evident that the residents for the most part received a good quality of care and support. However, there were areas for improvement which included, governance and management, training and development, admissions and contract for the provision of services, fire precautions, residents' rights and some aspects of infection prevention and control practices.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge had responsibility for four other designated centres. The provider had advised the authority of its intention to reduce the remit of the person in charge centres. One centre was currently unoccupied. The person in charge was supported by a team leader. The provider advised the inspector, attempts to recruit for a deputy team leader had been unsuccessful however this may be revisited.

During the inspection, it was observed that increased oversight was required, in particular in areas such as infection prevention and control and fire precautions. While some aspects had been highlighted in local audits, actions had not been completed and or had not been identified previously.

From a review of the roster, it was evident that there was an established staff team in place with the use of regular agency staff which ensured continuity of care and support to residents. While there were planned and actual rosters in place and these were not found to be well maintained.

The inspector reviewed the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training. While it was evident supervision was occurring as per policy for core staff, agency staff working regularly within the centre were not in receipt of supervision.

It was evident that there was a clear, planned approach to admissions to the centre. The provider had ensured admissions to the centre took into account the services outlined in the statement of purpose and other residents living in the centre. However, contracts of care that outlined the service and supports that would be provided in the centre were not in place for all residents. In addition not all contracts had been signed by the residents' and or their representatives.

Regulation 15: Staffing

Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. Each resident had one to one staffing and one resident had two to one staffing support during the day. There was a reliance on agency staff in the centre to cover both planned and unplanned leave. There was evidence that regular agency was utilised to ensure continuity to residents. On review of the roster four agency staff were used in December and January.

There were planned and actual rosters in place and these were not found to be well

maintained. The first and second name of core and or agency staff was not always included on rosters, and the role and whether staff were agency was not always identified either.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a programme of training and refresher training in place for all staff. The inspector reviewed the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety and safeguarding. Core staff had completed supervision, however on review of records and following discussion with the person in charge, agency staff who regularly work in the centre were not in receipt of supervision.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was generally up to date however some required information was absent. For example the date on which the residents came to reside in the designated centre. This was submitted to the inspector post inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the residential operations manager and was supported by a team leader. The person in charge had a large remit, the provider outlined to the inspector how this would be reducing with the reallocation of one centre which was currently unoccupied and the closing of another centre.

During the inspection, it was observed that increased oversight was required, in particular in areas such as infection prevention and control and fire precautions. While some aspects had been highlighted in local audits, actions had not been completed and or had not been identified through the audit process. For example, stock management of PPE was not occurring in the centre and while consistency of fire checks was raised in a local audit, the inspector continued to see improvements

required in oversight in this area. These findings are reflected against Regulation 28 and 27.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

It was evident that there was a clear, planned approach to admissions to the centre. Transitions and visits were completed as indicated by the individual needs of the residents. The provider had ensured admissions to the centre took into account the services outlined in the statement of purpose and other residents living in the centre. For example, each resident had their own individual apartment.

Contracts of care that outlined the service and supports that would be provided in the centre were not in place for all residents. In addition not all agreements had been signed by the residents' and or their representatives.

Judgment: Not compliant

Regulation 3: Statement of purpose

Following a review of the statement of purpose, it was found that this document did not accurately contain all the required information as set out by the regulations. For example, the statement of purpose did not contain the information set out in the certificate of registration or the total staffing complement, in full time equivalents with the management and staffing complements as required.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. Incidents were appropriately managed and reviewed to enable effective learning and reduce recurrences.

Judgment: Compliant

Quality and safety

A number of key areas were reviewed to determine if the care and support provided to the residents was safe and effective. These included meeting the residents and the staff team, a review of personal plans, risk documentation and protection against infection. The inspector found good evidence of the residents being well supported in the majority of areas of care and support. However, some improvement was required in relation to protection against infection, fire precautions, and residents' rights.

The inspector reviewed a sample of residents' personal files. Residents had up-to-date comprehensive assessments of their personal, social and health needs.

There were effective systems in place for the safeguarding of residents. Residents were protected by the policies, procedures and practices relating to safeguarding and protection.

The inspector found that the service provider had systems in place for the prevention and management of risks associated with infection. However improvements were required, for example, the inspector found hand sanitiser to be significantly out of date on the day of inspection. On further discussion with the team leader, systems were not in place for stock management of PPE locally.

Regulation 17: Premises

The premises was purpose built to suit the assessed and future needs of the residents that lived there. The design and layout of the centre was in line with the statement of purpose. The centre was seen to be clean and adequately maintained and was decorated in a manner that suited the residents' preferences. Efforts had been made to personalise the decor in the centre for the residents that lived there and there was a homely environment present in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and

reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that the service provider had systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. However, some of the systems in place for the prevention and management of risks associated with infection required improvement. For example, washing machines were placed next to food preparation areas which did not promote safe and effective infection prevention and control. In addition, the inspector found hand sanitiser to be significantly out of date on the day of inspection. On further discussion with the team leader, systems were not in place for stock management of PPE locally.

Judgment: Substantially 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 and 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. The local emergency evacuation plan required review to ensure individual assessed needs were included in terms of evacuation. Improvements were also required in local oversight to ensure daily, weekly and monthly checks were completed. The inspector observed a number of gaps in records where checks had not been completed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and

personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs, supports and goals.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Although some positive practices were noted in relation to residents' rights within the centre, improvements were needed to ensure best practice in this area was adhered to on a continuous basis. Further improvements were required in terms of consultation with residents with regard their service agreements. The inspector observed a one page document signed by a resident, on further discussion it was unclear what the resident has signed agreement to and if they had been full informed regarding the service provided to them.

Further review was required in terms of free movement to and from the centre, as when discussing with staff there appeared to be a planned approach to prevent residents meeting other residents and their visitors in the neighbouring apartments. While the intention was to limit distress to residents, the restrictive element of this practice required review and consideration.

At the time of the inspection, the inspector was informed that transport resources to the centre were under review. This would lead to a reduction in access to vehicles at the centre, and limit opportunities for community engagement for residents.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Park Avenue OSV-0008530

Inspection ID: MON-0041205

Date of inspection: 09/01/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Since the inspection the PIC has included all staffing specific qualifications including first and second name and clearly identified agency staff on all rosters	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Since the inspection the PIC has completed a revised supervision document, The PIC has completed same with all regular agency staff, regular agency staff will be included in supervision schedules going forward, as per policy within a 12 month period, agency staff will receive the same amount of supervision as regular staff.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Since the inspection an advertisement for Deputy Team Leader has been made available for staff to apply for, allocations of Deputy Team Leader are being reviewed	

organisationally.	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Since the inspections the PIC has made contact with the National Advocacy service and is awaiting guidance on documents requiring signing by resident and or representative. The PIC has reviewed the environmental factor, since moving to their new home the environmental risk to self and others has significantly reduced in the last 3 months, in relation to learning and understanding the issues surrounding finances, the PIC aims to now slowly reduce the restriction on finances for one specific resident and encourage learning around same, this will be reviewed quarterly with the restrictive practice committee. This will now increase safety when discussing sensitive topics regarding finances and contributions within the organisation, allowing a better understanding for the resident by increasing participation and consultation.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Since the inspection in consultation with HR and SMT, the PIC has now increased the overall WTE to include "planned leave" and "unplanned leave" the PIC has also added the conditions to the statement of purpose which was missing on the day of the inspection. Organisationally the inclusion of "planned leave & unplanned leave" is now being implemented into all Statements of Purpose.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Since the inspection all out of date items have been removed from the designated</p>	

centre, the PIC has implemented a stock check for all PPE. The micro wave in all kitchens have been moved from above the washing machine, to reduce the risk of cross contamination.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Since the inspection all fire checks are online on the internal DMS system, this system automatically notifies the PIC if the checks are non-compliant in any area and also notifies the PIC if the checks are not completed at all. This allows for an immediate response to a non-compliance.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Since the inspections the PIC has made contact with the National Advocacy service and is awaiting guidance on documents requiring signing by resident and or representative. The PIC has reviewed the environmental factor, since moving to their new home the environmental risk to self and others has significantly reduced in the last 3 months, in relation to learning and understanding the issues surrounding finances, the PIC aims to now slowly reduce the restriction on finances for one specific resident and encourage learning around same, this will be reviewed quarterly with the restrictive practice committee. This will now increase safety when discussing sensitive topics regarding finances and contributions within the organisation, allowing a better understanding for the resident by increasing participation and consultation.

The designated centre is designed to provide a low arousal to all the residents whom reside there, the planning of residents leaving and arriving back through staff communication is defined as a operational aspect to ensure no conflict can occur, to date there have been no issues regarding same, all the residents are unaware of any disruption to their plans, this also promotes and compliments the low arousal approach within the designated centre, and removes environmental stress for the residents over all, In relation to the transport assigned to the designated centre, 1 car there 24/7 and 2 cars there every evening from 5pm until next morning, and 2 cars there from 5pm on a Friday until 9am Monday Morning.

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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	12/02/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/02/2024
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	31/03/2024
Regulation 24(3)	The registered provider shall, on admission, agree	Not Compliant	Orange	31/03/2024

	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 designated centre.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	29/02/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	01/02/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	01/02/2024
Regulation 03(1)	The registered provider shall	Substantially Compliant	Yellow	01/02/2024

	prepare in writing a statement of purpose containing the information set out in Schedule 1.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	29/02/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	01/02/2024