

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

Issued by the Chief Inspector

Name of designated centre:	Richview Designated Centre
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	03 July 2024
Centre ID:	OSV-0001865
Fieldwork ID:	MON-0035951

About the designated centre

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

Richview Designated Centre is a designated centre operated by SOS Kilkenny CLG. It provides a residential service to a maximum of 18 adults with a disability. The centre comprises of three large detached houses in close proximity to each other in an urban area in County Kilkenny. Each house comprises of a large sitting room, dining areas, well equipped kitchens, utility room and ample showering/bathing facilities. There are garden areas provided for the residents to avail of as they wish in each house with one in particular having a large garden to the rear of the unit. Residents are supported to use their local community and frequent local amenities such as pubs, hotels, cafes, shops and local clubs. The designated centre is staffed by social care leaders, 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:	10
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 July 2024	09:30hrs to 18:30hrs	Miranda Tully	Lead
Wednesday 3 July 2024	09:30hrs to 18:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the centre. Two inspectors completed the inspection over the course of one day. Overall inspectors found that residents were well cared for and were active and engaged in their homes and communities. Some improvements were required in the premises and medicines management with these findings detailed later in the report.

This centre comprises three locations, two are two storey houses and one a single storey purpose built house. One inspector visited each of the two storey premises and both inspectors visited the third home later in the day. The centre is currently registered for a maximum of 18 residents although is home to only 13. Inspectors met with 10 individuals in total over the course of the day.

In one home the inspectors met with three residents early in the morning who were leaving to attend different individual activities. They were supported by a staff member to leave in the centre vehicle. Residents spoke to inspectors regarding their plans for the day. One resident had remained at home and was having a lie in. Later in the morning the resident joined a staff member in the kitchen for a cup of tea and was supported to plan what they wanted to wear for the day. The inspector in this house observed residents engaging in activities around their home such as loading the washing machine or making a shopping list. They were positively supported by staff to be as independent as possible in these tasks. One resident requested to go for a drive and to go to a preferred shop and this was facilitated. Another resident spoke about going to the library the following day and they showed the inspector where they had library items they needed to return.

In the second of the three residences, the inspector met with two residents. One resident communicated through gestures, expression and personalised sign. A communication book had been developed to support people less familiar with the residents communication style. The resident was in the garden at the time of the inspector's arrival. With the help of staff the resident described preferred activities such as swimming, meeting with family and going for coffee. It was evident that staff were very familiar with the residents needs and that the resident was comfortable in their company. The second resident was supported in a self contained apartment to the side of the house. The resident had experienced a decline in their health recently. The resident's apartment had been altered to meet the residents changing needs with the provision of additional equipment such as a customised chair. The resident appeared very comfortable at the time of the inspection.

Both inspectors met four residents in the third house later in the day. They were returning from work or day services and were seen to relax in their home on return. Some residents spent time on their own in their bedroom and others relaxed with a cup of tea in the living room. One resident was engaged in craft activities in the

kitchen and showed inspectors the projects they were working on and those they had planned. Other residents asked the inspectors for their identification and spoke of the learning they had completed related to safety in their home and visitors. There was a busy but friendly atmosphere in the house and residents were observed to gather in the kitchen and to enquire after each others day. In addition residents were observed chatting with staff and making plans for the upcoming days and the following weekend.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. The response from residents was positive with residents noting they liked where they lived, could make their own choices and decisions were supported by staff.

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. It was found that the care and support provided was person-centred and in line with the residents' specific needs in this centre.

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

Overall findings from this inspection were that the residents were in receipt of a good quality and safe service. The provider was monitoring the quality of care and support they received and working to support residents to gain independence and make choices in their day-to-day lives.

The centre was well run and the provider's systems were proving effective at capturing areas where improvements were required and bringing about these improvements. A change to the role of person in charge had been notified to the Chief Inspector and the inspectors had the opportunity to meet the new post holder over the course of the inspection day. They were to have responsibility only for this centre.

The local management team were found to be familiar with residents' care and support needs and were motivated to ensure that each residents were happy, well supported, and safe living in the centre.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced

person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the centre was resourced to a level that met the assessed needs of the residents. The provider and person in charge had completed a review of staffing levels in the centre since the last inspection that took into account the changing needs of residents. The inspectors found that there was a more consistent staff team in place and that overall the use of agency staff had reduced. Residents were aware of who was supporting them and also spoke of how they were supported. Day service staff were also present in some locations in addition to activation staff for a couple of hours. These changes allowed residents to engage in more individualised activities and to spend time at home if they did not wish to attend day services.

The inspectors reviewed the staff rosters and found them to be reflective of the staff on duty on the day of inspection. In addition they were well maintained and clearly indicated the skill mix of staff on duty. The staff team were found to be familiar with the residents and any relief or agency staff who provided support on a regular basis were familiar with the provider's systems and documentation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a management team in place that had developing lines of authority and accountability. Changes to this structure had been implemented since the last inspection of the centre. The person in charge was now supported in their role by a full time team leader. While this was a positive change in the management and oversight systems adjustments still needed to be implemented that facilitated the team leader to have protected time thus allowing them to be present in all three houses that comprise this centre. The person in charge was also supported in their role by a person participating in management of the centre.

The provider had oversight mechanisms in place that are required by the Regulation

including an annual service review and six monthly unannounced visits and the corresponding reports. These reviews had led to the development of quality improvement plans with the actions required reviewed on an ongoing basis.

Within each of the houses, the person in charge was reviewing oversight systems in place such as audits of key service areas, these included medicines management, fire safety, infection prevention and control or resident safeguarding. Staff members were clear on their roles in completing daily or weekly reviews and how to access the provider's systems and policies.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services in line with the requirement of the regulations.

The inspectors had completed a review of notifications received in advance of this inspection and also completed a review of the provider's accident, incident and near miss records and found that all incidents that required notification had been completed in line with the Regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had complaints policy and procedures in place that were clear and outlined the processes in place for residents or their representatives when making a complaint.

Information guiding residents how to complain was available to them. It was evident that residents were supported to make complaints, and that action was taken on foot of complaints in the centre.

The inspectors reviewed complaints and it was found that they had been investigated, reviewed and closed in line with the provider's processes and to the satisfaction of the resident. A number of compliments had also been received that reflected positive aspects of the service provided.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents were supported and encouraged to engage in activities of their choosing. Residents appeared comfortable and content in their homes. Residents and staff engaged with the inspectors over the course of the inspection and residents were observed to be out and about and to lead active lives.

As part of overall reviews of documentation, the inspectors reviewed residents' assessments and read a sample of residents' personal plans and found that they positively described residents' needs, likes, dislikes and preferences. The personal plans described residents' communication and behaviour support needs. Positive communication practices were observed over the course of the day between residents and staff.

Regulation 12: Personal possessions

The inspectors reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre.

There were monthly audits taking place on residents' finances. There was evidence of oversight of residents' accounts with audits reviewing bank statements. Where residents were supported in the management of their finances by others, the provider was engaged with residents and their representatives and working to ensure they had transparent systems in place to ensure residents had full access to their own funds. This was an area that the provider and person in charge had identified as requiring change following previous inspections.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to develop and achieve their goals and participate in a range of activities. A sample of residents' personal plans were reviewed. These plans clearly outlined the supports residents may require. Residents attended day services, employment and were also supported by staff in their homes and in their community.

Day service staff were also present in some locations in addition to activation staff

for a couple of hours. This afforded residents the opportunity to engage in more individualised activities and to spend time at home if they did not wish to attend day services. Residents were provided with a variety of in-house and community activities. For example, art, baking, swimming, horse riding and attending personal training.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and for the most part well maintained in all three houses. The centre comprises of three large detached houses in close proximity to each other in an urban area in Kilkenny. Each house comprises of a large sitting room, dining areas, well equipped kitchens, utility room and ample showering/bathing facilities. One house had recent refurbishment works completed with the addition of an accessible bathroom and kitchen upgrade works. While the improved facilities were seen to be positive, further work was required to address the accessibility for residents. In one bedroom a resident required the assistance of staff to open their bedroom door, this had also been identified as an issue for the resident prior to the completion of works. The provider advised inspectors that assistive mechanisms were being explored. In addition, a second resident's access to the bathroom was compromised by the layout of furniture in the room and the direction of door opening.

One resident communicated to an inspector their concerns regarding the condition of their bathroom and in particular their shower drainage, water damage was observed to the woodwork and on the tiled area also. For residents who used wheelchairs for their mobility despite works that had been completed to the kitchen of their home, access to the kitchen remained a challenge. The layout and configuration of the kitchen and dining area required review to ensure it met the needs of all who lived in this home.

In the second house, overall the house was well maintained and presented as homely. Each resident had their own bedroom which had been decorated as per their wishes. The provider was in the process of planning refurbishment works to enhance the living space for one resident. This was seen as a positive step towards meeting the residents individual needs and preferences.

Another house required minor maintenance such as chipped or worn paint on door saddles, chipped sanitary ware in one bathroom and a deep clean required in bathrooms upstairs. Within this house however, there were cleaning schedules that the staff followed and the house was comfortable and personalised to the residents who lived there.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre.

The residents had a number of individual risk assessments on file so as to promote their overall safety and well-being, where required. Risk areas such as accidental injury, lone working, unexpected absence and falls were all reviewed. Where control measures had been identified to manage the risk the inspectors found that the person in charge had ensured these were in place and monitored. These included additional supervision and support at mealtimes for example, or the location of a residents clothes in a downstairs cupboard.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. There were adequate means of escape, including emergency lighting. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre.

Where some individuals required additional supports for evacuation such as alerting or vibration alarms or mobility supports there was evidence that these were serviced, reviewed and available as required. Centre evacuation plans were in place with guidance for staff on the individual supports residents required, in addition to detailing responsibilities for staff. Premises changes in one house had ensured door openings were wider and could facilitate for example a bed evacuation if required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

In general, the inspectors found safe systems were in place for the management of medicines in the designated centre. Practice relating to the ordering; receipt; prescribing; disposal; and administration of medicines was for the most part found to be appropriate. In two of the three houses residents each had their own medication storage located in their bedrooms, in the third house medications were stored in the office. Improvements were required to ensure the safe storage of medication for return . It was stored in an unlocked unit on the day of inspection. In

addition, medication records required review to ensure they were recorded as per the providers policy. Inspectors found for example, short and long term medication recorded incorrectly and also systems to ensure medication is discontinued as indicated required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of residents' personal plans and found personal plans to be comprehensive, in that they informed all aspects of the residents' life. Up-to-date assessments of individuals' needs had been implemented based on these assessments. Residents had their annual support meeting where their care and support was reviewed and planned with them. It was evident that residents were involved in their annual reviews and in planning and goal setting. One resident for instance had stated during the preparation for their annual review 'even though I did not choose this house I do not want to move'. They went on to discuss how they liked living in their home and it was important to them.

Residents had set long term goals such as staying overnight in a hotel, attending a family event or going to a concert. Progression towards achieving these was clearly recorded and demonstrated. In addition individuals had reoccurring goals and these were also evident in documentation such as weekly schedules or from talking to residents. These included activities such as going to the library, doing art and craft, or meeting a friend for a coffee.

Judgment: Compliant

Regulation 6: Health care

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

All residents were supported to avail of national screening programmes and there was evidence of follow up from specialist reviews where indicated. Where residents had ongoing health issues such as challenges with skin integrity they were supported in attending frequent appointments and in managing wound dressings in their homes.

Each resident had an annual review of their health with planning for the year ahead

for routine appointments and reviews. The person in charge had ensured that all residents had up-to-date hospital plans and quick reference guides for staff should a resident require a hospital stay.

Judgment: Compliant

Regulation 8: Protection

Systems to safeguard residents were clearly evident and staff members knew residents and their individual support needs very well. The inspectors reviewed safeguarding incidents that had been reported and found clear investigation, follow up, learning from and corrective actions had been implemented effectively. In one house, staffing arrangements had been reviewed to provide further support for residents at night. In addition, environmental accommodations had been made with further plans in development. This was seen to have reduced safeguarding incidents in the centre.

Staff members demonstrated good knowledge on the types of abuse, how to manage safeguarding allegations/disclosures, how to report and record safeguarding concerns and ultimately how to keep residents safe.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the rights and diversity of residents was being respected and promoted in the centre. Residents' personal plans, keyworker meetings and their goals were reflective of their likes, dislikes, wishes and preferences.

The provider had ensured that residents were facilitated in participating in many aspects of the running of the designated centre through regular meetings and consultation with staff. Residents were seen to be treated in a respectful manner by staff present throughout the inspection while choice was actively encouraged within the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Richview Designated Centre OSV-0001865

Inspection ID: MON-0035951

Date of inspection: 03/07/2024

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>-Provider led meeting was held with senior management to address the outstanding premises issues.</p> <p>While it was agreed further work was required to address the accessibility for residents, where in one bedroom a resident required the assistance of staff to open their bedroom door, this had also been identified as an issue for the resident prior to the completion of works. The provider advised inspectors that assistive mechanisms were being explored.</p> <p>- This has been assigned to a contractor and will be completed by 20/9/24 allowing resident to independently leave bedroom.</p> <p>In addition, where a second resident's access to the bathroom was compromised by the layout of furniture in the room and the direction of door opening.</p> <p>- This has been rectified and the door has been changed to open inwards to the bathroom allowing for more space in bedroom.</p> <p>One resident communicated to an inspector their concerns regarding the condition of their bathroom and in particular their shower drainage. Water damage was observed to the woodwork and on the tiled area also.</p> <p>- Works to address this immediate concern will aim to be completed within 8 weeks from time of this report been returned. A full review on the whole bathroom been revamped is taking place at present.</p> <p>For residents who used wheelchairs for their mobility despite works that had been completed to the kitchen of their home, access to the kitchen remains a challenge.</p>	

- The layout and configuration of the kitchen and dining area requires a review to ensure it meets the needs of all who live in this home.
- The provider remains in the process of planning refurbishment works to enhance the living space for one resident with plans currently drafted up.
- Where minor maintenance issues were required such as chipped or worn paint on door saddles, chipped sanitary ware in one bathroom and a deep clean required in bathrooms upstairs have been completed.

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:</p> <ul style="list-style-type: none"> - A locked box is now in situ to ensure the safe storage of medication for return. This will be kept in the locked cabinet in the office. Keys for said press are kept in a key box within the office. - Medication Audits by the providers healthcare department have taken place in all 3 locations following inspection also. This involved the examination of prescriptions, Kardex and MARs sheet, Examination of people supported care plans and supports around medication management. Also, audited was the records associated with the ordering, receipts, stock taking of medicines, adverse events and errors. Actions arising from audit will be closed out by 6/9/24. - Short term medication highlighted has been prescribed by GP and added to kardex. If short term medication is required going forward it will state discontinue date and be signed by GP. 	

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.	Not Compliant	Orange	31/10/2024
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Not Compliant	Orange	20/09/2024
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in	Not Compliant	Orange	28/02/2025

	achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	06/08/2024
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned	Substantially Compliant	Yellow	06/08/2024

	<p>medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.</p>			
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