



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 Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	24 July 2023
Centre ID:	OSV-0001865
Fieldwork ID:	MON-0035965

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:	15
--	----

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
Monday 24 July 2023	10:00hrs to 17:30hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

The designated centre consists of three detached houses located within a short distance of each other in County Kilkenny. The houses varied in design and location with one a single storey purpose-built house located in an urban area, one a substantial two storey house on a large site in a more rural area and one a large modern two storey house in a housing estate in the suburbs with limited outdoor space. Overall, the houses were decorated in a homely manner with residents' personal possessions and pictures throughout the centre. There were some areas which required improvement including internal and external painting. This had been self-identified by the provider and plans were in place to address same.

The inspector had the opportunity to meet with residents throughout the inspection as they went about their day and participated in their activities. Some residents were attending day service while others were supported to complete activities from their home.

On arrival to the first unit of the designated centre, the inspector was greeted by a resident as they returned to the centre with a staff member. The resident appeared comfortable in their home and was seen freely moving throughout the home and enjoying fresh fruit which was available to them. They spoke with the inspector about how they had spent time at the weekend visiting family and their plans for the day ahead, which included going for lunch and a drive in the country. When the inspector visited the second house, the inspector observed residents enjoying their lunch and engaging with staff members. One resident told the inspector that they were a fire warden and demonstrated to the inspector their interest in fire safety. It was evident that this was a valued role and of importance to them. The resident directed the inspector to the fire assembly point and also explained what to do in the event of a fire. On visiting the third house, residents spoke to the inspector about their interests such as a recent hurling match. Residents expressed that they enjoyed living in the centre. Positive interactions were observed between the residents and the staff team throughout the inspection.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. There were areas for improvement which included the staffing arrangements, premises and infection control. 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, there were management systems in place to ensure that the service provided was effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, improvement was required with the staffing arrangements.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for two designated centres, supported by a deputy manager at the time of inspection.

There was evidence of regular quality assurance audits taking place to monitor the service. These audits included the annual review for 2022 and the provider unannounced six-monthly visits as required by the regulations. The audits identified areas for improvement and action plans to address same however, the effectiveness of audits required further review to ensure action to bring about the required improvements was implemented. In addition, further improvements were required to ensure effective communication and allocation of tasks consistently within the centre.

On the day of inspection, the inspector observed that there was an established staff team, however, improvement was required as the centre was operating with a number of staff vacancies and there was a reliance on the use of additional hours and agency staff to meet the staffing complement and fill the centre's rosters. This impacted on the consistency of staffing in the centre. In addition, the staffing arrangements required further review to ensure they were appropriate to the needs of residents and the size and layout of the centre. For example, in one house residents' opportunities for activities were impeded by staffing resources. This had been identified in previous inspection reports and also through internal provider audits. The inspector recognises some improvement had been made with an increased allocation of staffing on particular days during the week however, there continued to be weekends and evenings where resources were not sufficient.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. 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 person in charge maintained a planned roster for the centre. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. There was a core staff team with the relevant skills, qualifications and experience in place. At the time of inspection, there were a number of staff vacancies in the centre which was found to negatively impact on the continuity of care and support to residents. The inspector was informed that the provider was actively recruiting to fill these vacancies and was using agency staff in the interim.

In addition, the staffing arrangements required further review to ensure they were appropriate to the needs of residents and the size and layout of the centre. For example, in one unit, five residents were supported by one staff between three and four days a week. Additional staffing was provided up until five thirty and on one day a week, to nine o'clock. This limited the opportunities for residents to engage in activities, in particular at weekends. While the inspector notes that there has been an improvement with increased resources allocated since the last inspection, residents continue to be limited by the resources available to them.

Judgment: Not compliant

Regulation 23: Governance and management

There were effective management systems in place in the centre. The provider and person in charge were ensuring oversight through regular audits and reviews. The provider had completed six-monthly reviews and an annual review of care and support in the centre. The annual review 2022 included feedback from residents and their representatives.

While the provider and local management team were found to be self-identifying areas for improvement, further action was required to bring about the required improvements as outlined in Regulation 15.

Further improvements were required to ensure effective communication and allocation of tasks consistently within the centre. For example, a medication error highlighted that there had been a breakdown in communication leading to an omission of medication. The inspector could not see an improvement in systems to prevent a re-occurrence of such an incident within the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

While updates had been made to the statement of purpose on inspection , further review was required. The statement of purpose required review to ensure it adequately reflected the management arrangements of the centre. For example, the statement of purpose did not include the full responsibilities of the person in charge or the support of a deputy manager.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications submitted to the Chief Inspector of Social Services occurred. The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge had ensured that incidents were notified to the chief Inspector in the required format, within the specified timeframe and that all necessary information was submitted.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including visiting all three premises, review of risk management, personal plans, protection, fire safety and infection control systems. The provider was for the most part identifying and responding to areas that required improvement.

The inspector reviewed a sample of residents' personal files which comprised of a comprehensive assessment of residents' health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents.

The residents were protected by the polices procedures and practices relating to safeguarding in the centre. Staff had completed training and were found to be aware of their roles and responsibilities in relation to safeguarding. The residents were observed to appear comfortable and content in their home.

Relevant risks were discussed with the inspector on the day of inspection. A risk register was in place to provide for the ongoing identification, monitoring and review of risk.

Improvements were required to the premises to ensure maintenance, upkeep and also to ensure the centre could suitably meet the accessibility needs of all residents.

While there were systems in place for the prevention and management of risks associated with infection, such systems required improvement. For example, not all equipment such as shower chairs were included on cleaning schedules and areas of flooring and furniture coverings were observed to be worn which prevented them from being cleaned adequately.

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 staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own bedrooms which were decorated to reflect their individual tastes.

However, there were some areas which required improvement including areas of painting. This had been self-identified by the provider and plans were in place to address same.

In addition, accessibility within the centre required review. The provider had identified risks associated with residents' declining mobility and was in the process of reviewing alternative options to mitigate such risks.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. 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 self harm were all reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated

with infection. The provider had policies, procedures and systems in place to protect residents from healthcare-associated infections. The inspector observed all three premises to be for the most part, visibly clean on the day of inspection. However, some of the systems in place for the prevention and management of risks associated with infection required improvement. For example, not all equipment such as shower chairs were included on cleaning schedules, areas of flooring and furniture covering were observed to be worn which prevented them from being cleaned adequately.

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. For example, 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. There was evidence of regular fire evacuation drills taking place in the centre.

The previous inspection found that improvements were required in the arrangements in place for fire containment and the arrangements in place for the safe evacuation of all persons in the event of a fire. Since the last inspection, self-closures on doors had been installed which removed the need for wedging doors open. French doors had also been installed to support the safe evacuation of residents.

Judgment: Compliant

Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector 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.

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 inspector reviewed safeguarding incidents that had been reported and found clear follow up, learning from and corrective actions that had been implemented effectively. 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.

The provider and person in charge had identified that systems for the oversight and safeguarding of residents' finances required review and actions had been identified that the provider and person in charge were currently dealing with. The inspector reviewed a sample of resident files, residents had an up-to-date money management assessment in place which identified the supports each resident required. 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 working to ensure they had transparent systems in place to ensure residents had full access to their own funds.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for residents in relation to their rights, complaints and advocacy services. Staff had commenced completion of training in human rights. Restrictions within the centre were reviewed by a committee developed by the provider which included members of the multi-disciplinary team.

Further work is being undertaken by the provider to increase person centred supports and supporting resident consultation. The provider was in the process of introducing individual plans for residents, supported by a staff whose key roles were human rights, assisted decision making and person centred supports.

As noted under Regulation 15 (Staffing), residents' access to their community and social activities was limited by the resources available to them. In order for residents to be able to complete activities at times when there was one staff available, all five residents would need to be in agreement with the planned activity or for additional support to be provided by an on call support. This impeded individual residents' opportunity to leave the centre when they wished. The provider had not recognised this as restrictive.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Richview Designated Centre OSV-0001865

Inspection ID: MON-0035965

Date of inspection: 24/07/2023

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: - All vacancies in this area have now been filled. Staffing numbers have increased and this additional staff will be allocated to support with residents activities of choice and to assist in any additional needs requiring support. This will be implement in the locations from 4th of Sept 2023 and will continue to be review by Management within the Centre	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - Handover has been implement within the location. - Importance of clear communication and handovers will be discussed in team meeting outlining the key areas and different agenda for learning purpose within the team, so there no breakdown in communication within the team. - Verbal handover were implement within the locations so staff coming on duty were aware of any issue of concerns in relation to any the residents, this will also document in the written handover.	
Regulation 3: Statement of purpose	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> - Statement of purpose (SOP) will be reviewed and the role of the PIC and Deputy Manager will be clearly outline within the SOP. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - Provider led meeting was held with senior management to address the outstanding maintenance issues. Floor that is worn will be replaced, furniture that is worn will be replaced. PIC discussed issue in relation to work that needs to carry out within Richview DC such as painting of houses internally. A plan has been implemented for completion of the same. - A transitioning plan is in place to address resident decline in their mobility, the resident has been to visit the new location where they will reside. This home is a bungalow which will better meet resident's mobility needs. This has been discussed with resident who is in agreement with the transitioning. As part transitioning plan the resident has visited the new locations on two occasions to meet other residents and to see their new bedroom, transitioning period will be completed 7.09.2023 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> - New furniture to be purchased and delivered for living area and old furniture discarded, this will be combined with the new renovation work that will carried out in Nuncio House, The PIC has had a discussion with resident regarding their involvement in choosing the new furniture for the living area. PIC met with the resident 3rd of August in relation to same. - Provider led meeting was held with senior management to address the outstanding maintenance issues. Floor that is worn will be replaced, furniture that is worn will be replaced. PIC discussed issue in relation to work that needs to carry out within Richview DC such as painting of houses internally. A plan has been implemented for completion of the same. <p>A new cleaning schedule has been implemented across the organization. This will be monitored by the PIC and Deputy manager to ensure compliance in IPC.</p>	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: - Staffing numbers have increased in the designated center and this additional staff will be allocated to support with residents activities of choice and to assist in any additional needs requiring support	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	04/10/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	04/10/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	14/10/2023

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in 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.	Substantially Compliant	Yellow	14/10/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	25/07/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	30/08/2023

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	14/10/2023
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	01/08/2023
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	04/09/2023