Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Weir
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	25 January 2022
Centre ID:	OSV-0005625
Fieldwork ID:	MON-0030914

About the designated centre

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

This is a service comprising of three separate locations providing care and support for up to sixteen adults (both male and female) with disabilities in close proximity to Kilkenny city. Each property is spacious and tastefully decorated and has private well maintained gardens for residents to avail of as they please. All residents have their own private bedrooms which are decorated to their individual style and preference. The centre is managed by a qualified and experienced person in charge and is staffed on a 24/7 basis by a team of social care workers, health care assistants and recreational assistants. Residents are supported to attend a range of day service options where they can engage in skills development, hobbies and activities of their preference and choosing. They are also supported to use local community based amenities such as local gymnasiums, hotels, shops and restaurants. Residents healthcare needs are comprehensively provided for and they have as required access to GP services and a range of other health and social care professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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
Tuesday 25 January 2022	09:30hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This centre is based across three locations, a large detached house, two small semi-detached houses and a series of interconnected apartments all on the outskirts of Kilkenny City. It is currently home to ten residents although is registered for a maximum of 14 individuals. The inspector visited all locations and met with all residents present at the time of the visit, eight in total. As precautions remain in place due to the COVID-19 pandemic the inspector ensured that they adhered to all infection prevention and control guidelines such as the wearing of personal protective equipment.

All residents who met with the inspector reported that they were happy in their homes and were active and busy over the course of their week. In one location the person in charge and staff team were actively promoting engagement with activities outside of the centre and supporting residents in a graded way to participate. Residents were observed to be familiar with the staff members who supported them and were relaxed in their company. The person in charge was familiar with all residents in the centre and with their needs.

In one house the inspector joined two residents at the table as they finished their breakfast, they reported that the other two individuals who lived in the house were currently out engaging in their individual activities. The inspector met with one of these residents when they returned to the centre for their lunch, they showed the inspector their bicycle and explained that they loved to go for a cycle ride. A resident in this house talked about how they had asked to meet with the provider to discuss something that was worrying them and that they had an appointment that day. They explained that this was an important meeting for them. They were also going to restart some day services and had a symbol supported timetable in place that they shared with the inspector. One resident showed the inspector an autographed photograph of their favourite soccer team that the staff had given them at Christmas. This had been framed and was on display in their bedroom.

Residents talked about things they planned for their homes which demonstrated how they viewed their home, one resident talked about a gardening project which was going to be a quiet space to sit and remember a friend who had passed away. Another resident proudly showed the inspector a new chandelier lampshade and matching lamps that they had chosen for their personal space. Residents were observed to engage in tasks in their home and took pride in showing the inspector around explaining where they dried their washing or stored their belongings.

In another location two residents were engaged in art and craft and the staff had set up a designated space for them, their work was on display on the walls. Residents were observed engaged in knitting and crochet projects as well as other craft projects such as making bookmarks. In one location a resident had a designated space for their art and had an easel set up for their work. A sensory room was under development in one location for a resident who enjoyed quiet time

and exploring textures, lights and sound.

In one location a resident had asked a staff member to help them fix a hole in a jumper and they sat in the kitchen together for a while to try and complete this task. Residents were involved as they had requested in either formal day activities such as horticulture, drumming, painting or in informal activities such as gardening, watching sport, getting the local bus into town and going to the gym.

The following sections of the report outline findings of the regulations reviewed during this inspection and their impact on the quality and safety of the service provided to the residents that live in the centre. Some areas for improvement were identified in relation to the upkeep of the premises and governance and management.

Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of residents. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well cared for. The focus of care was person centred.

The registered provider had local management systems in place to ensure the service provided was safe. The person in charge had systems in place to audit and review the quality of care and support in place provided to residents and there was evidence of positive changes to consistency of system implementation such as the daily oversight of resident finances. The person in charge and assistant director of services were meeting to review all actions identified and the timelines in place for the completion of these.

The registered provider had in place a complaints process and procedure that was prominently displayed, the complainants satisfaction with the outcome of complaints made were recorded.

Regulation 14: Persons in charge

The registered provider had ensured that there was a suitably qualified and experienced person in charge of the centre. The person in charge was employed in a full time capacity and this was the only centre they had responsibility for.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the qualification and skill mix of staff was appropriate to the assessed needs of the residents. Staff numbers allocated to the designated centre by day afforded person centred care and there was evidence that activities were facilitated in the absence of structured day services. Residents also said that they felt safe and well supported by staff.

The registered provider arranged for increased staff on duty over the weekend when indicated, in one house in particular this was to provide additional support to residents should they wish to engage in social outings. While there was some agency cover used on occasion to cover gaps in the roster, it was evident that the provider and person in charge had exhausted other options to provide familiar cover first.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had in place a management team with oversight of all services provided. This group comprised of the assistant director of services who was a person participating in management of the centre and the person in charge.

Six monthly unannounced audits and the annual review of the service had not however, been undertaken as required by regulation. The provider had identified this as a deficit in their oversight of the service and these had been scheduled for completion as required going forward.

The registered provider had reviewed areas on non compliance as identified in the previous Health Information and Quality Authority (HIQA) inspection. The person in charge was actively engaged in audits within the centre and actions arising from these were were being completed in line with the time frame set by them and there was evidence of enhanced oversight by the person in charge.

Recorded staff meetings were taking place between the person in charge and the staff team. The last meeting was recorded for November 2021 and there was one scheduled for the day after the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had in place a complaints policy and all complaints were well documented in a complaints log which was up-to-date. How to make a complaint was displayed in an easy-to-read format in the designated centre. Residents were supported to access advocacy services and were aware of the appeals process. Unsolicited information of concern regarding the management of complaints within the centre had been received by the Chief Inspector in advance of this inspection. This was discussed with the person in charge and reviewed by the inspector. The inspector found that the provider and person in charge had adhered to the providers policy and had implemented a number of actions to ensure satisfaction arose from complaints received.

Residents reported that when they had made a complaint they were happy with the outcome and the person in charge and person participating in management of the centre made time to meet them and have a conversation with them if they were not happy about something.

Judgment: Compliant

Quality and safety

Overall, the inspector found the designated centre was providing a service that was safe for residents. The general welfare of residents was promoted and concerns raised by residents were effectively dealt with. Staff and resident interactions were observed to be warm, respectful and meaningful. Residents stated they liked living in the designated centre and enjoyed the homely atmosphere.

There was evidence that residents had a meaningful and active life despite the limitations due to the current COVID-19 pandemic. Residents were observed to be unhurried and given time and opportunity in the morning to have their breakfast and plan for the day at a pace that suited themselves. Staffing levels by day supported person centred planning and individualised support. Residents were supported by staff to partake in recreational activities. Some of the supported activities included walks or drives in places of interest to residents. These were to parks, coffee shops and the town centre. The person in charge had identified that in one location the residents found engaging in their community and with activity more challenging than in the other locations. The person in charge and staff team had engaged with residents to introduce a graded stepped approach to partaking in activity which was being carefully implemented.

The three locations that comprise this centre presented differently with residents in

one location living on their own and in other locations sharing their communal space. All residents had access however, to their individual bedrooms for privacy and most had personalised areas within the communal areas that reflected their personal interests. The inspector found that there was a discrepancy between the locations with respect to the condition of the premises and the level of maintenance and decoration required.

Regulation 17: Premises

The provider had identified that the centre while meeting the current assessed needs of residents, required consistent review as resident needs were changing. In addition it was identified that some aspects of the centre required additional cleaning and decoration. Some areas of the centre not currently used by residents reflected wear and tear that required repair. In addition in these areas surfaces were grubby and dusty and they had not been cleaned in line with the providers cleaning schedules. The areas of the centre that were used by the residents however, were found to be clean.

The provider had completed property reviews as part of a health and safety audit and there were actions identified for maintenance and repair. Painting on external aspects of the houses was scheduled. The inspector noted that painting and general maintenance was required internally and this had also been scheduled.

The inspector found two areas of concern on the day of inspection which the provider repaired immediately, these were a hot water tank without a cover that was too hot to touch in an area accessed by residents in addition to a fire door that had the self closing mechanisms removed. These were reviewed under this regulation and not under fire regulations. The provider ensured that updated photographs of the works were submitted to the inspector following the inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place that contained all information as required by the regulations. The designed centres risk register had been recently updated and the inspector found that this was reviewed in line with the providers policy.. The register and the risks identified were specific to each location that made up the designated centre. The risks identified were comprehensive and detailed, with evidence that they were continuously reviewed and amended as required. These included risks relating to declining mobility for some residents in addition to the risks relating to peer compatibility in another location. All residents had falls risk assessments in place and also risks identified in relation to the current COVID-19

pandemic.

The person in charge had ensured that where required the risk assessments had associated guidelines or protocols in place to support staff in implementing control measures. Specific guidance from health and social care professionals was also present if necessary.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections and the designated centre complied with current COVID-19 guidelines.

Staff demonstrated good knowledge in relation to preventing the spread of healthcare associated infections. There were personal protective supplies within the designated centre and staff were observed to have good hand hygiene practices. There was a recorded cleaning schedule maintained for frequently touched areas. The person in charge reviewed the cleaning schedules to ensure they included areas of the centre that were not currently in frequent use such as the upstairs of two houses. The need to enhance cleaning in some areas of the centre has been reflected in the judgement against regulation 17. In addition there was evidence of enhanced cleaning in certain rooms of the centre such as steam cleaning of the grout and tiles in the bathrooms.

The person in charge maintained a record of staff temperatures which were recorded at the beginning and end of staff shifts. All staff had undertaken training in breaking the chain of infection, hand hygiene, donning and doffing of personal protective equipment as well as infection control prevention practices. Face masks were used by all staff and the residents spoke of wearing them when they were out in the community.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents in this centre were supported to enjoy the best possible mental health and, as required, had access to psychology and or psychiatry support. Staff in the designated centre had received training to support residents with behaviours that challenge. Each resident that exhibited such behaviour had a behaviour support plan in place. These plans were subject to regular review to determine their

effectiveness. There were needs assessments in place for some residents to identify routines that were challenging and the person in charge planned additional support or guidelines around managing these.

The use of restrictive practices were in place to promote the safety of the residents and there was evidence that their use was regularly reviewed. There was evidence that following review some restrictive practices had been removed and others were being reduced. All restrictive practices had been assessed for and there was documentation outlining the rationale for use in place.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had systems in place to keep residents in the centre safe. There were policies and procedures in place and safeguarding plans were developed as necessary. A full review of safeguarding plans had been completed by the person in charge in 2021 and they found that that not all plans had been reviewed and closed as indicated. The person in charge had subsequently scheduled a meeting with the safeguarding team in the Health Service Executive to ensure that all plans were current and had been updated.

The inspector reviewed specific notifications that had been made previously to HIQA. Incidents had been appropriately subject to preliminary screening and the designated officer had been informed. Safeguarding measures were still in place and in one location there were a number of incidents that arose from peer incompatibility.The safeguarding action plans in place were subject to regular review and additional measures were in place such as the development of additional rooms for residents to relax in and enhanced activities available.

The inspector reviewed residents intimate care plans and found them to be detailed and to guide staff practice. The inspector reviewed the systems in place to keep residents safe from financial abuse and also found these to be detailed. The person in charge had ensured that the systems for oversight and checking of finances was audited and monitored. Residents had been referred to advocacy services and were supported to engage in decision making with respect to management of their finances and other decisions that impacted on them.

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	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Weir OSV-0005625

Inspection ID: MON-0030914

Date of inspection: 25/01/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A schedule has been completed to ensure that all six month and annual providers audits will be fully completed in line with regulation. Following each audit, the auditor will meet with the PIC and Operations manager to give feedback and an action plan and timeline will be agreed. The action plan will be reviewed monthly with PIC and Operations manager to ensure that all actions are been completed within the agreed timeline.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance requests are now reported via an online system directly to maintenance department, facilities manager and Person in charge. This allows an efficient response to address any maintenance issues in the required timescales. All identified maintenance requests have been scheduled for 2022. The PIC will review the cleaning schedules of each house within this designated centre to ensure the areas not currently occupied are included and cleaned and miantained to the same standard as the occupied areas. This will also be reviewed at time of re-registration to see what areas need to be registered in each house within this designated centre.	

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.	Substantially Compliant	Yellow	30/06/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	31/12/2022
Regulation 23(2)(a)	The registered provider, or a	Not Compliant	Orange	31/12/2022

	person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			