



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

Issued by the Chief Inspector

Name of designated centre:	Cathedral View
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	02 October 2024
Centre ID:	OSV-0005690
Fieldwork ID:	MON-0043671

About the designated centre

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

Cathedral View comprises of four apartments on the first floor of an apartment block on the outskirts of Kilkenny City. Three of these apartments are interconnected internally and one is a stand alone two bed apartment. This centre can accommodate six resident at any one time. This centre provides full time residential support for adults with intellectual disability and complex needs. There is access to a range of amenities in the town such as shops, restaurants, churches and leisure centres, transport is available to the resident in order to avail of these if required. The premises has ample parking and access to outdoor space. The apartments bright, spacious and well decorated, Cathedral View provides an individualised service to residents who are supported by a team of social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 2 October 2024	09:00hrs to 17:30hrs	Tanya Brady	Lead
Wednesday 2 October 2024	09:00hrs to 17:30hrs	Linda Dowling	Support

What residents told us and what inspectors observed

This was an announced inspection completed by two inspectors in one day. The inspection was completed to inform a decision regarding renewal of registration for this designated centre. Overall, findings of this inspection were that residents were receiving care that met their assessed needs and they had a good quality of life.

This centre had on the previous inspection comprised of a single apartment however, the provider had applied to vary the conditions of registration for the centre and in August 2024 had added a new unit to the footprint of the centre. This change had increased the numbers of residents within the centre from one to six. This inspection was the first therefore since the new configuration of the centre.

The centre is registered for a maximum of six residents but is currently only home to four individuals. During the inspection day inspectors had the opportunity to meet and speak with all four residents living in the centre, two staff members and the person in charge about the quality and safety of care and support in the centre. A member of the provider's management team was also available to meet inspectors. Inspectors also reviewed documentation about how care and support is provided for residents and about how the provider ensures oversight and monitors the quality of care and support. The atmosphere in the centre was calm and relaxed, all residents and staff knew the plan for the day and these were carried out with ease.

On arrival to the centre the inspectors were warmly welcomed by three residents who were up and dressed waiting to start their day. The three residents were relaxing in their sitting room and had their lunches ready to go to their day service. They told inspectors about their plans for the day, things they like to do at the weekend and places they like to eat. The residents interacted well with one another and supported each other to leave the apartment when transport arrived. The residents spoke about how they liked their staff and knew who was on duty at any given time. They stated that they were happy and really liked their home, two residents told inspectors about the jobs they completed in their home and their rooms such as dusting or making the bed.

One resident told inspectors that they were having fish fingers for dinner and spoke of how shopping was completed. They all explained that they were involved in the planning for meals and placed orders on the computer for online shopping. Another resident showed inspectors the personal photos that were on display in the living room and spoke of each person they saw in the pictures fondly. Residents showed inspectors necklaces they were wearing that had been presents and were important to them. They gave inspectors examples of what they did and places they liked to visit that was reflective of busy and happy lives.

The fourth resident was not ready for their day when the inspectors arrived as they liked to take their time getting up and dressed and this was respected by the provider. They greeted inspectors as they relaxed in their bedroom and pointed out

their important personal items and pictures displayed on their bedroom wall that they had created. They explained that they were about to engage in personal care and that the staff helped with this and later they were going to the art and hobby shop in town which they enjoyed. The resident spoke of their peers in the centre and how they enjoyed living with them however, they also told inspectors that they would prefer somewhere to live without stairs. This was discussed by the provider later in the inspection day. The resident spoke of the passing of a family member and how the staff had supported them when they felt sad.

As this was an announced inspection the four residents had completed or were supported to complete a questionnaire in advance called 'Tell us what it is like to live in your home'. Overall, residents indicated they were happy with their house, had access to activities, were happy with staff supports, and their opportunities to have their say. Residents commented that they loved that their family could visit to their home, that they liked to relax and watch 'soaps' on television and they liked each others company. They also included areas where they would like to see changes or improvements such as, "I like this house but not the location, I want to live downstairs"

In summary, residents told inspectors they were busy and had things to look forward to. They said they were supported to make choices around how and where they wished to spend their time.

The provider was capturing residents views and self-identifying areas of good practice and areas where improvements may be required in their own audits and reviews. The provider had recognised the residents' changing needs in addition to their expressed wishes on where they would like to live and was responding appropriately. There were systems in place to monitor the quality of care and support for residents, and these were, for the most part, proving effective at the time of inspection. The inspectors found however, improvement was required in relation to premises, governance and the management of complaints and this is detailed later in the report.

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

Capacity and capability

This announced inspection was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. This was the first inspection of the centre with the increased number of units and of residents.

The two inspectors of social services completed the inspection over the course of one day. This included visiting each of two locations that make up the designated

centre and visiting an office base at the end of the day to provide feedback and to discuss systems for oversight and monitoring and a number of quality improvement initiatives with members of the local and senior management team.

Overall the inspectors found high levels of compliance with the regulations. The provider was capturing the lived experience of residents in their audits and reviews and their opinions, concerns and feedback were used to bring about improvements in their care and support and their homes. The provider was also identifying areas of good practice and areas where improvements were required and implementing the required actions to bring about these improvements.

Some improvements were required in the areas of complaints management, governance and management as it related to the original single unit prior to reconfiguration and premises. These are outlined in detail below.

Regulation 15: Staffing

The provider had policies and systems in place to ensure that staff had the required skills and experience to fulfill the job specifications of their roles.

The centre was fully staffed in line with the statement of purpose with social care workers at the time of the inspection. The provider was providing continuity of care and support for residents by ensuring regular day service staff or relief staff were rostered to provide additional support during the day or to cover planned leave.

As previously mentioned, residents could identify who was working and when in their home and spoke warmly of the staff that supported them. The provider also demonstrated flexibility where residents requested activities or outings and staff times on duty were amended or an additional staff member was available. From the sample of rosters reviewed for the four month period leading up to the day of inspection these were well maintained and clearly indicated who was on duty.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training matrix for the centre and some certificates of training for all core staff were reviewed during the inspection. The inspectors found that each staff had completed training listed as mandatory in the provider's policy including among others, fire safety, safeguarding, manual handling, medicines management and infection prevention and control (IPC).

All staff had completed training on applying a human rights-based approach in health and social care. An inspector spoke with one staff member and they spoke

about their focus on ensuring that residents were making decisions and choices in their day-to-day lives. They spoke about how residents had the same rights as everybody else and how important it was to them that residents were developing and maintaining their independence.

An inspector reviewed the supervision records for all staff. The agenda was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as staff roles and responsibilities, training, policies procedures and guidelines, and keyworking.

Two staff who spoke with inspectors stated they were well supported and aware of who to raise any concerns to they may have in relation to the day-to-day management of centre or the residents' care and support in the centre. They spoke about the availability of the person in charge and the provider's on-call system.

Judgment: Compliant

Regulation 19: Directory of residents

An inspector reviewed the directory of residents in the centre and found that it contained the required information and was being reviewed regularly. While the directory was up-to-date on the provider's electronic system it required updating in the paper version that was available to staff regarding details on residents' representatives/next of kin. This was amended on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined in the statement of purpose and matched what was described by staff during the inspection. From a review of the statement of purpose, the minutes of management and staff meetings for 2024, and a review of staff files there were clearly identified lines of authority and accountability amongst the team.

The provider's last annual review and three six-monthly unannounced visit reports were reviewed by inspectors. As stated the configuration of the centre had recently changed and the original single unit had been vacant for a period of time prior to the addition of the second unit. This single unit remains vacant. The provider had not completed a six monthly unannounced visit report between June 2023 and July 2024. In addition the provider and person in charge had not completed the required audits and checks of the apartment since it had been unoccupied and prior to the addition of the second unit, such as fire safety checks or running of water to prevent

water borne diseases.

The provider's reports that had been completed however, were detailed in nature and capturing the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for the residents, areas of good practice and areas where improvements may be required. The action plans for these reports showed that the required actions were being completed in line with the identified timeframes.

Area-specific audits in areas such as medicines, care planning, IPC, food safety, restrictive practices and safeguarding from July to October 2024 were reviewed by inspectors. Inspectors reviewed the actions from these audits and found that they were leading to improvements in relation to residents' care and support and their home.

The minutes of staff team meetings, managers meeting and oversight records from senior management were reviewed from July to October 2024 and areas such as safeguarding, advocacy, restrictive practices, complaints and compliments, audits and reviews, quality improvement initiatives, residents' rights, staffing, training, and learning from accidents and incidents were discussed.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

While there had been a change in the configuration of the centre in the summer of 2024 this change had not impacted on the residents living in the second unit. They had remained in their home with the same staff team and there had been no change in the person in charge role.

The inspectors reviewed the four residents' contacts of care and found that they contained the information required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had developed a complaints policy which was available and reviewed in the centre. The complaints procedures were outlined in the statement of purpose and residents guide and there was an easy-to-read document on managing and responding to complaints available in the centre. There was a nominated complaints officer and their picture was available and on display in the centre.

Inspectors spoke with residents who told them what they would do if they had any

worries or concerns. The complaints process was discussed regularly in the sample of resident's meetings reviewed for a four month period.

There was a a complaints and compliments folder and a log was maintained in the centre. One complaint only had been submitted in 2024 since the centre had reconfigured and it was recent and going through the outlined process.

Residents had however, complained to the Quality and Compliance department at the time of a provider's audit regarding their dissatisfaction with noise levels in the apartment and with the lack of substantial outdoor space. The provider had stated these discussions should be recorded as complaints but this had not occurred by the day of inspection. This meant that the residents comments had not been acknowledged, reviewed and followed up on by the relevant parties. One resident told inspectors that they did not like the noise of the young people outside kicking a ball against their wall and that noise was ongoing and they did not like it.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that the quality and safety of care provided for residents, was of a good standard. The residents were making decisions about how and where they wished to spend their time and were supported by staff to do so. They were encouraged to be involved in the day-to-day running of the centre and their likes, dislikes and preferences were known. While improvements were required in the area of premises the centre was warm and their bedrooms were personalised.

From the inspectors' observations, speaking with the staff team and management, and reviewing documentation, it was clear that residents were supported through individualised assessments and personal planning. In addition, residents had access to ongoing support from multi-disciplinary professionals as needed.

Regulation 17: Premises

The centre was found to be well decorated which ensured it was warm and homely in presentation. The inspectors completed a walk around of the premises and found that there was adequate communal and private space for residents. Although there was adequate number of accessible baths, showers and toilet facilities available some of these facilities required a deep clean and some minor maintenance works. For example it was evident that behind the door of the shower room had not been properly cleaned and there was broken hardware in the shower unit. A maintenance

request was send for the removal of this and that was completed on the day of the inspection. One of the resident bedrooms also required paining due to chipping of paint where pictures had possibly been hanging.

The inspectors reviewed three months of cleaning records. The records were not detailed in nature and there was evidence of gaps in the completion of same in particular for the period prior to the addition of the second unit. For example on two consecutive weeks there was no evidence of some cleaning tasks being completed such as high-low dusting. When completing a walk around of the centre inspectors observed a build up of dust and dirt in one residents bedroom in between two items of furniture and on the surface of a chest of drawers where the resident's belongings had not been moved.

Each resident had their own bedroom with suitable storage for their personal belongings. The bedrooms were personalised and reflective of the individuals living there. In the vacant unit the provider had pained throughout and there had been new furniture and fittings purchased.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspectors reviewed the centre's risk register and individual risk registers for three of the residents living in the centre.

All risks has been identified and control measures were put in place to reduce their impact. A number of residents had falls risk and these were included in their risk management plans and reviewed within the required time-frame. It was evident from review of risk assessments that one resident had changing needs and these were reflected in their personal risk assessments. For example one resident had been using walking sticks to aid them down the stairs of the apartment block in the event of a fire, on request from the resident they wanted to use crutches and this was facilitated after review with an occupational therapist and their fire risk assessment and personal evacuation plans were updated to reflect change in practice.

Judgment: Compliant

Regulation 28: Fire precautions

Each resident had a detailed personal emergency evacuation plan which clearly outlined the support they require to safely evacuate in the event of an emergency. These were also supported by associated fire safety risk assessments and a centre

emergency evacuation plan. Inspectors reviewed records which demonstrated staff completing daily visual inspections of fire escape routes, weekly checks of emergency lighting and fire alarm systems.

All staff had completed the mandatory fire safety training. All fire drills were completed in line with the providers policy. During one drill it was documented that one resident refused to leave, this was highlighted to management and action was taken to resolve the concern. The fire safety equipment such as the alarm, emergency lighting and fire fighting equipment had all been serviced and maintained in line with regulatory requirement.

The provider had also identified the changing needs of residents and had explored strategies and equipment to support the residents to evacuate safely in the event of an emergency. This was particularly important given the changing mobility needs and that the centre was an apartment on the first floor of a building.

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 effectively guided the staff team in supporting residents with their healthcare needs. The person in charge ensured that residents were facilitated in accessing health and social care professionals, as required.

All residents had an annual review of their health, they had access to national screening programmes and vaccinations. There was evidence of follow up for residents when concerns arose in relation to their health needs. For instance, one resident received an MRI scan after ongoing complaint of shoulder pain, another was referred for and had a DEXA scan following a fall.

Judgment: Compliant

Regulation 8: Protection

On the day of inspection the residents expressed they liked where they lived and who they lived with. The residents were protected by the provider's policies, procedures and practices relating to safeguarding and protection in the centre.

Although there had been some low level peer to peer incidents it was found that these incidents had been documented and reported in line with the provider's policies and with regulation. On review of residents weekly meetings it was evident that discussions were held in relation to respecting each other, house rules and

safeguarding along with an easy read document on Human Rights.

All incidents and safeguarding plans were discussed in detail at team meetings. The staff team all had up to date training in the area of safeguarding and human rights.

All residents had detailed intimate care plans with supporting easy read plans that had been discussed and signed by the residents where appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Overall the service was striving to provide residents with choice and control across service provisions. Residents were observed responding positively to how staff respected their wishes and interpreted their communication attempts. They were offered choices in a manner that was accessible for them. The provider ensured that residents were facilitated in participating in aspects of the running of the designated centre through resident meetings and key worker sessions, residents were supported to clean their rooms or engage in online food shopping for example. Inspectors observed how residents were involved in their person plans and were supported to sign off on their own documents.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cathedral View OSV-0005690

Inspection ID: MON-0043671

Date of inspection: 02/10/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The new configuration of the centre now incorporates all the apartments under one designated center and this will ensure that all provider and person in charge audits and checks will be completed in line with regulation and will include the vacant apartment.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: All complaints will be logged and followed up in line with policy. Complaints procedure will be discussed at next staff meeting to ensure that all staff are aware of the correct procedure.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All maintenance requirements have been logged on DMS to be actioned. PIC has reviewed cleaning log and has ensured that all areas requiring cleaning has been addressed. Cleaning logs will be discussed at next staff meeting and PIC will ensure that they are reviewed regularly to identify and address any gaps.	

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	31/01/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2024

Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/12/2024
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	31/12/2024