



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:	Announced
Date of inspection:	19 October 2021
Centre ID:	OSV-0001865
Fieldwork ID:	MON-0032834

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:	17
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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 19 October 2021	09:30hrs to 18:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from an office area in each of the units of the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet with 14 residents throughout the inspection as they went about their day and participated in their activities, albeit this time was limited. Some residents were at their family's home at the time of the inspection.

On arrival to the first unit of the designated centre, the inspector was greeted by the five residents. The residents showed the inspector around their home and told the inspector they liked their bedrooms. The inspector observed residents relaxing watching TV, listening to music and engaging in table top puzzles and activities. The residents told the inspector about their interests including video games and music. Positive interactions were observed between the residents and the staff team.

In the afternoon the inspector visited the second unit and met with four of the residents. Two of the residents were with family at the time of the inspection. The residents were preparing to have lunch when the inspector arrived. Three residents were observed in the kitchen/dining room and spoke with the inspector of where they are from, their family, plans for Halloween, their interest in rugby and responsibilities around the house. In the attached self-contained apartment, the inspector met with one resident who was watching TV and preparing for lunch before heading out to the community. The resident appeared content in their home which was personalised with their possessions. There was a large garden to the rear of the unit which was well maintained and decorated with flowers.

In the third unit, the inspector met with five residents. On arrival the inspector observed two residents actively preparing for Halloween and designing woolen ghosts to be hung in the house while another resident was relaxing in their bedroom. During the inspection, two residents returned from the shop. The residents appeared relaxed and comfortable in their home and showed the inspector various projects they had completed including birdhouse and fairy doors for the garden and art made from wool and beads.

Overall, the residents appeared content in their home and in the presence of staff members throughout the inspection. The inspector observed positive interactions between residents and members of the staff team throughout the inspection. However, one resident highlighted their dissatisfaction with the self-closing device on their bedroom door as it negatively impacted on their privacy when left open and

their independence when closed. This was also identified as an area for improvement at the time of the last inspection.

The 14 residents completed questionnaires for this inspection which described their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a level of satisfaction with the service. However, one questionnaire noted that times they would like more staff in order to engage in more activities. The questionnaires also highlighted both positive and negative experiences of COVID-19 restrictions. One resident noted that they are more content with their daily routine since their day service closed. While a number of residents highlighted the negative impact of the restriction on visitors.

As noted 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. The residents spoken with said that they liked their bedrooms. However, there were some areas which required improvement including internal and external painting. This had been self-identified by the provide and plans were in place to address same.

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 was areas for improvement which included the staffing arrangements, notification of incidents, premises, review of restrictive practices, infection control and fire safety.

The next two sections of the report present the findings of this inspection in relation to the 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, some improvement was required the staffing arrangements and notification of incidents.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to monitor the service. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. The audits identified areas for improvement

and actions plans to address same.

On the day of inspection, the inspector observed that there was sufficient staffing levels and skill-mix in place to meet the residents' needs. There was an established staff team and a regular relief panel in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner. However, the staffing levels required further review.

The inspector reviewed a sample of staff training records and found that, for the most part, the staff team had up-to-date training. However, some of the staff team required refresher training in areas including fire safety and de-escalation and intervention techniques. This had been self-identified by the provider and refresher training had been scheduled for those staff members.

Regulation 14: Persons in charge

The provider had appointed a full time person in charge of the designated centre. The person in charge was suitably qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. There was a core staff team in place which ensured continuity of care and support to residents. In addition, day service staff had been redeployed to the service. The person in charge maintained a planned and actual roster.

However, 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 two staff until five o'clock. However, after five o'clock the five residents were supported by one staff member which at times limited opportunities outside of the house. As noted, staffing levels were also highlighted as an area for improvement in one resident's questionnaires. This required review to ensure residents had adequate supports to engage in activities outside of the house in line with public health guidance.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. While one gap was identified in both fire safety and de-escalation and intervention techniques, this had been self-identified by the provider and refresher training had been scheduled for those staff members. This meant that the staff team had the skills and knowledge to support the needs of the service users.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was supported in their role by the staff team. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that for the most part the Chief Inspector was notified as required by Regulation 31. However, improvement was required in the quarterly notification of incidents.

Judgment: Not compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a homely environment. However, some improvement was required in the premises, review of

restrictive practices, infection control and fire safety arrangements.

The inspector reviewed a sample of residents' personal files and found that an up-to-date assessment of need had been completed for each resident. The assessment of need informed the residents person support plans. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team in supporting the residents with their needs.

There were positive behaviour supports in place to support the residents to manage their behaviour. The residents were supported to access health and social care professionals as appropriate including psychology and psychiatry. The inspector reviewed a sample of positive behaviour support plans and found that, for the most part, they appropriately guided the staff team. There was a number of restrictive practices in use in the centre. For the most part the restrictive practices were suitably identified and reviewed by the provider. However, some restrictive practices had not been reviewed within the last year by the provider's Human Rights Committee.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. However, improvement was required in fire safety arrangements in place for the containment of fire and evacuation procedures.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-maintained. The designated centre consists three detached houses located within a short distance of each other in County Kilkenny. The centre was decorated with residents' personal possessions and pictures throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

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

In addition, the accessibility of one unit required review. As noted one resident highlighted concerns regarding the negative impact of a self-closing device on their bedroom door on their privacy and their independence.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management system in place for the assessment, management and ongoing review of risks in the designated centre. A risk register was maintained which was up-to-date and outlined the controls in place to mitigate the risks. Each resident had number of individual risk assessments on file, where required, which were up to date.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required. The centre had access to support from Public Health. However, some improvement was required in the appropriate storage of incontinence wear.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the resident to evacuate. There was evidence of regular fire evacuation drills taking place in the centre.

However, improvement was required in fire safety arrangements. For example, in one unit the inspector observed a number of door wedges close to fire doors and one fire door wedged open. This negated the purpose and function of the fire door. This was identified to the person in charge on the day of inspection and removed.

The fire evacuation arrangements in place in the designated centre also required review. For example, in one unit, a resident was confined to their bedroom during a fire drill completed in October 2021 due to requiring additional support to open fire doors. In addition, in the same unit, a fire drill in August 2021 highlighted the need to explore an accessible ramp to evacuate through double doors in the hallway. This had not been completed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need which appropriately identified resident's health, personal and social care needs. The assessments informed the resident's personal support plans which were up-to-date and guided the staff team in supporting the resident with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care for the residents was provided. The healthcare needs of the residents were suitably identified and assessed. Healthcare plans outlined supports provided to the residents to experience the best possible health. There was evidence that the residents were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and, for the most part, positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed.

The provider had systems in place to identify and review restrictive practices. However, some improvement was required in the timely review of some restrictive practices by the provider's Human Rights Committee.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. Safeguarding plans were in place to manage identified safeguarding

concerns. The residents were observed to appear content in their home and spoke positively about living in the designated centre. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting concerns.

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 - 2015 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not 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	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Richview Designated Centre OSV-0001865

Inspection ID: MON-0032834

Date of inspection: 19/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Following end of year recruitment and induction on 13/12/21 , while the Centre has the required Core Staffing in place as outlined in the statement of purpose, A review will be completed by 31/1/22 and additional staff will be assigned to provide a recreation program for residents that want same in the center.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All incident requiring notification will be notified in the time frame in compliance with HIQA regulation.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: internal painting has started on resident's bedrooms to be completed 15/ 12 / 21 with the intention to have all communal areas painted by early 2022. In addition one resident's dissatisfaction re her bedroom door, conversation took place with the contractual electrician whom is responsible for fitting the door closure to move</p>	

<p>the closure to an accessible height where the resident can manage the door independently. This is hoped to be completed by January 31 / 2022.</p>	
<p>Regulation 27: Protection against infection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: All staff are trained in infection control in compliance with HSE covid guidelines and SOS infection control and policy . The concern raised on the day re storage of personal items for one resident has being rectified on 20th October 21 and appropriate storage in place.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Door stoppers have being removed from the doors in question and are connected to the fire panel to ensure compliance and safe access for residents. In addition to this measure quotations have being sourced to replace the existing double doors and put in a ramp in one center this is expected to be completed no later than March 2022.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The restrictive committee meeting are meeting on December 1st to review this .All restrictions will be reviewed Quarterly in line with policy also.</p>	

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.	Substantially Compliant	Yellow	31/01/2022
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	07/02/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	20/10/2021

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/03/2022
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under	Not Compliant	Orange	31/12/2022

	paragraph (1)(d).			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	01/12/2021