



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

Issued by the Chief Inspector

Name of designated centre:	Cashel Downs
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	06 October 2022
Centre ID:	OSV-0005610
Fieldwork ID:	MON-0028952

About the designated centre

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

Cashel Downs is a designated centre operated by SOS Kilkenny CLG. The designated centre provides community residential services to up to four adults, both male and female, with a disability. The centre comprises of a large two storey detached house which is located at the end of a cul-de-sac in a housing estate on the outskirts of Kilkenny city. The house comprises of a kitchen, two living areas, an office, bathroom, four individual bedrooms and a staff room. One of the downstairs bedrooms also has access to a personal living room and en-suite bathroom. The centre is staffed by a person in charge and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 (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
Thursday 6 October 2022	09:40hrs to 17:20hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision. This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and Health Information and Quality Authority (HIQA) enhanced COVID-19 inspection methodology at all times. 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.

Overall, the residents appeared comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, the provider had identified compatibility concerns for this resident group, which at times had negatively impacted residents' lived experience within the centre. The residents' also highlighted in keyworking meetings the negative impact of the compatibility concerns on their lived experience in the centre. The provider had implemented interim measures to ensure all residents were safeguarded such as additional staffing, a restrictive practice and a protocol to reduce impact of the compatibility concerns. At the time of the inspection, the inspector was informed that the provider was in the final stages of completing a purpose-built premises. The provider had identified this premises would provide an appropriate alternative placement and address the compatibility concerns.

The inspector had the opportunity to meet the three residents over the course of the inspection. On arrival to the house, the inspector was met one resident in the sitting room who was preparing for the day. The resident told the inspector that they were in good form and were planning to get a hair cut and go swimming for the afternoon. The second resident, who was on their way to work on the farm for the day, greeted the inspector and showed the inspector their room which had a number of model aeroplanes suspended from the ceiling and a collection of model tractors.

Later in the morning, the inspector had a cup of tea with a resident and discussed a letter that they had prepared for the inspector. They spoke of upcoming plans to move to their own house and showed the inspector the wallpaper they had chosen for their new bedroom. However, they noted that there had been a delay in this move to their new home and they had made a complaint to the provider. The resident showed the inspector their bedroom and personal living room which was decorated with personal belongings and personalised jigsaws. The resident was supported to access the community for the afternoon.

In the evening, the residents had returned to the centre and spoke with the inspector about their interests including watching the soaps on TV, food and gardening.

The inspector also reviewed three questionnaires completed by the residents describing their views of the care and support provided in the centre. Two of the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the residents. However, the proposed move was central in one resident's feedback.

The inspector also spoke with one family member who had positive views on the care and support provided to their family member. However, they also highlighted the identified compatibility concerns in the house and the planned move to an alternative placement.

The inspector carried out a walk-through of the designated centre accompanied by the person in charge. The centre comprises of a large two storey detached house. As noted, the house comprises of a kitchen, two living areas, an office, bathroom, four individual bedrooms and a staff room. One of the downstairs bedrooms also has access to a personal living room and en-suite bathroom. Overall, the premises was well maintained and decorated in a homely manner.

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 was a clearly defined management system in place. On the day of inspection, the staffing arrangements in place were appropriate to the needs of the residents and the size and layout of the centre.

The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also had responsibility for four other designated centres and was supported in their role by a team leader. The provider informed the inspector that there was a planned reconfiguration of the governance arrangements in line with a planned reconfiguration of the service.

The previous inspection found that improvement was required in the monitoring of the service. This had been addressed. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2021 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response. In addition, there was evidence of quality assurance audits in health and safety and infection prevention and control.

As noted, the provider had identified ongoing compatibility issues for this resident group, which had negatively impacted residents' lived experience within the centre. The provider had implemented interim measures to ensure all residents were safe.

The inspector was informed that the provider was in the final stages of completing a purpose-built premises to provide an appropriate placement to residents, as required. At the time of the inspection, an application to register this designated centre was being prepared to be submitted to the Chief Inspector.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster, there was an established staff team and relief panel in place which ensured continuity of care and support to residents. The three residents were supported on a one-to-one basis during the day. In addition, there was evidence that an additional staff could be arranged to provide support during the day, when appropriate. At night, the three residents were supported by two staff members on a sleep over shift.

Judgment: 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 majority of the staff team had up-to-date training in areas including infection control, fire safety, safeguarding, de-escalation and intervention techniques and manual handling. While some staff required refresher training in diabetes and epilepsy, there were plans in place to address same.

The staff team in this centre took part in formal supervision and a clear staff supervision system was in place. The inspector reviewed the schedule for supervision meetings and a sample of the supervision records which demonstrated that the staff team received supervision in line with the provider's policy.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a Regional Operations Manager, who in turn reports to the Chief Operations Officer. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the resident's needs. The quality assurance audits included the annual review 2021 and six monthly provider visits. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose contained all of the information as required by

Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the designated centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre was a comfortable home which provided person centred care. However, significant improvement were required in the compatibility of residents.

The inspector reviewed the residents' personal files which comprised of a comprehensive assessment of residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs. However, some assessments of needs reviewed had not been reviewed within the last year. The inspector was informed that the reviews were in process at the time of the inspection.

As noted, the provider had identified concerns regarding the compatibility of the resident group and the negative impact on the lived experience of living in the centre. The provider had implemented interim measures to safeguard residents including a restrictive practice and a protocol to reduce the impact of the compatibility concerns. The provider had developed a clear plan for an alternative placement in a purpose-built premises. However, this issue remained ongoing at the time of the inspection.

There were positive behaviour supports in place to support residents manage their behaviour. Behaviour management guidelines were in place as required. The inspector reviewed a sample of these guidelines and found that they were up to date and appropriately guided the staff team. There were restrictive practices in use in the centre. The restrictive practices were appropriately identified and reviewed by the provider.

Regulation 17: Premises

The designated centre was decorated in a homely manner and well-maintained. The previous inspection found that some improvement was required in the maintenance of the centre. This had been addressed.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks.

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 the residents. There was sufficient access to hand sanitising gels and a range of personal protective equipment (PPE). Staff were observed wearing PPE as appropriate throughout the day of inspection. Cleaning schedules were in place and the inspector observed that the centre was visibly clean on the day of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal evacuation plans in place which outlined how to support residents to safely evacuate in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the residents' personal files. Each residents had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting resident's with identified needs, supports and goals. However, the assessments of needs had not been reviewed within the last year. The inspector was informed that this was in process at the time of the inspection.

At the time of the inspection, there were concerns on the compatibility of the resident group which had negatively impacted residents' lived experience living in the centre. While the inspector acknowledges the interim arrangements in place to safeguard residents and the developed plans for supporting residents to transfer to more appropriate placements, this issue remained ongoing on the day of inspection. The lack of an updated assessment was therefore adjudged to be directly impacting on residents quality of life.

Judgment: Not compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspector reviewed health care plans and found that they appropriately guided the staff team in supporting the resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed by the organisation's restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

Notwithstanding, the concerns in relation to compatibility of residents which is discussed under Regulation 5, the provider had systems in place to safeguard residents.

There was evidence that incidents were appropriately reviewed, managed and responded to. Safeguarding plans were developed and in place where required. The residents were observed to appear comfortable in their home. The staff team demonstrated good knowledge of how to identify a concern and the steps to take in the event of a concern.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cashel Downs OSV-0005610

Inspection ID: MON-0028952

Date of inspection: 06/10/2022

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 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Since the inspection the Comprehensive needs assessments has been updated to reflect current needs of all residents living in designated centre. The needs assessment now included the increased level of safeguarding in place to support all three residents, also the ongoing support and on site guidance from management, with the support of the on call system 24/7, also including the most recent upgrades to property to ensure safeguarding can be maximised in times of high stress and challenging behaviour. Within the newly updated Comprehensive needs assessment it continues to identify the lack of compatibility with one resident within the centre.</p> <p>The identified location for transition is delayed due to legalities and currently between solicitors. This process is being dealt with as quickly as possible with aims to have this transition happen in the near future. As soon as the provider receives the legal signed off documentation from the vendor solicitor and the provider solicitor, a fully completed application for registration for the new designated centre will be submitted to the authority.</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 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	10/11/2022
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/03/2023