



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 October 2022
Centre ID:	OSV-0005625
Fieldwork ID:	MON-0037649

About the designated centre

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

The Weir is a designated centre operated by SOS Kilkenny CLG. The centre provides a community residential service for up to 14 adults with a disability. The centre comprises of four separate locations within close proximity of another in an urban area in County Kilkenny. 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 staff team consists of social care workers and care assistants. Health care support were provided by a team of staff nurses. 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:	10
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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
Tuesday 25 October 2022	09:45hrs to 15:45hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This inspection was the third completed in this designated centre in 2022. Previous inspections were carried out following receipt of both solicited and unsolicited information of concern. This was a short and focused inspection completed to determine progression by the registered provider against actions as set by them, to come into compliance with Regulations identified as a concern during the previous two inspections.

The inspector visited two of the four locations that comprise this centre over the course of the day. In addition the inspector reviewed documentation relating to the entire centre and spoke to residents, staff, the local management team and the provider during the inspection. This centre is registered for a maximum of 14 residents although it is currently home to only 10 individuals. The inspector met with five residents across the two locations visited, with the other residents attending day services or engaging in activities in the community.

Residents were observed to be supported in getting ready for their day in one location by the staff on duty. One resident explained to the inspector that they had made their lunch and was heard to ask staff about making an appointment to have their hair cut later in the week. Another resident showed the inspector the sitting room where they relaxed until their lift to day services was ready. The inspector met two residents in different houses who loved arts and crafts and both were observed to complete art works and outlined to the inspector what they enjoyed in particular.

Staff who met with the inspector in all locations were open and knowledgeable on positive changes they had observed in the centre over preceding months. In one location staff acknowledged that ensuring consistent staffing remained the biggest concern as that impacted on residents confidence in participation in their day to day activities. Staffing in the other three locations that comprise this centre had improved and this will be discussed in more detail under Regulation 15.

Overall residents who met the inspector said that they were happy in their home and showed the inspector the changes that had been implemented in the premises and fire safety improvements. While there remained some peer to peer incompatibility which impacted on resident safeguarding this was being managed by the person in charge and the staff team. The provider had an action plan in place to address these concerns of which improving staff consistency in one house was part of this plan.

The next two sections of the report outline the registered providers governance and management arrangements, the progress against actions as set by the provider and the impact these two areas have on the quality and safety of care provided to residents.

Capacity and capability

This inspection found that the provider had systems of oversight and management in place with clear lines of authority and accountability. The staff team who spoke to the inspector were clear about who to speak to should they have a concern and were aware of the systems of reporting in place and how to use them.

While there remained issues of peer to peer incompatibility, inconsistent staffing in one location and the risks relating to safe evacuation the provider had evidenced that they had begun to address these concerns. There were action plans in place that the provider was following and completing actions according to the time frames as set. The provider and person in charge provided the inspector with documentation and evidence that they were progressing for the most part in line with the compliance plans as previously submitted to the chief inspector.

Regulation 15: Staffing

The inspector found that on the day of inspection there were sufficient numbers of staff on duty to ensure residents' assessed needs could be met. The provider and person in charge had reviewed the rosters and identified times where residents required additional support and in one location where this had been required these supports had now been implemented.

In three of the four locations there had been an increase in staff consistency and this had a reported and documented positive impact on residents. In one location the provider had identified that improvements were required as the inconsistencies in the staffing support was documented as having a negative impact on residents' quality of care and support. While the provider was actively seeking to recruit staffing the inspector found from reviewing rosters, in the previous months there had been on average between 8 to 14 staff outside of the core team working with residents in that one house over each month.

The inspector acknowledges that the provider and person in charge have identified the need for staffing consistency and are working to implement this and have been successful in three of four locations but it remains a concern in one location on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider has ensured that lines of accountability and authority are in place in this centre. The provider was found to have reviewed the systems of oversight and management in place following the most recent inspection where concerns had arisen following both a serious incident and lack of oversight of resident finances. All actions as set by the provider in the compliance plan submitted to the Chief inspector following the last inspection have now been completed or are in progression.

The person in charge has worked to improve the quality of audits and their oversight and it was evident to the inspector from a review of documentation that the person in charge was completing a suite of comprehensive audits and that actions were arising from these that were subsequently being completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose is an important governance document that outlines the service to be provided to residents in the centre. The inspector reviewed this on the day of inspection and found that, as a result of recent changes in the centre this needed to be amended. An updated version of the statement of purpose including the use of rooms and accurate resident numbers was submitted to the inspector immediately following the inspection.

Judgment: Compliant

Quality and safety

Overall the inspector found that the provider and person in charge had reviewed the quality of care and support provided to residents following the previous two inspections of this centre. The inspector found that improvements had been implemented in identified areas in line with the providers identified action plan. Residents were found to be in receipt of a person-centred service that that respected their rights with the person in charge and staff team advocating for residents in their day-to-day lives.

The systems in place for fire safety and financial oversight within the centre had been reviewed by the provider following the previous inspections and while some risks remained the provider had reviewed the control measures in place to mitigate against these. This included enhanced fire containment systems, enhanced staff knowledge and improvements in auditing and opening of accounts in residents' names.

Regulation 12: Personal possessions

The previous inspections of this centre had identified that improvement was required in the oversight of resident's finances in order that they were safeguarded. At the time of the previous inspection the provider had responded to immediate identified concerns and had put immediate safeguarding measures in place.

This inspection found that the provider and person in charge had continued to make improvements in line with the provider's revised policy. All residents except for one now had accounts in their own names and their finances were safeguarded with retrospective concerns remaining under review. While this process had not started for one resident there were plans in place to address these with associated time lines. The person in charge had ensured that monthly audits were in place which were picking up on risks and errors that then had identified actions developed.

While the provider had made significant improvement in the implementation of financial oversight practices some issues remained outstanding on the day of inspection, including discrepancies in living expense amounts charged to residents, the amounts on easy-to-read documentation needing review, outstanding money management competency assessments for a small number of residents while one resident's remained without full access of their finances. All of these areas were identified by the provider and person in charge and there were plans in place to address them however, they remained outstanding on the day of inspection.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had policies and procedures in place to protect residents from the risk of a healthcare associated infection. The two locations visited by the inspector on the day of inspection were visibly clean and staff were clear on procedures and schedules to follow when completing cleaning.

The inspector found that there were a number of areas that required improvement some of which had been self identified by the provider. In the two locations some rooms were used as storage for equipment and items and these rooms were cluttered and not cleaned in line with other parts of the centre and as per the providers schedules. In addition aspects of the premises required maintenance in order that it could be effectively cleaned. This included rusted radiators and a toilet that had a wooden box around pipe work that was worn with rough wood exposed. In one bathroom which was an internal wet room there was mould present on the ceiling.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Following the last inspection of this centre the provider was required to submit an urgent compliance plan as urgent risks were identified relating to the evacuation of a resident in one unit at times of minimal staffing.

The provider has completed a number of fire safety works to the premises since the previous inspection including upgrading fire doors, fitting self closing mechanisms to doors and reviewing containment arrangements. The provider and person in charge have completed a number of additional fire drills reviewed by the provider's health and safety department that trialled a variety of fire evacuation aids and different staffing configurations. While the premises remains a concern for residents with decreasing mobility as it is on the first floor of an apartment building the provider has ensured that all control measures are in place to mitigate risks and review of these continues on an ongoing basis.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant

Compliance Plan for The Weir OSV-0005625

Inspection ID: MON-0037649

Date of inspection: 25/10/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Two staff members have been identified from an agency to support one location regularly for the period of December in order to maintain consistency whilst we continue to recruit a social care worker. This staff has received additional site-specific training and a period of induction prior to commencing sleepover shifts.</p> <p>The provider continues to campaign to recruit skilled staff to include relief staff.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: The Easy Read Contributions sheet has since been reviewed to a more user-friendly version. Money Management Competency assessments have been actioned for completion by keyworkers. The PIC is working with the social worker to ensure each person we support has access to there personal finances. Actions have been identified to open a personal account for two persons we support.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Works have since been completed in one toilet as identified on the day of the inspection to improve infection prevention and control processes by covering the exposed wood surface and replacing it with PVC cladding. A declutter of the storage room has also been scheduled for completion.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/03/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/03/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	31/03/2023

	healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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