



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

## Issued by the Chief Inspector

Name of designated centre:	College Green Designated Centre
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	18 September 2024
Centre ID:	OSV-0005872
Fieldwork ID:	MON-0037061

## About the designated centre

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

College Green comprises of two bungalows both of which are close to the centre of Kilkenny City. Both houses aim to provide community based living in a homely environment for adults with intellectual disability and additional complex medical conditions. They are both high support homes with a requirement for three staff in the day and two staff overnight. Each house sits on it's own site with ample parking and enclosed gardens. One house is registered for a maximum of five individuals, each having their own bedroom, and with three of these en-suite. There is a large and small sitting room, and a kitchen dining room, with a smaller quiet sitting room and a working or cooking kitchen separate to the kitchen/dining room. The other house is recently refurbished and is registered for six individuals currently. It has six bedrooms, three of which are en-suite, one used as a sensory room, a large sitting room, a kitchen, and a dining room. This centre aims to develop services that are individualised and person centred, promoting inclusion and relationship building in and of the communities in which the residents live. Residents are supported by a staff team comprising of a combination of Nurses, Social Care Leaders and Social Care Workers and Care Assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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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
Wednesday 18 September 2024	10:30hrs to 19:00hrs	Miranda Tully	Lead
Wednesday 18 September 2024	10:30hrs to 18:30hrs	Linda Dowling	Support

## What residents told us and what inspectors observed

This inspection was completed by two inspectors in one day. Based on both the observations made and what residents shared, a good quality of care and support was provided at this centre. Residents were receiving care that met their assessed needs and had a good quality of life.

College green consists of two houses, both of which are located near the centre of Kilkenny city. The centre is registered to accommodate ten residents. Currently, each house has four residents, with one vacancy in each. All residents were present on the day of inspection, and inspectors had the opportunity to meet all eight. One resident had requested to meet with the inspectors and this was arranged at a time convenient for the resident.

On arrival at the first house, inspectors found that two residents had gone to attend Mass at their local church, one resident was attending day services and the remaining resident was being supported in playing cards. In the second house, one resident was out on a day trip when inspectors arrived. Two residents showed inspectors around their home, including showing them their bedrooms while another resident was enjoying the sunshine in their enclosed back garden. The homes clearly reflected what was important to residents, such as a love for farming, music artists and familiar photographs.

As part of the inspection, the inspectors walked around each home. All areas of the home were very clean and tidy. Although the kitchen areas in both houses were noted to be small and separated from the dining areas, staff assured the inspectors that residents are encouraged to use the kitchen area where possible. Throughout the inspection, staff were observed to knock on residents' doors and seek permission before entering their rooms, treating residents with dignity and respect. Residents were seen to seek staff support when they needed, and staff encouraged them to be as independent as possible.

The atmosphere in both houses was calm and relaxed. There was a plan in place for all residents throughout the day, and they were supported to take part in these planned activities. Inspectors observed monthly planners displayed in the hall, showing a variety of activities all residents were involved in, for example, attending matches, going to the cinema, swimming, going out for coffee or a meal, using public transport and going to the beach. Inspectors also found that jigsaws, magazines, newspapers and books were available in the house for residents to use if they wished.

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 on the quality and safety of the service being delivered.

## Capacity and capability

Overall findings from this inspection were positive. The inspectors found that the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents.

There was a clear management structure in place and a regular management presence in the designated centre, with a full-time person in charge supported by a team leader.

The provider had established good systems to support the provision of care and support to the residents. There was evidence of regular quality assurance audits of the quality and safety of care. Quality assurance audits identified areas for improvement and action plans were developed in response.

## Regulation 15: Staffing

The provider had ensured that the centre was resourced to a level that met the assessed needs of the residents. The inspectors found that there was a more consistent staff team in place, and overall, the use of agency staff had decreased. Residents were aware of who was supporting them and spoke about how they were supported.

The inspectors reviewed the staff rosters and found them to be reflective of the staff on duty on the day of inspection. In addition the rosters were well maintained and clearly indicated the skill-mix of staff on duty. The staff team was familiar with the residents, and any relief or agency staff who provided regular support, were familiar with the provider's systems and documentation.

Judgment: Compliant

## Regulation 16: Training and staff development

Systems in place to facilitate and monitor staff training and development. A review of a sample of staff training records demonstrated that the staff team had up-to-date training in areas including fire safety, safe administration of medication and safeguarding. This meant that the staff team had the skills and knowledge to support the residents' needs.

The person in charge and team leader provided formal support and supervision to all

members of the staff team. The inspector reviewed a revised supervision schedule which ensured supervision would be provided as per the providers policy.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had a management team in place that had developed clear lines of authority and accountability. Since the last inspection of the centre, changes to this structure had been implemented. With the person in charge now supported by a full-time team leader. The person in charge was also supported by a person participating in the management of the centre.

The provider had the required oversight mechanisms in place, as outlined in Regulation 23, including an annual service review and unannounced visits every six months along with the corresponding reports. These reviews had led to the development of several quality improvement plans, with actions being monitored and required reviewed on an ongoing basis.

Within each of the houses, the person in charge was reviewing oversight systems, such as audits of key service areas. These audits included medicines management, fire safety, infection prevention and control and resident safeguarding. Staff members were clear on their roles in completing daily or weekly reviews, and knew how to access the provider's systems and policies.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre, and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services, in line with the regulatory requirements.

The inspectors had reviewed the notifications prior to the inspection and also completed a review of the provider's accident, incident and near-miss records. The inspectors found that all incidents requiring notification had been duly reported.

Judgment: Compliant

### Quality and safety

Overall, the inspectors found that the quality and safety of care provided for residents, were of a good standard. Inspectors observed that residents had opportunities to take part in activities and to be involved in their local community. Residents were actively making decisions about how they wished to spend their time, and were supported in developing and maintaining connections with family and friends. From the inspectors' observations, discussion with the staff team and management, and reviewed 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 12: Personal possessions

The inspectors reviewed the systems in place regarding the residents' finances, and found that, for the most part, appropriate measures were in place to protect residents' finances. These systems included daily recording of expenditure, storing receipts, monthly reconciliation of statements and expenditure records, and audits of accounts.

Inspectors were informed that one resident had recently purchased equipment costing over €1,000. The equipment was intended as a spare in case the current equipment failed. Although documentary evidence of a discussion with the resident and their family was provided after the inspection, further improvements were needed to ensure thorough consultation and clear documentation of appropriate spending on the resident's behalf.

Judgment: Substantially compliant

## Regulation 13: General welfare and development

The provider and person in charge had ensured that a variety of activities were available for residents, both in their homes and in the local community. Staff recorded planned activities and noted whether they had been successful or enjoyed in their daily notes. Outings included shopping, dining out, attending Mass, reflexology, and visiting friends and family. Residents also took part in in-house activities including baking, watching movies, hand massages, colouring and reading. One resident had a part-time job at a local library.

Residents' plans were developed in line with their assessed needs and interests. For example, the weekly 'Farmer's Journal' was available in the house for two men with an interest in farming, and one resident attended the local mart on a weekly basis.

A review of residents' activities in the two houses indicated they were engaging in

employment, planning days out, and trips to local areas of interest. The person in charge and the staff team prioritised opportunities to connect residents with their family and friends, and maintain their relationships. For example, one resident had reconnected with their brother who lives abroad, they now have monthly video calls and meet up when he returns to Ireland.

Judgment: Compliant

### Regulation 17: Premises

The premises consists of two bungalow houses located a short distance from each other. Each house is situated on its own site with enclosed well maintained gardens. Both homes had spacious communal and living areas, dining rooms, bathrooms and some en-suite bedrooms. Each resident had their own bedroom, decorated to their individual taste with storage for their personal belongings. In both locations, the kitchen was small and not fully accessible to all residents. While the staff and management of the centre ensured residents had opportunity to engage in meal preparation and baking, improved access to a larger kitchen would greatly benefit the residents. Both premises were well maintained, clean and suitably decorated.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspectors reviewed the centre's risk register and individual risk register for a sample of the residents from each location.

All risks had been identified and control measures were put in place to reduce their impact. A number of residents had food intolerances and these were included in their individual risk management plan. For example, control measures included separate storage and preparation areas for their meals.

Several residents were at risk of falls. Staff were aware of these risks and ensured that hallways and access to and from communal areas and bedrooms were kept free from obstruction. Residents were supported in using their prescribed equipment, such as rollators to help them to safely move around the house. Risks identified through the review of incidents were included in the risk register. These risks had appropriate control measures in place and were reviewed within the required time-frame.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. The inspectors observed that there were suitable storage facilities for medicines, including a system for storing additional stock. A lockable fridge was available for medications if needed. The keys for the medication storage units were kept in a locked box in the office at all times when not in use. Good practice measures were in place for the administration of medication, for example a sign on the office door to notify staff not to enter when medication was being administered. All staff had completed training in the safe administration of medicines.

Actions were identified through the internal medication audits conducted in January and again in August 2024, as well as through an unannounced six monthly provider audit carried out in April 2024. These actions were completed and this was verified through a review of documentation on the day of the inspection.

On reviewing the prescriptions (Kardex), it was noted that all residents had up-to-date records in place. All administrations of medication had been appropriately signed and each 'as required medication' (PRN) had protocols with clear guidance for staff on when to administer it, the maximum daily dosage allowed, and the minimum gap between dosages. If PRN protocols were linked to behaviour management, this was also reviewed and signed off by the behaviour support specialist.

Judgment: Compliant

## Regulation 6: Health care

Each resident's 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 appropriate health and social care professionals, as required.

Each resident had an annual review of their health, with planning for the year ahead for routine appointments and reviews. The person in charge ensured that all residents had up-to-date hospital plans and quick reference guides for staff in case a resident required a hospital stay.

Judgment: Compliant

## Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse within the centre. Any allegations made, were appropriately documented, investigated and managed in line with national policy.

Residents had intimate care plans in place, which were subject to regular review and guided staff in supporting them with personal care. All staff had completed training in safeguarding.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were observed responding positively to how staff respected their wishes and interpreted their communication attempts. They were also offered choices in a manner that was accessible for them. Residents' privacy was maintained in their home, and they were seen to seek out staff support when they needed it.

The provider ensured that residents were facilitated in participating in many aspects of the running of the designated centre through regular meetings and consultations with staff. However, improvements were required in terms of consultation with residents, as noted under Regulation 12: personal possessions, as well as in relation to their diet and meal preparation. For example, it was advised that all residents adhere to special diet plans for main meals.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for College Green Designated Centre OSV-0005872

Inspection ID: MON-0037061

Date of inspection: 18/09/2024

## 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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Discussion will be held with staff in the next team to ensure that all financial decisions are discussed with residents and documented to show evidence of agreement.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Key working sessions to be held with all residents to discuss dietary requirements and choices.  The same will discussed at the next team meeting with staff to ensure that resident's choices are documented.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/11/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/11/2024