## Health Information and Quality Authority
### Regulation Directorate

### Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Patricks Centre (Kilkenny) Ltd</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003500</td>
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<tr>
<td>Centre county:</td>
<td>Kilkenny</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St Patricks Centre (Kilkenny) Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Murphy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Batan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Maria Scally</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>11 November 2014 09:30</td>
<td>11 November 2014 17:00</td>
</tr>
<tr>
<td>12 November 2014 09:00</td>
<td>12 November 2014 17:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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**Summary of findings from this inspection**

This was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspectors met with the residents, and staff members. Inspectors reviewed documentation such as the centre's statement of purpose, person centred care plans, medical records, arrangements with regard to meal preparation, activities, staff training records, staff files, policies and procedures, fire safety records and the residents' accommodation.
As part of the application to register, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be incomplete. The outstanding documents are required to be submitted to the Authority.

In total, five adult residents live in this designated centre which is operated from a large, detached domestic house in a residential area. The majority of the residents attend day services four days per week.

There was evidence of compliance, in some areas, of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents. Residents were treated with respect and were encouraged and supported to lead independent lives. Residents were consulted about their care needs and had some say in the operation of the centre. Overall, the inspectors found that residents received a good quality service in relation to recreation and community participation.

However, inspectors were not satisfied that there were adequate arrangements in place to manage residents’ finances as exemplified by the absence of contracts of care and lack of clarity surrounding additional charges levied to residents. Inspectors saw that residents were not supported to manage their money in accordance with his or her wishes and needs. There was no evidence to suggest that bank accounts were held in the name of the resident to which the money belonged. As part of this inspection the inspector reviewed questionnaire feedback submitted by residents and relatives. Some of these questionnaires indicated that some families were not satisfied with the transparency surrounding management of residents’ finances.

The findings of the inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspectors found that the service was also non compliant in other areas of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, contraventions included:

- health and safety and risk management
- staff files were not adequate
- residents rights, dignity and consultation records
- statement of purpose
- governance
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Residents were not supported and encouraged to have control over their own finances. There was no evidence of assessment carried out to ascertain the level of support required by residents to manage their financial affairs. There was no evidence to suggest that where a resident lacked capacity to manage their financial affairs, that he or she was facilitated to access an advocate to assist them in making decisions. Inspectors did not observe that there was a clear, accountable and transparent system in place for any transactions made on behalf of residents as bank accounts were not held in the name of the residents to whom the money belonged. The residents’ money was instead held in a central account which was managed by the centre.

Inspectors saw that residents did not have easy access to personal monies as even monies saved on a weekly basis by residents through an external savings scheme were lodged into the central account for the centre. Staff then had to apply through the accounts department to have these monies reissued to the residents. Inspectors saw that some resident’s freedom of choice as to how they spent their personal money was limited. Inspectors saw and were told by staff that they were instructed to do weekly grocery shopping in certain outlets only, which does not reflect a person centred model of care.

Documentation reviewed by inspectors indicated that staff were to curtail activities such as take away food, going out for meals or day trips for some residents. Inspectors saw that this impinged on all residents’ quality of life in the centre. For example some residents liked to have a take away meal or go out on a day trip at weekends. When inspectors inquired about why these activities were curtailed, they were informed that...
this was because some of the residents did not have enough money to cover the transport fees charged by the centre. Inspectors saw that this further impinged on residents’ rights and dignity. A resident could not go out to mass in the community as it involved a transport fee which the resident could not afford to pay.

Inspectors saw that the house was allocated a weekly budget by the accounts department. Records were also kept of any additional expenditure for residents during the week. Inspectors reviewed a number of these and noted transactions were not being signed by two staff members which would provide greater clarity and transparency on individuals’ expenditure to the resident, their representative and to the person in charge.

The provider and family members told inspectors that the advocate for the centre had met all families in relation to the management of finances and an external independent review had also been completed.

There was a policy on residents’ personal property. However, records of residents property was not observed in their files. Residents could keep control of their own possessions. Inspectors saw that there was adequate space for clothes and personal possessions. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished. Staff told the inspectors that most residents assisted in putting their laundry away.

Residents had opportunities to participate in activities that were meaningful and purposeful to them in the day services. Inspectors saw residents attending activation therapies such as art, crafts, music, and jacuzzi sessions. Residents also attended swimming in the pool on the main campus, again access to the pool was limited for some residents due to transport fees which does not reflect a person centred model of care.

There was a complaints policy in place in the centre; however, it did not outline, in sufficient detail, the process for managing complaints as it did not identify the complaints officer even though it did identify an appeals committee to address complaints if the complainant was dissatisfied with the complaints officer's findings.

Inspectors saw that the centre did maintain a complaints log to record complaints. However, the outcome of the complaints process or whether or not the complainant was satisfied with the outcome was not documented. The actions taken as a result of the complaint were also not consistently documented as required by regulations. Inspectors did not observe that the complaints policy was displayed in a prominent position. There was no signage on clear display identifying for residents, relatives and visitors how to make a complaint, the responsible person for dealing with complaints or the appeals process.

Judgment:
Non Compliant - Moderate
<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
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<tr>
<td><strong>Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.</strong></td>
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| Theme: |
| Individualised Supports and Care |

| Outstanding requirement(s) from previous inspection(s): |
| This was the centre’s first inspection by the Authority. |

| Findings: |
| In the sample of care plans reviewed there was evidence that residents were assisted and supported to communicate at all times. This support included the use of picture enhanced communication with some residents and other residents using the Lámh communication method which was a manual sign system for people with an intellectual disability and communication needs. Inspectors found that staff were aware of the individual communication needs of residents and that residents’ communication needs were being met also by interpretation and support from the advocacy and speech and language therapy (SALT) services. Plans of care outlined specific means of communication and were seen to be detailed, including information such as how residents’ behaviour would change when expressing different emotions. The plans also outlined methods of communication to use to support relatives’ contact with individual residents. There was evidence that multi-disciplinary professional input was sought where required, for example, from the psychologist, behavioural therapist and the GP (general practitioner). Consistency and continuity of staff was described by staff and relatives as the most essential element in being able to assist residents communicate effectively. This was clearly evidenced by the inspectors who witnessed staff pick up on subtle cues from residents’ and could clearly understand each resident's method of communication. The person in charge told inspectors that every effort was made to ensure continuity in each unit in relation to staffing. The person in charge said regular house meetings take place as another way of supporting residents to communicate their views. However, inspectors saw notes of only one meeting with residents in the house. |

| Judgment: |
| Compliant |
Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspectors found that positive relationships between residents and their representatives were enabled and encouraged in the centre. Contacts and social links were supported in the centre by a variety of means. There was an open door visiting policy in the house and family, relatives and friends were welcome to visit. Staff told the inspector that they had access to direct phone numbers of residents' representatives and other relevant people.

This contact was supported as appropriate to each resident for example through the residents' home visits, phone contact and visits to the centre. Family or residents' representatives were encouraged to attend birthdays and other special occasions such as Christmas parties. Staff said that they would facilitate visitors who may wish to take an individual resident out for shopping, for a meal or other special occasion.

There was a family forum with residents and their families were invited to attend regular meetings. Issues discussed included quality of the service provided; future plans for the centre any other issues that families had. Residents were facilitated to meet family and friends in private. Residents had their own bedroom.

Care plans read by inspectors provided evidence of family input. In addition multi disciplinary support team meetings documented the involvement and inclusion of family members in decisions around healthcare needs. Inspectors saw that residents were encouraged to participate in social activities provided within the local community. There was a local community hall opposite the centre. Staff told inspectors that residents would often be invited over to parties. The centre had access to it's own vehicle
Inspectors saw in some personal plans that some residents went home for periods of time during the week or at weekends.

Judgment:
Compliant
Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The admissions process was managed by the admissions committee which included the director of services, psychiatrist and a representative from the Health Service Executive (HSE). There were policies and procedures in place to guide the admissions process which included residential and emergency admissions. Questionnaires from relatives indicated to inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre. Inspectors observed that the policy did take account of the need to protect residents from abuse by their peers.

There had been no recent admission to the centre. Residents paid a weekly contribution towards their residence and this varied depending on whether nursing care was required or not. Relatives told inspectors that some of the queries in relation to management of residents finances were centred around the weekly contribution payable by residents. Inspectors were told by the provider that this matter was in the process of being rectified.

There were contracts of care in draft format in the random selection of files reviewed. These contracts have yet to be implemented across the wider organisation for all residents. These set out the services to be provided and detailed services that required additional charges. However, the contracts did not meet the requirements of the Regulations, as they had not been agreed in writing with the resident or their relative where the resident was not capable of giving consent.

Inspectors observed that centre specific policies in relation to contracts of care were not reflected in practice. The centre’s local policy titled “Supporting People who Use Services to Manage their Money” indicated that there would be a written contract which clearly outlined what was included in the fee for care provided and any additional charges that may be levied. Therefore the registered provider was not complying with their own policy as to date none of the residents have a contract of care.

There have been no recent discharges from this service.

Judgment:
Non Compliant - Moderate
**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Each resident had a personal support plan completed. There was evidence that this document was completed with the maximum participation of the resident concerned and their significant others. The samples of personal support plans reviewed by inspectors were observed to be comprehensive and person-centred. There was evidence of interdisciplinary team involvement in residents’ care and supports. The content of personal plans reviewed was clearly organised and reflected individual needs relating to any behavioural issues, supports required health issues and processes in place to enable each resident to achieve their stated goals.

It was evident that plans were reviewed regularly, progress and relevance was monitored and the plan altered as required with multi-disciplinary input as appropriate. The reviews seen by the inspectors outlined proposed changes and the rationale for the proposed changes.

There was evidence of some interdisciplinary team involvement in residents’ care including speech and language therapy, occupational therapy, General Practitioner (GP) dietetic, psychiatric services. There was also evidence of residents and relatives involvement in developing and reviewing their personal plan. There was evidence of a number of assessments including self care and skill assessments, individualised risk assessments and activity assessments.

Inspectors were informed by staff that there were a number of options available for all residents in relation to social activities. Inspectors saw that all residents attended the multisensory day services which were located off site. Inspectors spent some time in the day services centre and saw residents participating in art, music and having coffee following a session in the Jacuzzi.

There was a swimming pool located on the main campus which had a dedicated occupational therapist to work with residents in the pool. Residents were supported to access and take part in social events and activities of their choices, apart from the
activities provided in the centre the rest are community based, are age appropriate and reflect the goals chosen as part of their person-centred plan. There was good communication between both centres and the staff showed the inspector the individual plans which were sent daily with the resident to be updated by the day care staff.

Staff outlined the residents' routine for relaxation in the house such as beauty therapy, listening to music, as well as favourite TV programmes. Staff told the inspectors that residents were involved in some small daily chores. The inspectors saw that the bedrooms were furnished with duvet covers, pictures, signed local celebrity photographs and other personal items. Residents showed inspectors their selection of music CDs and DVDs as well as certificates of achievement. Some residents were very proud to show inspectors their medals from the Special Olympics.

In relation to temporary absence from the service there were planned supports in place where a resident had to be admitted to hospital. There was a pre-prepared information pack completed with sufficient detail for the hospital to obtain a clear picture of the resident’s needs. If required, staff stayed with the resident for the duration of hospitalisation.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that the centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the residents whilst promoting safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation and overall, the premises were free from significant hazards that could cause injury. All parts of the centre were fully accessible to residents. Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

There were sufficient furnishings, fixtures and fittings and the centre was clean and suitably decorated. There was adequate private and communal accommodation and there was access to a kitchen with sufficient cooking facilities and equipment. The
centre had an adequate number of toilets, bathrooms and showers to meet the needs of the residents.

Residents were happy to show the inspectors their bedroom accommodation and around the house. The inspectors found that bedrooms were of a good size and were comfortably furnished. Each resident had their own bedroom. Residents stated that they choose the decor for their rooms and all stated that they were happy with the bedroom accommodation.

Residents’ had access to a rear garden via a patio door exits. The garden contained a garden shed, a paved area with table and chairs where residents could enjoy and swings. The garden could be secured by closing the side gate leading from it, hence it was a secure space that residents could access independently if they wished. Inspectors observed that this side gate was pad locked to ensure safety of residents. Risk assessments had been completed in relation to the side gate. Car parking spaces were available to the front of the building. There was no assistive equipment in use.

**Judgment:**
Compliant

**Outcome 07: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
While there was certification available to confirm the servicing and testing of the fire alarm system in October 2014, the centre was unable to produce confirmation from a properly and suitably qualified person that all statutory requirements relating to fire safety and building control had been complied with or that all the requirements of the statutory fire authority had been complied with.

There was a fire safety policy in place dated October 2014. However, inspectors reviewed the fire register and found that daily records were not maintained of checking the means of escape, checking of emergency lighting or checking of the fire alarm system.

Inspector saw that fire exits were clearly unobstructed. However, the actions to be taken in the event of fire and the fire evacuation plan were not prominently displayed or presented in a format that was accessible and meaningful to residents. Each individual resident had an evacuation plan in place which recorded whether the resident required assistance, their mobility status and medication requirements during the emergency. All
staff had received fire training and there was evidence of monthly fire drills taking place.

The inspectors saw that while staff promoted independence and quality of life for residents measures were in place to identify and manage risk. Inspectors reviewed the wider organisational health and safety statement.

There were two conflicting emergency policies one was in relation to the house and the other was the overarching organisational policy. However, the organisational health and safety statement introduced in April 2014 outlined the emergency arrangements in relation to:

- evacuation
- temporary accommodation of residents in the event of evacuation
- flooding
- gas leak
- fire.

There was a clear organisational policy and procedure for the identification, assessment and management of risks, record keeping and incident reporting. There was a computerised incident reporting system. Inspectors reviewed the reported incidents for 2014 which included falls, incidents of challenging behaviour and medication management. There was a formal review of incidents which took place monthly and included recommendations to prevent recurrence of an incident. There was a health and safety committee in operation and inspectors observed that the last meeting had taken place in July 2014.

There was evidence of the main hazards for each residents being risk assessed and recorded in the healthcare records. Inspectors reviewed a broad range of completed centre specific risk assessments that were kept under review, outlined existing controls, any further measures required, timescales and responsible persons; the risks as specified in regulations were included in the organisational risk register. In addition individual residents’ support plans were seen to be supported by risk assessments pertinent to their individual safety and well being.

There was an infection control policy in place and practices throughout the house were adequate as observed by inspectors. The maintenance log showed regular maintenance conducted and suitable repairs recorded. Service contracts observed by inspectors were maintained and up to date. Training records reviewed indicated that manual handling records for staff were not up to date for three staff out of seven.

**Judgment:**
Non Compliant - Minor
Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors found that there were measures in place to protect residents from being harmed or suffering abuse and residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff who spoke with the inspector were able to clearly articulate what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Policies were in place for responding to and managing behaviours that challenged and for the use of restrictive practices. The inspector saw that a homely and restraint free environment was provided. There were clear protocols and procedures in place for pharmacological interventions, challenging behaviours and their management including the use of prescribed medication were recorded, monitored and reviewed.

Based on observations, staff spoken with and records seen the inspector was satisfied that staff supported residents practically, emotionally and therapeutically in the management of behaviours that challenged so as to achieve the best possible outcomes for them. The person in charge told inspectors that as necessary behaviour management plans were devised and reviewed in conjunction within the behaviour therapist. Communication between residents and staff was very respectful. It was identified that none of the residents required detailed behavioural support plans at the time of the inspection.

Inspectors saw that all staff with the exception of one had received training in safeguarding residents and the prevention, detection and response to abuse. Inspectors saw and were told by the management team that staff had not received training in the management of behaviour that is challenging as required by legislation.

As outlined under Outcome 1 systems in place for the management of residents’ finances required improvement.
Judgment:
Non Compliant - Minor

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Practice in relation to notifications of incidents was not satisfactory. The nominated provider/person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had not been notified to the Chief Inspector by the person in charge.

Inspectors saw that a resident had sustained a notifiable injury in July 2014. Documentation had not had submitted to the Authority in relation to the injury which is a requirement of the Regulations.

Judgment:
Non Compliant - Moderate

Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Residents had opportunities for new experiences and social participation much of which was provided through the day services. It provides many programmes for residents such as the Acorn Project which is structured, developed and delivered in line with individual needs and abilities.
Inspectors spent some time at the day services and spoke with residents from the residential centre as well as other service users. The inspectors saw that there was a lively, friendly atmosphere at the centre. Other initiatives for residents included reflexology, 'snoezelen' and 'soundbeam' which is a music therapy programme. There was also a music therapist working in the day services.

Inspectors spoke with staff and reviewed documentation and found that residents were provided with suitable activation in line with their own goals, preferences relevant to their changing needs. Considering the age profile, interests and abilities of residents, inspectors were satisfied that activities were reflective of residents’ dependency needs rather than focusing upon educational, training or employment opportunities.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors was satisfied that residents’ healthcare needs were met and there was documentary evidence of access to healthcare services as psychiatry, neurology, occupational therapy, speech and language therapy, chiropody, dental care and alternative therapies such as reflexology. The inspector saw that residents were encouraged and supported to make healthy lifestyle choices including physical exercise, nutrition, socialisation and maintaining social and family contacts and relationships.

Inspectors saw that residents were encouraged to take responsibility for their own medical needs. Residents went to out to see their own general practitioner (GP) as required. If residents required any procedures such as blood withdrawal or vaccines the GP came to the day service and it was completed there.

Inspectors noted that residents had access to refreshments and snacks with a selection of drinks. Staff did the shopping on a weekly basis with residents. Staff mainly did the cooking with some assistance from the residents.

Inspectors saw that residents’ had access to adequate quantities and a good variety of food to meet their dietary needs. Each resident had an individual eating and drinking assessment in place which identified their specific required diet. The resident, staff, dietician and the speech and language therapist had been involved in the assessment.
Staff had a good knowledge of the individualised plans and pictures of different foods were posted on the notice board in the kitchen.

There was emphasis on healthy eating. Staff told inspectors that they would often take residents out walking to ensure optimum daily exercise. Residents' weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified. Of a sample of care plans reviewed by inspectors all contained records of relevant monitoring with regard to nutrition and weight. The inspector saw that nutritional assessments were reviewed by staff.

As well as the personal plans, each resident had a file for all correspondence from medical personnel and the inspectors saw the referrals and the responses received in relation to residents care. There was no end of life care being provided at the time of inspection.

Judgment:
Compliant

Outcome 12. Medication Management
*Each resident is protected by the designated centres policies and procedures for medication management.*

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Overall inspectors found that residents were protected by safe medication management policies and practices. All residents were supported in the administration of their medication by social care staff. The receipt of medication was being recorded and medication was being stored in a locked press in the kitchen.

Resident’s medication was dispensed on a monthly basis in blister packs. A resident told inspectors that he went to the pharmacy. Prescription charts and administration charts were completed in line with relevant professional guidelines and legislation. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN (as necessary) medications was prescribed and all medications were regularly reviewed by the GP. There were no controlled medications in use at the time of inspection. Residents did not require their medications to be crushed.

There were appropriate procedures in place for the handling and disposal of unused and out of date medicines and formal records were maintained for all returns to the pharmacy. At the time of the inspection, staff spoken with confirmed that no resident
had been assessed as having the capacity to safely manage their own medication. Inspectors saw that each resident was provided with information on their medication regime in a format that was appropriate to their abilities and needs. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

Drug errors were recorded and reported using the organisation accidents and incident reporting mechanism. A monthly 'MPARS' audit was carried out by the person in charge to assess the effectiveness of the MPARS system which is the system for prescribing and administering of medication. There were no residents that required scheduled controlled drugs at the time of the inspection.

Staff told inspectors that the GP meets with the pharmacist and staff twice per year to discuss medication management. The pharmacist meets with residents and staff on average four times per year to discuss residents’ medication.

**Judgment:** Compliant

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre’s first inspection by the Authority.

**Findings:**

A written Statement of Purpose was in place in the designated centre. An internal audit had been completed on the statement of purpose and it was found to be compliant. However, when inspectors reviewed this document, they found that while it outlined some of the items listed in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, it did not adequately address the following:

- The specific care needs that the designated centre is intended to meet
- Criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions
- The total staffing complement, in full-time equivalents, for the designated centre with the management and staffing complements as required in Regulation 14 and 15
- Arrangements made for dealing with reviews and development of the residents' personal plan
- Arrangements made for consultation with and participation of residents in the operation of the designated centre
• arrangements made for residents to attend religious services of their choice
• the arrangements made for dealing with complaints.
• the fire precautions and associated emergency procedures in the designated centre.

Inspectors were not satisfied that the statement of purpose accurately described practices in the centre. For example, it stated that a 'Decision Making Working Group' was being established in order to ensure that service users would be supported to make their own decisions, but on inspection, staff stated that no residents from the designated centre were involved in this group.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The nominated provider, the director of services and the person in charge were engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors saw that there was a copy of the National Standards was available to staff in the house. However, the Registered Provider had failed to submit a complete application to register the centre with many documents outstanding at the time of inspection.

The person in charge was responsible for the designated centre, day services and management of the swimming pool on the main campus. The inspectors were satisfied that this was a suitable arrangement due to the close geographical locations of each. However, inspectors were not satisfied that the residential service was governed in a manner that supported continuous improvement of a person centred service. The person in charge was based in the day services and only spent one afternoon in the house with residents per week. The person in charge confirmed that on that same afternoon as she was rostered in the house she also had responsibility as an out of
hour’s manager within the wider organisation to deal with any issues that may arise.

Inspectors observed that residents knew her well. During the inspection she demonstrated an adequate knowledge of the legislation and of her statutory responsibilities. The person in charge was supported in her role within the centre by a team of social care workers. Staff who spoke with the inspector said they had regular team meetings and received good support from the person in charge. Inspectors saw that staff in the house received support and supervision from the person in charge.

There was a quality policy committee. There was a quality and governance committee also which convened on a monthly basis. Other committees in operation within the wider organisation included a human rights committee and a complex case committee. There were regular reviews of risk management arrangements and incidents and accidents. The inspectors read a report of an unannounced inspection of the centre which had taken place prior to inspection carried out by the director of services.

A system of audits had been put in place across all designated centres within the organisation by members of the senior management team, and the inspector saw evidence of some audits carried out in relation to this designated centre. An annual review to capture the quality and safety of this designated centre had not been completed to date. The director of services had completed an audit of aspects of the centre prior to inspection. However, there was no evidence to support that a copy of this review was available to residents or their representatives.

The person in charge engaged at length with inspectors during the inspection and was found to be suitably experienced, qualified and knowledgeable to carry out her role effectively.

**Judgment:**
Non Compliant - Moderate

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**Outcome 15: Absence of the person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There had not been an occasion where the person in charge was absent for 28 days or more. Suitable deputising arrangements were not in place for the management of the designated centre in the absence of the person in charge.
There was no definitive deputy person in charge. The assistant director of services would cover for the person in charge when she was on leave. However, inspectors were not satisfied with this arrangement as this staff member was not based in the centre to have adequate oversight of the operational management of the service in the absence of the person in charge.

**Judgment:**
Non Compliant - Moderate

### Outcome 16: Use of Resources

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspectors formed the opinion that the centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. There is an annual budget for the centre which is reviewed regularly. The accounts and budgets are managed by the accounts department and are overseen by the registered provider who reports to the board of directors. The provider told inspectors that the centre was adequately resourced.

The designated centre had an accessible vehicle available for daily use which had been donated to the centre. This facilitated residents to attend day services, hospital appointments and other outings. Although the inspectors reviewed documentation and spoke with families in relation to fees associated with transport, the inspectors were satisfied that the person in charge was managing the resources available to this centre to the best of her abilities, to ensure continuity of services to residents.

**Judgment:**
Compliant
Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors reviewed a sample of staff files and noted that all were not compliant with Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Inspectors saw in a staff file there were no references present.

There were sufficient staff with the right skills, qualifications and experience to meet the needs of residents on the days of inspection. Staffing levels reflected the statement of purpose and size and layout of the building. An actual and planned staff rota was maintained. There was a policy on recruitment and selection of staff and there was evidence of effective recruitment procedures and a comprehensive induction procedure.

The inspectors spoke with the person in charge and reviewed documentation, and found there to be an evidenced system of support and supervision in place in the designated centre. However as outlined under Outcome 16 inspectors were not satisfied the residential service was governed in a manner that supported continuous improvement of a person centred service.

The person in charge was based in the day services and only spent one afternoon in the house with residents per week. Therefore it was not possible for the person in charge to oversee that all aspects of care and support were being delivered as required, to promote positive living experiences for residents living in this designated centre.

Further education and training completed by staff included food hygiene, safe medication management, restrictive practices. The person in charge had completed supervisory management training. Statutory training in adult protection, manual handling, challenging behaviour had not been completed for all staff members. It was found that a training needs analysis would be of benefit to ensure all staff were provided with up to date evidenced based training in order to meet the assessed needs of the current resident profile.

The person in charge demonstrated willingness to the delivery of person-centred care and to work towards meeting regulatory requirements. The centre has currently no
volunteers. Staff employed in the centre, observed and spoken to during the course of the inspection demonstrated an intimate knowledge of the residents they support. Residents were supported by key working staff and the staff who were spoken to were familiar with the personal plans and goals set for their key clients.

**Judgment:**
Non Compliant - Moderate

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**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Overall records and documentation were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

A record of the designated centre’s charges to residents, including any extra amounts payable for additional services not covered by those charges, and the amounts paid by or in respect of each resident was not kept in the designated centre as required by Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspectors reviewed the centre’s policies and procedures and found that all of the written operational policies as required by Schedule 5 of the Regulations had been developed. However, a number of these policies had only been recently introduced in the service and not all staff the inspector spoke with were aware of all of these policies.

A directory of residents was maintained in the centre. This did not contain a record of all furniture brought by the resident into the room occupied by him or her as set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Not all of the items listed in Schedule 2 of the Regulations were available in personnel files. One staff file viewed by inspectors contained no references.
There was a Resident’s Guide which was generally in line with the Regulations, but required some further development, as it did not sufficiently reflect all the required information, such as the terms and conditions relating to residency and clear guidance on how to access inspection reports.

The inspectors were provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover in the centre.

Judgment:  
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ide Batan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

| Centre name:                                      | A designated centre for people with disabilities operated by St Patricks Centre (Kilkenny) Ltd |
| Centre ID:                                        | OSV-0003500                                                                 |
| Date of Inspection:                               | 11 November 2014                                                             |
| Date of response:                                 | 15 December 2014                                                             |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors saw that some resident’s freedom of choice as to how they spent their personal money was limited. Inspectors saw and were told by staff that they were instructed to do weekly grocery shopping in certain outlets only. A resident could not go out to mass in the community as it involved a transport fee which the resident could not afford to pay. Documentation reviewed by inspectors indicated that staff were to curtail...
activities such as take away food, going out for meals or day trips for some residents.

**Action Required:**
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
The PIC has reviewed the purchasing arrangements within the centre and arrangements are in place to support people to shop in local shops. A key focus will be value for money on house budgets. In relation to residents own expenditure a full choice is available to them again with staff ensuring value for money on purchases made.
Within the context of house budgets and personal choices residents will be supported to socialise in local restaurants.
Following a full independent review of charges within this centre, proposals have been put to representatives of residents and working with advocacy service. This process will conclude in January 2015. The service is open to a full agreement on this review with residents and their representative.
The person in charge will be fully aware of all residents expenditure and reviewing all monthly expense reports with resident and key worker. Person in Charge to develop with staff a programme of engaging activities that will engage and increase residents social engagement within their own community.

**Proposed Timescale:** 18/12/2014

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no evidence to suggest that residents were supported to manage their own financial affairs.

**Action Required:**
Under Regulation 12 (1) you are required to: Ensure that, insofar as is 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.

**Please state the actions you have taken or are planning to take:**
The PIC is to put in place controls to safeguard personal finances and to review and sign off on expenditure on a monthly basis.
The Centre will review proposals where families will be supported where required to set up person banking arrangements for family members.

Each resident will have access to a full detailed report of all financial activity and this will be reviewed with them by Key Worker.
The PIC will put in place a process to ensure that each resident is supported in decision making in regard their finances
The PIC will ensure the completion of a personal property register for each resident.
### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Inspectors did not observe that there was a clear, accountable and transparent system in place for any transactions made on behalf of residents as bank accounts were not held in the name of the residents to whom the money belonged.

**Action Required:**
Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

**Please state the actions you have taken or are planning to take:**
The PIC and Line Manager will meet with residents and their families individually in relation to protocols for consent and decision making in relation to residents finances.

### Proposed Timescale: 30/01/2015

### Theme: Individualised Supports and Care

### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While there was a complaints policy in place it did not identify an appropriate appeals committee to address complaints when the complainant was dissatisfied.

**Action Required:**
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
Complaints Policy is currently under review and will include transparency for appeal. The PIC will present to line manager for sign off. An easy to read version has been developed for the service and is now in place in this.

### Proposed Timescale: 30/01/2015

### Theme: Individualised Supports and Care

### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Inspectors observed that it was not documented whether or not the complainant was satisfied with the outcome. The actions taken as a result of the complaint were also not consistently documented as required by regulations.
Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The P.I.C. or nominated person to complete all complaints on a complaints log to include details on any investigation into a complaint, the outcome of the complaint, any action taken on foot of a complaint and whether or not the resident was satisfied with the outcome. This log will be reviewed by ADOS for centre at regular intervals and sign off on same.

Proposed Timescale: 30/01/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no signage on clear display identifying for residents, relatives and visitors how to make a complaint, the responsible person for dealing with complaints or the appeals process. Inspectors did not observe that the complaints procedure was displayed in a prominent position.

Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
Complaints Policy is currently under review and will include transparency for appeal. The PIC will present to line manager for sign off. The Person In Charge to display in a prominent place in house the complaints procedure.

Proposed Timescale: 15/12/2014

Outcome 04: Admissions and Contract for the Provision of Services
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contracts did not meet the requirements of the Regulations, as they had not been agreed in writing with the resident or their relative where the resident was not capable of giving consent.

Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the
Please state the actions you have taken or are planning to take:

1. Terms and Conditions contract for the residents stay in the service has been reviewed and is ready to issue to resident with the outstanding area of charges that apply within the centre. The PIC is to develop these for inclusion and immediate issue of contract to residents and their advocates for consideration.

2. The Residents' Guide will include terms and conditions of residency and will be reviewed by PIC.

Proposed Timescale: 30/01/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors reviewed the fire register and found that records were not maintained of checking the means of escape, checking of emergency lighting or checking of the fire alarm system.

Action Required:
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
Records of checking the means of escape, checking of emergency lighting and checking of the fire alarm system has been implemented in line with all other centres within the service. This record is to be reviewed weekly by the PIC and evidenced.

Proposed Timescale: 12/12/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The actions to be taken in the event of fire and the fire evacuation plan were not prominently displayed or presented in a format that was accessible and meaningful to residents.

Action Required:
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

Please state the actions you have taken or are planning to take:
The Fire policy has been put in a prominent place and an easy to read/picture guide has also been developed and is there for all residents and visitors.

**Proposed Timescale:** 12/12/2014

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### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Inspectors saw and were told by the management team that staff had not received training in the management of behaviour that is challenging.

**Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**
The PIC is to arrange date and time of this training for all staff in centre projected date for completion January 2015.
In line with service policy the PIC from support and supervision records will complete a training needs analysis report for the staff working in this centre for 2015.

**Proposed Timescale:** 28/01/2015

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**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received training in safeguarding residents and the prevention, detection and response to abuse.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
Following a review the PIC can confirm that all staff in centre have now completed this training.

**Proposed Timescale:** 30/11/2014
### Outcome 09: Notification of Incidents

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors saw that a resident had sustained a notifiable injury in July 2014. Documentation had not had submitted to the Authority in relation to the injury.

**Action Required:**
Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

**Please state the actions you have taken or are planning to take:**
1. The PIC reported this incident to HIQA on the 01/12/14.
2. The PIC has reviewed the HIQA requirements for reporting of incidents with line manager.

**Proposed Timescale:** 01/12/2014

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failing to ensure that the statement of purpose contained all the matters as set out in Schedule 1 of the Regulations and accurately reflected practices in the centre.

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
1. Statement of purpose for this centre has been fully reviewed and updated by the PIC. This document has been reviewed by the line manager to the centre and signed off as complete on 10/12/14.

**Proposed Timescale:** 12/12/2014

### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not satisfied that the residential service was governed in a manner that supported continuous improvement of a person centred service. The person in charge was based in the day services and only spent one afternoon in the house with residents per week.

**Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
Immediately following the inspection the roster of the PIC was amended. The sector manager now commenced her work in the centre community house Re-Nua five mornings a week and reviews all relevant management issues. The PIC spends one full day in Re – Nua with the residents present on that day.

The PIC also carries out unannounced visits to the house from time to time.

**Proposed Timescale:** 30/11/2014
**Theme:** Leadership, Governance and Management

| The Registered Provider is failing to comply with a regulatory requirement in the following respect: |
| An annual review to capture the quality and safety of this designated centre had not been completed to date. |
| **Action Required:** |
| Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards. |
| **Please state the actions you have taken or are planning to take:** |
| The registered provider will complete an annual review of this centre. |
| **Proposed Timescale:** 31/12/2014 |
| **Theme:** Leadership, Governance and Management |

| The Registered Provider is failing to comply with a regulatory requirement in the following respect: |
| The director of services had completed an audit of aspects of the centre prior to inspection. However, there was no evidence to support that a copy of this review was available to residents or their representatives. |
| **Action Required:** |
| Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the |
unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

**Please state the actions you have taken or are planning to take:**
The service will develop a protocol for the collation of all audit and service review reports of this centre and to ensure that they are available for residents and or their representatives. This will include all HIQA reports.

**Proposed Timescale:** 18/12/2014

**Outcome 15: Absence of the person in charge**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Suitable deputising arrangements were not in place for the management of the designated centre in the absence of the person in charge.

**Action Required:**
Under Regulation 33 (1) you are required to: Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.

**Please state the actions you have taken or are planning to take:**
1. The ADOS manager with line manager have responsibility for this centre with the PIC. They are currently reviewing the management structure in the centre This is particularly relevant when the manager is on annual leave Deputy to be put in place to replace PIC. This review will also take into account the changing needs of the residents and currently being reviewed with the PIC and senior management.
2. Immediate arrangement is that Assistant Director of Services to this centre in charge when PIC is absent on leave.
3. Senior staff on duty in charge in day to day running of each shift.

**Proposed Timescale:** 28/02/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors reviewed a sample of staff files and noted that all were not compliant with Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Inspectors saw in a staff file there were no references present.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as
specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
1. To receive references for all relevant staff members.
2. PIC to carry out audit on all staff files with HR department.

**Proposed Timescale:** 28/01/2015

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person in charge was based in the day services and only spent one afternoon in the house with residents per week. Therefore it was not possible for the person in charge to oversee that all aspects of care and support were being delivered as required, to promote positive living experiences for residents living in this designated centre.

**Action Required:**
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Please state the actions you have taken or are planning to take:**
1. All staff employed in Re–Nua are full time and there for a number of years
2. The PIC roster has changed. She now commences duty in Re-Nua five mornings a week and spends one full day in Re–Nua with the residents present on that day.
3. The PIC also carries out unannounced visits to the house.

**Proposed Timescale:** 12/12/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Statutory training in adult protection, manual handling, challenging behaviour had not been completed for all staff members. It was found that a training needs analysis would be of benefit to ensure all staff were provided with up to date evidenced based training in order to meet the assessed needs of the current resident profile.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
Training to be provided to all staff members in the areas of manual handling, challenging behaviour by 28/02/2015.
Abuse training completed by staff members in November 2014.
**Outcome 18: Records and documentation**

**Theme:** Use of Information

*The Registered Provider is failing to comply with a regulatory requirement in the following respect:*  
The directory of residents did not contain a record of all furniture brought by the resident into the room occupied by him or her as set out in Schedule 3 of the Regulations.

**Action Required:**  
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**  
1. The Residents’ Guide will include terms and conditions of residency and will be reviewed by PIC  
2. We now have a property inventory which has been commenced for all residents and will be completed by the end of December 2014.

**Proposed Timescale:** 30/12/2014

**Theme:** Use of Information

*The Registered Provider is failing to comply with a regulatory requirement in the following respect:*  
The Resident’s Guide did not include the terms and conditions relating to residency.

**Action Required:**  
Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

**Please state the actions you have taken or are planning to take:**  
The Residents Guide will be reviewed by the PIC to include the terms and conditions relating to residency.

**Proposed Timescale:** 31/01/2015

**Theme:** Use of Information

*The Registered Provider is failing to comply with a regulatory requirement in the following respect:*  
The Resident’s Guide did not contain clear guidance on how to access inspection
Action Required:
Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

Please state the actions you have taken or are planning to take:
The Residents Guide to be reviewed will include terms and conditions of residency by PIC Protocols to be developed as to how residents or their advocates can access the reports outlined.

Proposed Timescale: 30/01/2015
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all of the items listed in Schedule 2 of the Regulations were available in personnel files.

Action Required:
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
1. The PIC will review all HR audit reports and immediately review all outstanding information for HR files within the centre. The ADOS for this centre will receive a weekly update in relation to all outstanding items.

Proposed Timescale: 31/01/2015
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A record of the designated centre’s charges to residents, including any extra amounts payable for additional services not covered by those charges, and the amounts paid by or in respect of each resident was not kept in the designated centre as required by Schedule 4 of the Health Act 2007.

Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons.
(Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Additional charges to be entered into the contracts of care by PIC
The Residents Guide and service contracts will reflect all charges within the centre.

**Proposed Timescale:** 31/12/2014