

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by St Patricks Centre (Kilkenny) Ltd
Centre ID:	OSV-0003499
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Patricks Centre (Kilkenny) Ltd
Provider Nominee:	David Kieran
Lead inspector:	Kieran Murphy
Support inspector(s):	Ide Batan
Type of inspection	Unannounced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	1

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 following receipt of solicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 December 2015 10:30 To: 03 December 2015 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents

Summary of findings from this inspection

This report sets out the findings of a one day single outcome unannounced inspection of a centre which was part of St Patrick's Centre Kilkenny Limited.

St Patrick's Kilkenny provided a range of day and residential services to children and adults with an intellectual disability. This centre was based in a campus style environment with other designated centres on site and provided a home to 32 residents:

- 13 residents, all with high support needs and some residents requiring significant support lived in one unit
- 3 residents high support needs each lived in their own separate apartment adjacent to the other units
- 16 residents, all with complex care needs and a number of residents required adaptive seating, lived in a second unit

This inspection was scheduled due to a number of notifications received by the Authority in relation to safeguarding of residents.

At the previous inspection in August 2015 an immediate action plan was issued to St Patrick's Kilkenny as inspectors were not satisfied that the issues raised in relation to physical and psychological abuse by a staff member against residents had been investigated appropriately. In response St Patrick's Kilkenny had commissioned a formal review of the allegation by an external independent investigator. On this inspection there was evidence that this review had been completed in October 2015 and evidence that the issues raised had been adequately investigated. However, inspectors found, and the provider nominee acknowledged, that there were a

number of outstanding recommendations from this review which had yet not been implemented.

As had been identified on the previous inspection in August 2015 and in the inspection in October 2014, there were a number of corridors in one of the buildings in the centre that were accessed via a coded door. These corridors led to the main shared communal space in the building. Residents were locked via a keypad system behind the doors of these corridors and so were prevented from moving freely throughout their living space. The provider nominee had previously indicated to the Authority that these locks were to be removed by 30 November 2015. However, these locks were still in place during this inspection. The provider nominee outlined that alternative accommodation had been sourced for five residents and the locks would be removed once these residents had moved.

During the previous inspection in August 2015 it was found and observed that:

- Residents' privacy and dignity while receiving intimate and personal care could not be ensured
- in the shower room of one building that there was only one set of shower curtains when the person in charge acknowledged that there should have been two sets of curtains
- the centre was visibly unclean (also a finding on the previous inspection in October 2014)
- limited activities for residents.

During the current inspection there was evidence that these issues had not yet been addressed. In particular, residents were observed spending long periods of time not engaged in any meaningful activities throughout their day. The Authority had been notified of a about poor work practices that mentioned all of the above issues. The Authority had also been notified about other concerns including staff using bad language in front of residents. While a preliminary investigation had been completed and some of the issues had been remedied, the provider nominee outlined that a final review had not yet been finalised.

Prior to this inspection the Authority had been notified of two other incidents of concern. In the first incident a resident had been found in their wheelchair with the lower half of their body on the ground with the seatbelt for the chair tight across their neck. Following this incident the person in charge had undertaken a risk assessment of all restraints in place. In addition, a referral had been made by the person in charge for a review by an occupational therapist of all residents who used lapbelts.

The second incident reported to the Authority related to alleged professional misconduct of a staff member. Inspectors spoke with the human resources manager who confirmed that the investigation into this incident was not yet been completed.

The person in charge is required to notify the Chief Inspector within three working days of serious adverse incidents, this includes injuries to residents and residents who have developed pressure areas. While reviewing care plans and documentation relating to one resident there was evidence that this resident had been seen by a

public health nurse and had a wound care management chart in place. This had not been notified to the Authority. This was the second inspection where the centre had received a major non-compliance in relation to notifications.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As had been identified on the previous inspection in August 2015 and in the inspection in October 2014, there were a number of corridors in one of the buildings in the centre that were accessed via a coded door. These corridors led to the main shared communal space in the building. Residents were locked via a keypad system behind the doors of these corridors and so were prevented from moving freely throughout their living space. The provider nominee had previously indicated to the Authority that these locks were to be removed by 30 November 2015. However, these locks were still in place during this inspection. The provider nominee outlined that alternative accommodation had been sourced for five residents and the locks would be removed once these residents had moved.

During the previous inspection in August 2015 it was found and observed that:

- Residents' privacy and dignity while receiving intimate and personal care could not be ensured
- in the shower room of one building there was only one set of shower curtains when the person in charge acknowledged that there should have been two sets of curtains
- the centre was visibly unclean (also a finding on the previous inspection in October 2014
- limited activities for residents.

During the current inspection there was evidence that these issues had not yet been addressed. In particular, residents were observed spending long periods of time not engaged in any meaningful activities throughout their day.

Judgment:

Non Compliant - Major

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Prior to the last inspection of this centre on 5-6 August 2015, the Authority had been informed of an allegation of physical and psychological abuse by a staff member against residents. At the previous inspection an immediate action plan was issued to St Patrick's Kilkenny as inspectors were not satisfied that the issues raised had been investigated appropriately.

In response St Patrick's Kilkenny had commissioned a formal review of the allegation by an external independent investigator. On this inspection there was evidence that this review had been completed in October 2015 and evidence that the issues raised had been adequately investigated.

The provider nominee outlined that a number of the recommendations from that review had been implemented. However, the provider nominee acknowledged that there were a number of outstanding recommendations from this review which had not been implemented as yet namely:

- The development of a policy document which sets out the minimum staff qualifications, skills and competencies required by all staff and agency employees
- agreeing and putting in place clear protocols regarding appropriate responses to allegations of abuse and concerns regarding alleged abusive care practices
- providing information on safeguarding vulnerable adults in an accessible format to all service recipients.

St Patrick's Kilkenny had introduced a revised induction procedure for new staff whereby all staff were given an introduction to whistle-blowing protocol and the management of abuse allegations protocol. The person in charge was an accredited trainer on the

safeguarding of vulnerable adults and there were records available to show that all staff had received training on protection of residents from abuse. However, recently employed staff who spoke to inspectors confirmed that they had not received an induction to include these issues.

The Authority had also been notified about poor work practices including staff using bad language in front of residents. While a preliminary investigation had been completed and some of the issues had been remedied, the provider nominee outlined that a final review had not yet been finalised.

Prior to this inspection the Authority had been notified of two other incidents of concern. In the first incident a resident had been found in their wheelchair with the lower half of their body on the ground with the seatbelt for the chair tight across their neck. The resident was taken via ambulance to the Emergency Department of the local acute general hospital. Following this incident the person in charge had undertaken a risk assessment of all restraints in place. In addition, a referral had been made by the person in charge for a review by an occupational therapist of all residents who used lap-belts. Inspectors also reviewed behaviour support plans for a number of residents. These support plans were all up to date and had been prepared in consultation with a behaviour support specialist.

The second incident reported to the Authority related to alleged professional misconduct of a staff member. Inspectors spoke with the Human Resources Manager who confirmed that the investigation into this incident was not yet been completed.

Judgment:

Non Compliant - Major

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The person in charge is required to notify the Chief Inspector within three working days of serious adverse incidents, this includes injuries to residents and residents who have developed pressure areas. While reviewing care plans and documentation relating to one resident there was evidence that this resident had been seen by a public health nurse and had a wound care management chart in place. This had not been notified to the Authority.

This was the second inspection where the centre had received a major non-compliance in relation to notifications.

Judgment:

Non Compliant - Major

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:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Patricks Centre (Kilkenny) Ltd
Centre ID:	OSV-0003499
Date of Inspection:	03 December 2015
Date of response:	31 December 2015

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:

Residents were locked via a keypad system behind doors of corridors and so were prevented from moving freely throughout their living space.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:

Construction works are in place that will see 5 vulnerable residents transitioned to a community house by February 4th 2016. When this transition takes place we can remove the keypads from the remaining doors.

Proposed Timescale: 04/02/2016

Theme: Individualised Supports and Care

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

Residents' privacy and dignity while receiving intimate and personal care could not be ensured. In particular in the shower room of one building that there was only one set of shower curtains when the person in charge acknowledged that there should have been two sets of curtains.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:

Extra shower curtains were purchased the next day and are in situ.

Proposed Timescale: 31/12/2015

Theme: Individualised Supports and Care

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

Residents were observed spending long periods of time not engaged in any meaningful activities throughout their day.

3. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:

An Activities Co-ordinator for all residents of St. Patricks has been appointed and will start her new position on January 4th 2016. Every resident has their own individual

activity schedule for in house and off campus activities. All residents are currently being reviewed by MDT who are providing direction and support to staff which will enable staff to develop meaningful and appropriate activities for all residents.

Proposed Timescale: 22/03/2016

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:

While an external review of allegation of physical and psychological abuse by a staff member against residents had been undertaken, there were a number of outstanding recommendations from this review which had not been implemented.

There were two other investigations which had not yet been completed:

1. The concern from a staff member about poor work practices.
2. Alleged professional misconduct of a staff member

4. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:

Full reports of both these investigations will be forwarded to the Authority when completed.

Proposed Timescale: 31/01/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Recently employed staff who spoke to inspectors confirmed that they had not received an induction to include the safeguarding and safety of residents.

5. 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:

All new staff are trained in Safeguarding The Vulnerable Person and any that haven't received the training are scheduled for the next training dates in January 2015. A copy of all up to date training was given to HIQA inspectors on the day of the inspection.

Proposed Timescale: 31/12/2015

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:

While reviewing care plans and documentation relating to one resident there was evidence that this resident had been seen by a public health nurse and had a wound care management chart in place. This had not been notified to the Authority.

6. 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:

This was not notified to the Authority as it wasn't a pressure sore and the resident didn't require hospital treatment. We were being proactive in having it reviewed by the public health nurse and the Dr. to prevent it developing into a pressure sore.

Proposed Timescale: 31/12/2015