

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Renua Designated Centre
Centre ID:	OSV-0003500
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Saint Patricks Centre (Kilkenny)
Provider Nominee:	David Kieran
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Gary Kiernan
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

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 1 day(s).

The inspection took place over the following dates and times

From: 22 March 2017 10:30 To: 22 March 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to Inspection.

This inspection was an announced follow up registration inspection and took place over one day. This centre has been previously inspected in 2015 and more recently in December 2016.

In May 2016 the board of St. Patrick's Centre, Kilkenny Ltd was reconfigured. The board had been in place nine months at the time of this inspection. In May 2016 the HIQA met with representatives from the provider entity's newly reconfigured board. At that time HIQA agreed a six month time frame to allow the provider to bring about substantial improvements within the overall service in order to demonstrate to the Chief Inspector their fitness to carry on their role as provider of the service.

An intensive regulatory monitoring schedule was carried out in the centres of St.

Patrick's Centre, Kilkenny following the six month period to assess if the provider had brought about the required improvements. Inspections carried out in November and December 2016 found evidence that significant improvements had occurred in all centres inspected.

The purpose of this inspection was to follow up on actions given during the December 2016 inspection and to inspect other Outcomes not reviewed in the December 2016 inspection in order to inform a registration decision.

How we Gathered Evidence.

As part of the inspection, inspectors met with all residents, some parents of residents and staff in the designated centre, the newly appointed team leader for the designated centre, the quality and compliance manager, the provider nominee and the Deputy Chairperson of the Board.

Inspectors spoke to all five residents they met during the inspection taking guidance from staff as to the particular way in which residents liked to interact. The inspector respected residents' wishes at all times in their interactions with residents and took their lead in how they wished to converse with the inspector or participate in the inspection. Inspectors also observed residents' interactions with staff, their peers and their environment.

Inspectors reviewed documentation such as personal plans, risk assessments, and assessment of needs, audits, minutes of board of management meetings, change management meetings and sub-committee meetings of the board.

Description of the Service.

This designated centre is a detached bungalow located in a suburban area and home to five adult residents with varying degrees of intellectual and sensory disabilities. This designated centre is the only community residential home currently operated by St. Patrick's Centre, Kilkenny services.

Overall Judgment of our Findings.

Inspectors found compliance had been maintained in most outcomes inspected with improvements found in relation to governance and management of the centre, provision of nutritious, home cooked meals, overall cleanliness and most significantly the improved quality of life residents were receiving. Residents were now more engaged in activities in their community and participating in everyday chores and tasks, such as grocery shopping.

Residents had recently joined local gospel choir groups, were attending Mass, had made connections with their local community centre, had begun vegetable growing in a local allotment, had started visiting local cattle marts which was something they really enjoyed. Others had secured a volunteering job delivering leaflets each week which meant they received exercise, purpose and social connections while doing so. These activities had all been instated since the previous December 2016 inspection. Previously residents were not engaged in these or any such activities except for attending their day service.

The provider had also made significant progress in removing institutional practices with regards to meal provision to all residents of St. Patrick's Centre attending their day services. Residents were no longer receiving their main meals in the day service from a centralised kitchen. Residents were now receiving quality, nutritious home cooked meals made from fresh and frozen ingredients which they purchased from their local supermarkets. Residents were now participating in meal preparation and choice in their home and enjoying purchasing and helping to prepare their meals. This was a significant improvement in the overall quality of nutrition residents were now receiving.

Significant levels of compliance were found on this inspection, 14 Outcomes met with compliance.

Outcome 7, Health and Safety and Risk Management met with moderate non compliance. The provider was required to engage an appropriately qualified person to carry out an assessment of fire safety measures in the centre and implement any recommendations from this assessment. Some improvement was required in relation to management of residents' laundry to ensure appropriate infection control measures were in place.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors reviewed if actions from the previous inspection had been completed. The findings from this inspection found they had been completed or were in the process of being completed.

A financial capacity assessment had been drafted which when completed would outline the supports residents' required with regards to their financial management supports. An independent allied professional would be identified to carry out the assessment and this was in the process of being decided at the time of inspection.

At the time of inspection an independent advocate was not available to residents. The provider was supporting the person in charge to identify an advocate for residents and by the close of the inspection the independent advocate for residents had been identified and would begin supporting them shortly after the inspection.

Significant improvements had occurred since the previous inspection in relation to residents' opportunities to engage and participate in activities that were meaningful and purposeful for them. For example, some residents had begun engaging in gardening activities, others had begun attending the local mart which they really enjoyed, others had began a volunteering job delivering leaflets in their locality which they appeared to also enjoy. Residents had also begun to attend Mass which they had not done in a period of time, others that did not wish to attend Mass were supported to light a candle in their local church.

This evidenced residents opportunities to engage meaningful activities each day which

afforded residents purpose and a presence in their locality had improved in a significantly positive way since the previous inspections of the centre.

Inspectors also observed staff speak with residents in a respectful way and asked their permission before entering their bedrooms to retrieve something, for example easy read policy folders for inspectors to review.

Residents were also beginning to engage in supported choice activities, for example engaging in choosing meals for the week and the ingredients for preparing meals. This supported choice incorporated recommendations in communication techniques by residents' speech and language therapist (SALT).

Judgment:

Compliant

Outcome 02: Communication

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.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall, inspectors found there had been improvements in use of and introduction of communication aids in the centre to provide residents with the opportunities to understand and participate in choice, for example.

Since the previous inspection, inspectors noted there was an overall improvement in the use of visual aids to support residents in understanding choice and routines in their home.

Pictorial menus were in use, easy read policies were located in each residents' bedrooms and photograph aids were used to represent each resident's bedroom.

The person in charge had also made referrals for residents to be reviewed by a speech and language therapist (SALT) in relation to resident's communication needs and there was evidence of some recommendations made by the SALT in progress at the time of inspection, for example the use of colour coded choice cards for residents to support them choosing foods for the weekly grocery shopping.

Residents also had access to telephones, internet, televisions, DVD players, radios and CD players.

Following a full assessment of residents' communication needs the person in charge planned to incorporate more assistive technology within the centre for residents to use to assist them in their communication.

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):
No actions were required from the previous inspection.

Findings:
Residents were encouraged and supported to maintain relationships and friendships.

Some residents' parents attended the inspection and met with inspectors. Overall, they were complementary of staff working in the centre and found there was an open visiting arrangement whereby they could visit their son or daughter when they wished. Some parents spoken with had some concerns with regards to the recent changes in the centre and reiterated that they wished to be consulted with about all changes happening in the centre.

Residents were now becoming more involved in their local community. Since the previous inspection some residents had created links with their local community centre and had been supported to sign up to local projects such as tidy town projects and cultivating a vegetable patch in the local allotment.

Staff were actively assessing other ways in which to develop resident links with their local community to support them in becoming full and inclusive citizens in their locality. This was a significant improvement in residents' inclusion in their community since previous inspections of the centre.

Feedback from some parents indicated that staff were very accommodating in supporting their child to visit family members in their homes rather than families only visiting their child in the designated centre.

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):

No actions were required from the previous inspection.

Findings:

The provider had revised residents' contracts of care to reflect the recent changes in residents' long stay charges. This meant fees charged to residents had changed and in some instances had reduced.

Each resident had been issued a revised contract of care setting out the services the provider afforded residents and the terms and conditions of the support they received.

At the time of inspection the newly revised contracts were under consideration with residents and their representatives.

Judgment:

Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors reviewed residents personal planning to assess if the action from the previous inspection relating to inadequate support planning for assessed needs had improved.

Inspectors found this had improved. Each assessed need had a support plan to guide staff how to support the resident. Support plans reflected allied health professional recommendations also.

As was identified on the previous inspection December 2016, a resident had been assessed as requiring sensory supports but had not been receiving them and no support planning was in place despite the assessed need being identified for over a year. On this inspection, inspectors noted the person in charge had made another referral for the resident to be reviewed by an occupational therapist to provide an up-to-date sensory assessment and recommendations which would be formulated into a sensory support plan for the resident.

In the meantime, the person in charge had made arrangements for a swing, which a resident had liked to use some time previously, to be fixed. At the time of inspection the swing was now in use again. The provision of this swing was important as this had been identified as necessary for a resident to provide them with sensory modulation which was assessed as something they required.

Overall, personal plans presented as comprehensive documents which had been revised since the previous inspection to provide a more comprehensive framework for staff to follow in order to meet the assessed needs of residents.

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):

No actions were required from the previous inspection.

Findings:

Overall, 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 at the time of inspection. It had also been refurbished since the previous inspection.

The premises had suitable heating, lighting and ventilation and overall, the premises were free from significant hazards that could cause injury. Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

The provider had updated the overall decor in the centre. There had also been a reconfiguration of storage units in the kitchen of the centre since the previous inspection which improved the amount of space residents had to mobilise in the kitchen/dining room space.

The centre had one toilet with an assisted shower. The other toilet facility in the residence was an ensuite toilet/shower which was used by one resident. While at the time it met the needs of residents, the provider was required to consistently review the toilet and bathing facilities of the centre to ensure they met the needs of residents as their needs changed, for example, aging or a decline in independence or mobility.

Residents' bedrooms were of a reasonable size and were comfortably furnished. Each resident had their own bedroom. The person in charge had supported residents to redecorate their bedrooms taking into consideration their personal preferences and interests.

Residents' had access to a rear garden via a patio door exit. The garden contained a newly painted garden shed, patio space, raised beds for vegetables and a newly installed swing which some residents enjoyed using and formulated part of a sensory assessment interventions whereby movement was important for that individual.

The garden was a secure space that residents could access independently if they wished. Car parking spaces were available to the front of the building.

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):

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

Findings:

Inspectors reviewed if the actions from the previous inspection had been addressed. Risk assessment and management had improved. The provider was still required to assess what outstanding fire safety works were required in the centre.

As was found on the previous inspection the systems for the review of accidents and incidents and identification of personal risks to residents had improved in the overall organisation. There were plans in place to introduce an electronic documentation system

of incidents for the overall St. Patrick's Centre, Kilkenny designated centres which could be accessed by all staff for the recording of incidents.

Personal risk assessments were in place for each resident. Previously risk assessment templates had presented as confusing documents and contained mostly instructions of how to complete the assessment. Since the previous inspection the health and safety sub-committee had revised the risk assessment template and devised a more concise, effective document which clearly indicated the risk or hazard and the control measures in place to manage the identified risk. Analysis of risks was also clearly set out. Overall, this was a marked improvement in the analysis and management of risk in the centre and addressed the previous non compliance found.

Risk assessments had also been completed for the use of keys to exit doors in the centre. The person in charge at the time of inspection, was carrying out a risk analysis on necessity for their use and likelihood of a resident absconding from the centre. Following this analysis the person in charge would assess the necessity for keys for locking of exit doors in the centre and where they were not deemed necessary thumb turn mechanisms would be installed to improve the means of evacuation of the centre in the event of an emergency.

Fire safety systems still required some improvements. The fire alarm for the centre had received an up-to-date service and was functional. Each resident had a personal evacuation plan in place setting out the key supports they would require in the event of an evacuation. Fire drills had been carried out at least twice yearly as required by the regulations. However, inspectors noted the absence of fire rated doors in key high risk locations in the centre, for example the kitchen which also contained utility goods, for example a washing machine and dryer.

The provider had responded to a previous fire assessment, carried out a number of years previous, and carried out some fire safety up-grading works in response to it. The provider had yet to verify if the works were satisfactory or if further works were required. The provider undertook to to engage a qualified person to carry out an up-to-date assessment of fire safety measures in the centre and address any recommendations that came from the assessment.

There was some infection control risk in the centre due to the the washing machine and dryer for the centre being located in the kitchen area. This presented as an infection control risk due to dirty or soiled linen being washed in the same space as food preparation. Residents, visitors and staff however, did have access to adequate hand washing facilities which were supplied with hand soap and hand drying facilities. Overall, there was a marked improvement in the cleanliness of the centre and a revised cleaning regimen had been instigated since the previous inspection which proved to be effective.

No residents required the supports or use of a hoist. However, all staff had received up-to-date manual handling training.

Judgment:

Non Compliant - Moderate

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Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The person in charge was aware of her responsibility to submit notification of incidents in the centre. All incidents requiring notification had been submitted to the Chief Inspector at the time of inspection.
Judgment: Compliant

Outcome 10. General Welfare and Development <i>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.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The general welfare and development needs of residents were promoted and residents were being afforded opportunities greater opportunities for new experiences, social participation and activities since the previous December 2016 inspection. Residents attended day services which were part of St. Patrick's Services. On Wednesdays residents stayed at home and used the designated centre, their home, as a basis from which to engage in more community based activities. Since the previous December 2016 inspection all five residents' personal planning activities and social roles had been reviewed. Each resident was now being provided with an opportunity to engage in a meaningful activity suited to their interests and abilities. This was a significant improvement in the quality of residents' opportunities for social participation, education, training and employment skills.

Some examples of person centred activities residents were now engaging in included, residents engaging in hand delivering leaflets door to door, other residents, with an interest in singing, had joined a local gospel group. Some residents had joined a local gardening group and would be supported to participate in growing vegetables in a local allotment and other residents with an interest in farming and from a farming background were now being supported to attend local sheep/cattle marts to enjoy the buzz atmosphere of the mart.

Barriers to inclusion in activities were now documented and strategies put in place to work around those barriers and support residents to achieve greater involvement and inclusion in their community as full citizens. This had previously not been in place to the extent inspectors now found on this inspection.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

Improvements in the provision of nutrition and meal time experiences had improved since the previous inspection.

Residents were now receiving home cooked meals in the centre which was a significant improvement on the findings from the previous inspection.

Home cooked freshly prepared nutritious lunches and meals were now all prepared in the centre from fresh and frozen produce, for example residents could bring homemade soup as part of their lunch when they attended day services. The cooking of meals in the centre now ensured residents' personal choice and preferences could be catered for and also provided residents with an opportunity to participate in purchasing of groceries, meal planning and preparation.

Overall, this improvement in provision of resident nutrition from an institutional model of provision was a significant improvement from previous inspections of the centre.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

A statement of purpose was available in the centre.

It was also available to residents in an easy read format.

It was up-to-date and reflected the matters as set out in Schedule 1 of the Regulations.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Previous inspections of St. Patrick's Centre, Kilkenny found systems of governance and management were not sufficient to ensure residents received a safe service and quality care. On this follow up registration inspection, it was found the provider had continued to implement improvements across a wide range of areas. These improvements were recognised and identified by inspectors as pivotal in bringing about the significantly improved levels of compliance found on this inspection and the previous inspection in

December 2016.

The person in charge of the centre was responsible for this centre and one other community residential centre which at the time of inspection was vacant and undergoing a registration application process. The person in charge demonstrated a good understanding of her responsibilities within the regulations and had implemented a number of tangible and positive changes in the centre since her appointment.

The person in charge was supported in her role by a team leader for the centre who had been appointed since the previous inspection. They also demonstrated a good understanding of leadership and the specific day-to-day management required in the centre. Overall, inspectors were assured that the governance arrangements for the centre were now more robust and would provide residents with a safe and effective service.

The provider had implemented significantly improved procedures for monitoring the quality of care provided to residents. Systems were in place to gather and analyse information which could be used to validate the quality and safety of care provided to residents. As a result, improved outcomes were observed for residents, as outlined in Outcome 1 (Rights, Dignity and Consultation), Outcome 5 (Social Care Needs), Outcome 8 (Safeguarding and Safety), Outcome 10, Outcome 11 Healthcare needs and Outcome 12 Medication Management, for example.

Unannounced visits and audits by provider nominee and other persons nominated by the provider, which are a requirement under Regulation 23 to gather information and assess the quality and safety of care, had been implemented. Additional ongoing auditing of the service had been implemented by the Quality and Compliance Manager and person in charge ahead of this announced inspection.

Improvements noted were the appointment of a team leader for the centre who managed the day to day running of the centre in the absence of the person in charge. There were also improved outcomes for residents following an audit of person centred planning and activities residents engaged in. As described in Outcome 1, 3, 5 and 10 of this report residents' involvement in their community and in activities geared towards their interests and capabilities had improved significantly since the previous December 2016 inspection. Auditing of cleaning regimes in the centre had improved the overall cleanliness of the centre which was noticeable on this inspection.

Systems to assess the quality and safety of care in St. Patrick's Service has improved greatly in the previous six months with the appointment of a quality and compliance manager, the appointment of key project co-ordinators with responsibility for assessing and supporting the implementation of actions identified in audits carried out and another project co-ordinator in the area of medication management and healthcare improvements and practice development in the service.

Another sub-committee that reported to the Board of Management for the service was the quality and compliance committee. They met at least monthly to discuss actions set from the previous meetings, review current system changes that had been implemented and revise if required and provide a report for the Board of Management following each

meeting.

Board of Management meetings occurred at least every two months, previously they had occurred more frequently in order to establish governance systems to improve services within St. Patricks. The various newly established sub-committees and project co-ordinators must provide a report to the Board which is reviewed at each Board meeting. Inspectors noted this reporting mechanism was ongoing at the time of inspection and proving to be effective in driving positive change.

Inspectors met with the Deputy Chairperson of the Board during the inspection. This meeting provided inspectors with assurances that the provider had and was continuing to implement significant improvements. The Deputy Chairperson of the Board emphasised his and the Board's commitment to improve services throughout all of St. Patrick's Centre. The Deputy Chairperson demonstrated a comprehensive understanding of the financial scope required by St. Patrick's Centre in order to implement and sustain improvements. They also demonstrated a good understanding of the improvements that had been made and the matters that still required improvement. They discussed with inspectors the Board's strategic plans to drive improvement in certain areas that still needed improvement.

The provider was required to continue with these improvements.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The provider was aware of their regulatory requirement to notify the Chief Inspector if the person in charge was absent for longer than 28 days.

Suitable arrangements were now in place to provide governance of the centre in the absence of the person in charge.

Judgment:

Compliant

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Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>
Theme: Use of Resources
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented. Findings: Inspectors reviewed if the actions from the previous inspection had been addressed and found they had. The provider had carried out an assessment of resources for the centre which included assessment of staffing resources, budgeting costs and resourcing to accommodate residents meals being cooked in the centre. This assessment found there were no concerns or issues that substantiated the concerns some staff had raised with an inspector on the previous inspection.
Judgment: Compliant

Outcome 18: Records and documentation <i>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.</i>
Theme: Use of Information
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection. Findings: A full suite of policies, including Schedule 5 policies as required by the Regulations, were available in the centre on the day of inspection.

They were up-to-date and reviewed regularly and some had been revised recently to reflect the changes in practices in the Organisation, for example medication management and the organisation's safeguarding vulnerable adults policy which now reflected National Policy directives.

A directory of residents was maintained in the centre and kept up-to-date.

Insurance for the centre was also maintained and up-to-date.

Judgment:

Compliant

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:

Ann-Marie O'Neill
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 Saint Patricks Centre (Kilkenny)
Centre ID:	OSV-0003500
Date of Inspection:	22 March 2017
Date of response:	26 April 2017

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 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:

There was some infection control risk in the centre due to the washing machine and dryer for the centre being located in the kitchen area.

1. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a

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

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

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

Machine Washing and dryer will be relocated to an outside area.

Proposed Timescale: 15/05/2017

Theme: Effective Services

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

The provider was required to engage a qualified person to carry out an up-to-date assessment of fire safety measures in the centre and address any recommendations that came from the assessment.

2. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Fire Safety assessment completed 5.4.17, Tender scheduled of works drawn up & send to HIQA Inspector.

The following fire upgrade works have now been completed in relation to the above property, any outstanding fire upgrade works will be completed 15th May 2017:

HOT PRESS:

The existing hole in the plasterboard ceiling has been repaired/fire stopped to provide 30 minutes' fire resistance.

FIRE DOORS:

New fire door (FD30S) fitted to hot press.

Existing hot seals in door edges of existing fire doors have been replaced with new 10mm hot & cold seals in door edge. Existing ironmongery has been replaced with new stainless steel ironmongery compliant with fire door specifications (blank off or remove key locks fitted in direction of escape). Existing hinges have been replaced with 1 & ½ pairs of stainless steel ball bearing hinges complete with intumescent gaskets fitted behind and stainless screws.

Simple fastening has been fitted to bathrooms for escape in the event of a fire.

ATTIC HATCH:

Existing attic hatch in hall has been upgraded to provide 30 minutes' fire resistance.

FINAL EXIT DOORS:

Existing locks have been replaced with simple opening devices, i.e. thumb turn devices.

ELECTRICAL INSTALLATION:

A periodic test inspection (Annex 62A) has been carried out on the existing electrical installation and all defects recorded and remedied.

PAT TESTING:

PAT testing of all portable electrical equipment has been completed.

FIRST AID FIRE FIGHTING EQUIPMENT:

First aid firefighting equipment (fire extinguishers & fire blankets) in the property has been provided in accordance with I.S 291: 2015.

Building improvement work items have now been complete. There are some outstanding electrical items to be completed.

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