

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Idrone Lodge
<b>Centre ID:</b>	OSV-0005515
<b>Centre county:</b>	Carlow
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Saint Patricks Centre (Kilkenny)
<b>Provider Nominee:</b>	David Kieran
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	4

## **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: 23 March 2017 10:30 To: 23 March 2017 14:00

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 04: Admissions and Contract for the Provision of Services
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management

**Summary of findings from this inspection**

Background to Inspection.

This inspection was an announced follow up new build registration inspection that took place over one day. This centre had been previously inspected in August 2016 as a new build. While the inspector found evidence of compliance on the previous inspection the Chief Inspector required further evidence and assurance that the provider of St. Patrick's Centre, Kilkenny was a fit provider and therefore the registration of this centre was not processed at the time.

In May 2016 a new board of management had been appointed to St. Patrick's Centre, Kilkenny. The board had been in place three months at the time of the initial inspection and nine months at the time of this inspection. At that time the newly configured provider entity had been given a six month time frame 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 of all designated centres comprising St. Patrick's Centre, Kilkenny following the six month period to assess if the provider had brought about 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 August 2016 inspection. The findings of both the August 2016 inspection and this inspection will inform a registration decision.

#### How we Gathered Evidence.

As part of the inspection, the inspector met with the newly appointed person in charge of the designated centre, the newly appointed team leader, the quality and compliance manager and a sibling of a resident identified to move into the centre once the registration was completed.

The inspector reviewed documentation such as personal plans, risk assessments, behaviour support plans, complaints policies and procedures, minutes of board of management meetings and sub-committee meetings. The inspector also carried out an observational review of the premises and found improvements had occurred since the previous inspection which provided residents with improved aids and appliances, improved accessibility and improved privacy arrangements for residents' bedrooms.

#### Description of the Service.

The centre comprised of one large purpose built detached house, referred to in the report as the designated centre. The centre is located in a housing estate in the suburbs of a town in County Carlow. The provider had ensured residents would have access to a range of local amenities such as shops, churches, restaurants, pubs, barbers, hairdressers. The centre could accommodate four adult residents with varying degrees of intellectual disability and specific support needs in the management of healthcare and nutritional management, epilepsy and behaviours that challenge.

#### Overall Judgment of our Findings.

Compliance had been maintained in all outcomes inspected and actions from the previous inspection had been addressed. The provider had improved governance and management arrangements in the centre by appointing a person in charge of the centre who would carry out their role in a full time capacity.

Previously the inspector was not satisfied with the arrangements for the management of the centre in the August 2016 inspection. The identified person in charge at that time was not intended to be in the role in a full time capacity as they were also responsible for a number of other roles within the organisation. Improvements in the governance and management of the centre were also improved through the appointment of a team leader for the centre whose responsibility would be to manage the centre in the absence of the person in charge and carry out day-to-day management roles within the centre.

No action plan for this report was required as all outcomes inspected met with compliance.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector assessed if the actions from the previous inspection had been addressed and found they had.

Restrictions associated with the heavy set fire doors had now been addressed. Mechanisms were now in place to ensure doors could be held open in a fire compliant way to ensure residents had free access about their home without impediment.

The complaints policy for the centre had also been reviewed and now documented a nominated person in the centre to deal with complaints and a second nominated person, complaints officer, to oversee the management of complaints and ensure they were managed in line with the organisation's complaints management policies and procedures.

Nightly checks would now only be implemented should a specific personal risk to a resident necessitate them. Risk assessments for their use had been completed.

The provider had also enlisted the supports of an advocate for the centre and a specific advocate had been appointed for the centre and could provide services to residents should they require them.

**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):**

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

**Findings:**

Not all aspects of this outcome were reviewed on this inspection. The actions from the previous inspection were reviewed to assess if they had been achieved.

The person in charge had contacted the National Council of the Blind Ireland (NCBI) to request they carry out an assessment of the environment to ensure it could meet the needs of residents with visual or sensory impairments in order to promote accessibility and independence as much as possible.

The NCBI gave a commitment that they would visit the centre and carry out a comprehensive assessment when residents moved into the centre as this would provide them an opportunity to assess residents in their home environment and help to identify what was required.

**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):**

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

**Findings:**

New contracts of care had been devised since the previous inspection. The new contracts reflected changes in residents' fees in light of changes in long stay charges.

These contracts would be signed by residents and their representatives when they moved into the centre.

<b>Judgment:</b> 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:**  
While there were no actions for this outcome on the previous August 2016 inspection the inspector acknowledged the person in charge and provider had further improved the premises prior to residents moving in.

Previously the inspector had identified that some residents' bedroom windows were fitted with opaque contact in order to afford them privacy while using their bedrooms. However, this appeared institutional in style and similar to systems that were in place in the congregated setting residents were living in. The person in charge had addressed this by removing the contact from the windows and fitting them with appropriate privacy blinds. This ensured residents had appropriate light in their bedrooms but without compromising their privacy or dignity.

The person in charge and provider had also procured assistive equipment for residents to use while using bathing facilities in the centre. Each resident would be provided with their own shower chair which was for their own personal use only. This would person centred individualised practices within the centre and also infection control management within the centre.

**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):**

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

**Findings:**

Previously the inspector had identified that some risk assessments and control measures for residents that experienced seizures relating to epilepsy required improvement. Previously the only risk measures identified had been one hourly night time checks which would not provide adequate monitoring of the resident given their medical presentation.

The person in charge had drafted new personal risk assessments for the management of this medical need and had identified a number of improved initiatives that could be implemented, for example the use of a specifically designed and manufactured epilepsy monitoring mat which could be fitted underneath the resident's bed and alert staff on night duty should the resident experience a seizure.

The person in charge had also liaised with a community epilepsy nurse specialist with regards to procuring this equipment and had received directions and recommendations from this allied health professional as to how to assess the type of equipment that would best suit the resident.

Overall, this was a significant improvement in the management of this specific, potentially serious healthcare risk for a resident.

Fire compliant systems had been put in place to allow heavy set fire doors in the centre to be held open without compromising the fire and smoke containment measures in the centre.

**Judgment:**

Compliant

**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):**

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



**Findings:**

The inspector noted there had been an improvement in the quality of behaviour support planning for residents that would move into the centre.

Behaviour supportin planning now set out information with regards to potential triggers which may cause a resident to engage in behaviours that challenge. The environment within which residents were living in on the campus of St. Patrick's Centre had been identified as contributing to residents engagin in behaviours that challenge.

A move to this residential setting would provide residents with a low arousal setting which was identified as a requirement as part of the overall management and support for residents displaying behaviour that is challenging.

**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:**

The statement of purpose for the centre had been revised since the previous inspection and now accurately reflected the services of the centre and met the matters of 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:**

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

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

**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 the inspector as pivotal in bringing about the significantly improved levels of compliance found on this inspection and the previous inspection in December 2016.

Previously the inspector was not assured that the then appointed person in charge could have adequate oversight of the centre given the multiple roles he had within the organisation. Since then the provider had reviewed this and had notified the Chief Inspector that the nominated person in charge of the centre would change. The newly appointed person in charge would work in a full time capacity in their role as person in charge. She would be responsible for this centre and one other community residential centre only and supported in her role by two persons participating in management of the respective centres. The provider had addressed the non compliance from the previous inspection.

The newly appointed 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 provider had implemented 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.

Unannounced visits and audits by persons nominated by the provider, which are a requirement under Regulation 23 to gather information and assess the quality and safety of care, would be implemented. Additional ongoing auditing of the centre would be implemented by the Quality and Compliance Manager also once the centre was registered and residents moved in.

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 occur every month, 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 an inspection or another community residential centre the day previously. 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 St. Patrick's entire 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

## 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