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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Tús Nua</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005698</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>Saint Patrick's Centre (Kilkenny)</td>
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<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
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<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>4</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 1 day(s).

The inspection took place over the following dates and times
From: 06 December 2017 11:00
To: 06 December 2017 16:30

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

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Summary of findings from this inspection
This inspection was conducted in a new, unoccupied centre operated by St Patricks Centre Kilkenny to inform a registration decision.

How we gathered our evidence:
As part of the inspection, the inspector met with the proposed person in charge and the proposed person participating in management. The inspector reviewed documentation such as personal plan templates, accident log templates and documentation relating to staffing.

Description of the service
The centre is proposed to be a community home offering residential support to people with an intellectual disability. The provider had produced a document called the statement of purpose, as required by regulation, which described the service they intended to provide. The centre comprised two semi detached houses with pleasant and functional gardens in in proximity to the local town. The provider proposed to offer residential support to four residents.
Overall findings:
Overall, the inspector found that adequate preparations were in place to open the service, although the provider had failed to appoint a person in charge who met the requirements of the regulations.

Good practice was identified in areas such as:
• the development of transition plans (Outcome 5)
• Plans to ensure a meaningful day (Outcome 6)
• provisions for healthcare (Outcome 11)

Improvements were required in:
• maintenance of some areas of the premises (outcome 6)
• The appointment of an appropriate person in charge (outcome 14)

The reasons for these findings are explained under each outcome in the report.
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:
Arrangements had been made to consult with residents and to protect and promote rights.

The organisation has set up a human rights committee, and the emphasis of this group is the restoration of rights. For example the implementation of any restrictive intervention must include a restoration of rights plan. Contracts of care which were in place had been reviewed by this committee, and any rights restrictions would be referred for review.

A system of consultation was outlined whereby residents would be offered a weekly meeting at which to discuss issues relating to the daily running of the centre. Issues which are proposed to be discussed at these meetings include advocacy and safeguarding.

There was a clear complaints procedure in place, an accessible version of this was available and was displayed in the centre. Other information had been prepared in an accessible version including an easy read residents’ guide and advocacy information.

Bedroom doors did not allow for residents to lock their rooms, and some residents who had been identified to move into the centre would require this facility. The team leader undertook to address this prior to residents moving in.

Judgment:
# 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:**
Detailed written contracts of care had been prepared which outlined any services provided and a breakdown of any charges incurred.

Transition plans had been developed for residents who had been identified to move into the centre. These residents had visited the house several times, and had been involved in the preparation of rooms which had been painted and decorated in accordance with the preferences of residents.

**Judgment:**
Compliant

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# 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:**
Arrangements had been to develop a personal plan for each resident, and to ensure a meaningful day for residents.
A person centred planning and care planning template had been developed in which personal plans would be organised. Proposed residents currently had personal plans and it is envisaged that information in these plans, together with assessments would inform the personal plans. The team leader is undertaking a review of the plans in relation to the changing circumstances for residents.

Detailed transition plans were underway for residents who had been identified to move into the centre. Visits had been made and residents had been involved in decorating and personalising their own rooms. There were plans for inviting families and friends to the house, and to introduce a calendar of events to assist the transition near to the moving date.

A ‘visioning meeting’ or a school leavers meeting had been held each resident to ensure plans are in place to support a meaningful day. It is intended that current activities and occupations will be continued, for example hobbies, interests and community groups, and that various new activities will be offered following the move. These activities have or will be planned in conjunction with the occupational therapist who has planned to offer a sample of activities.

The team leader outlined plans to record any activities in detail, including the person’s response to activities and recording of plans to maximise the success of activities.

**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 centre comprised two semi detached houses, each to accommodate two residents, ladies in one house and gentlemen in the other, within walking distance of the nearest town.

Each house had a kitchen, dining area and living room, and a functional outside space. Each resident had their own bedroom, and had begun to personalise their rooms in preparation for the move into the homes.
There were sufficient private and communal areas to meet the needs of residents, and sufficient bathrooms and storage for personal belongings.

However improvements were required in the fixtures and fittings in the houses. Bedrooms did not have locks to facilitate privacy for residents. The flooring in some areas of one of the houses was of an institutional hospital like nature, which was not required to meet any of the assessed needs of residents. The tiling and grouting in some of the bathroom areas was in disrepair and arrangements were required to ensure privacy in a downstairs bedroom with a window overlooked from the approach to the front door. In addition there was a kitchen type cupboard on the wall of one of the living rooms in which it was planned to store medication. This was inappropriate both because it did not look homely, and because of the activity of medication administration would take place in the living room. The organisation submitted photographic evidence immediately after the inspection to show that the cupboard had been moved to an appropriate location.

Judgment:
Substantially 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:
Arrangements were in place to manage risk and to manage fire safety.

A risk register had been developed in which all currently identified risks were recorded and risk rated. Environmental risks were included such as accidental injury, the management of dysphagia and the risk of a resident being missing. There was a risk management policy in place which included all the information required by the regulations.

A risk management health and safety committee was already in place at which any significant incidents or near misses would be reviewed. All incidents will be reviewed by the team leader and another member of the multi-disciplinary team.

Some individual risk assessments had been conducted for identified residents, including the risk relating to specific behaviour, issues around travelling and falls.

Fire equipment including extinguishers, emergency lighting and an alarm system were in place and there were self closing fire doors throughout. A system of weekly and daily
checks was planned. There was a personal evacuation plan in place for each resident, and each of the identified residents engages in fire drills in a timely manner in their current homes.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Arrangements had been made in relation to safeguarding of residents and the provision of behaviour support.

There were systems and procedures in place in the event of any allegations of abuse, and all identified staff had received training in the protection of vulnerable adults.

There was a behaviour support team available to any residents who require support in this area. Some identified residents had behaviour support plans in place, based on detailed assessments. Some of the identified triggers for residents were environmental issues, and the team leader explained that many of these issues would be resolved by the improved environment.

Where restrictive interventions were envisaged, assessments had been conducted, and any planned interventions included planned reduction of the restriction. Structures and processes were already in place within the organisation for the monitoring and review of any restrictions.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**
Residents are supported on an individual basis to achieve and enjoy the best possible
**Theme:**
Health and Development

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

**Findings:**
There was evidence to indicate that residents’ healthcare would be regularly reviewed and managed with appropriate input from multi-disciplinary practitioners where and when required, and that a balanced and varied diet would be offered.

The team leader outlined the plans to ensure that potential residents would be supported to continue with their current general practitioner (GP) and an out of hours GP service had been identified. A range of multi-disciplinary supports had been identified, including dietician, physiotherapy and speech and language.

Healthcare plans were already in place for identified residents, and those reviewed by the inspector were in sufficient detail as to guide staff, and had been regularly reviewed. Any changing healthcare issues had been followed up appropriately.

Plans were outlined to the inspector in relation to the provision of a balanced and varied diet, including the involvement of a dietician, the management of choice and the involvement of residents in food preparation.

**Judgment:**
Compliant

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**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:**
The structures and processes proposed in relation to medication management were to be appropriate and in line with the regulations.

There was a medication management policy in place in sufficient detail as to guide staff, and information relating to this policy was included in staff training. Training in the safe
administration of medications was mandatory for all staff who would be administering medications, and the team leader gave assurances that there would always be at least one staff member on duty who had received training.

Safe storage was in the form of locked cupboards attached to a wall which could only be accessed by staff using a key. It was planned that this key would be maintained on the person of a staff member at all times.

Systems had been planned in relation to the ordering, receiving and stock control of medications, and it was proposed that audits would be conducted both by the team leader and by the medications project officer. This project officer will also analyse any data relating to medication errors.

A medication self assessment and a medication management plan had been developed for each identified resident.

**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:**
The provider had produced a statement of purpose which described the service the designated centre would provide the resident intending to transition to the centre.

The provider was required to revise the statement of purpose to reflect a change in governance arrangements for the person in charge of the centre and governance arrangements for the centre in their absence. This was submitted shortly after the inspection and therefore this outcome was deemed compliant.

**Judgment:**
Compliant

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**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 provider had created governance and quality assurance systems to ensure their oversight of the quality of care residents would receive when they moved to the proposed designated centre. Governance and management systems would be monitored and developed on an ongoing basis. The identified person in charge of the centre however, did not currently meet the specific requirements of Regulation 14 in relation to management experience.

Arrangements were already in place for an annual review of the quality and safety of care delivered to the residents. Arrangements would also be in place for centre specific audits to be carried out in the centre by the person in charge and team leader as part of an annual schedule of operational audits to ensure the quality of care received by residents was in line with the regulations.

There was a clearly defined management structure in place that identified the lines of authority and accountability.

On the day of inspection, while the inspector found the person proposed to be the person in charge to be a competent person to carry out the role of person in charge of the centre, they did not have the appropriate experience of management to meet the requirements of regulation 14.

A team leader would work on a full time basis in the centre to provide operational management oversight. A quality and compliance manager and their team would also provide a governance oversight function within the centre and carry out the regulatory required six monthly provider led audits of the centre.

Management on-call arrangements were also in place and a roster of on-call managers would be emailed to the person in charge and staff of the centre each week identifying what manager was on-call.

**Judgment:**
Substantially 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:
A sample staff roster was available which indicated that the numbers of staff would be appropriate to meet the needs of residents, and there were supervision and management strategies planned.

All staff identified to work in the centre had received the organisation’s mandatory training including fire safety and the protection of vulnerable adults. Some staff had received training in the safe administration of medication, and further training was scheduled for the others. Assurances were given that only staff who had received training would administer medication. Staff had also received training in augmentative communications to meet the needs of residents.

Staff supervision was planned in accordance with the current practice of the organisation whereby there would be individual supervision meetings every month, and an annual schedule had been prepared.

The provider had implemented organisational systems to ensure staff would be recruited, selected and vetted in accordance with best recruitment practice, and the inspector was informed that these practices would continue in this new centre.

A sample of staff files were reviewed during inspection and found to meet Schedule 2 requirements.

The provider had identified the requirement, for a temporary period, for an additional staff member at night to support a resident during their transition to the proposed centre. The planned roster reflected this, and would be reviewed once residents had settled into their new home.

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:**

Julie Pryce  
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 Saint Patrick's Centre (Kilkenny) |
| Centre ID:   | OSV-0005698 |
| Date of Inspection: | 06 December 2017 |
| Date of response: | 17 February 2018 |

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 06: Safe and suitable premises

Theme: Effective Services

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

Not all areas of the centre were in a good state of repair.

1. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Thumb locks now in-situ on all 3 bedrooms.
Tiling and grouting in bathroom complete
Privacy curtain now in-situ on down stairs bedroom at front of house
Medication press in sitting room removed and in a more appropriate location as per submitted photographic evidence.
With the addition of bedroom furniture and floor mats, it appears to have reduced the institutional like nature of the flooring.

Proposed Timescale: 19/02/2018

Outcome 14: Governance and Management
Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider had failed to appoint a person in charge with the necessary experience to meet the requirements of the regulations.

2. Action Required:
Under Regulation 14 (3) (a) you are required to: Regulation 14 (3) (a) Ensure the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations came into operation has a minimum of 3 years’ experience in a management or supervisory role in the areas of health or social care.

Please state the actions you have taken or are planning to take:
The current PIC has the necessary requirements.

Proposed Timescale: 17/02/2018