Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre: Bród
Name of provider: Saint Patrick's Centre (Kilkenny)
Address of centre: Kilkenny
Type of inspection: Short Notice Announced
Date of inspection: 12 December 2018
Centre ID: OSV-0005809
Fieldwork ID: MON-0025220
About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Bród designated centre provides community based living arrangements for up to four adult residents. Bród is a detached one storey, modern and spacious property that provides residents with a high standard living environment which meets their assessed mobility and social care needs. Each resident has their own large bedroom. This service provides supports for residents with severe to profound intellectual disabilities and complex needs. The provider identifies that residents living in this centre require high levels of support and has staffing arrangements in place to ensure residents needs are met. There is a full-time person in charge assigned to the centre who also has responsibility for another designated centre a short distance away. A team leader is also assigned to the centre, they carry out the day-to-day operational management oversight of the centre and report to the person in charge. A community services co-ordinator is also responsible for this centre. The person in charge reports to them. Three staff work during the day to support residents in having a full and active life and two waking night staff are also in place. Two residents also receive supports of personal assistant to facilitate community based activities for a number of hours each week. The centre is resourced with one transport vehicle to support residents' community based activities. Bród is a recently opened designated centre as part of Saint Patrick's Centre overall de-congregation from the main congregated setting campus.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 4 |

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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. **Capacity and capability of the service:**

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**

   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 December 2018</td>
<td>11:00hrs to 00:00hrs</td>
<td>Ann-Marie O'Neill</td>
<td>Lead</td>
</tr>
</tbody>
</table>
Views of people who use the service

The inspector met with all four residents living in Bród designated centre. The inspector spent time with residents during the day. Throughout the inspection, the inspector observed residents' daily routines and interactions with staff. Residents appeared content, relaxed and happy in their new home. Staff encouraged them to join in with the day-to-day chores in the centre, for example in preparation of meals. Residents were also observed leaving the centre during the day to attend to activities within the community. Staff were observed to engage with residents in a kind and attentive way. Residents were observed smiling at times during the day the day and appeared to enjoy their home cooked meals and snacks prepared by staff. The inspector also spoke with a family member of a resident that had transitioned to the centre. They were complementary of the resident's new home and also of the interactions with staff they had observed over the previous weekend. They also indicated they were happy with the staffing arrangements and hoped those staffing levels would remain unchanged going forward.

Capacity and capability

The provider had systems in place to ensure the centre was regularly monitored and reviewed from a provider level. Inspection findings demonstrated the provider had commenced this new service with arrangements in place for consistent monitoring and oversight which in turn would provide residents with a good quality of life and safe, person centred care which met their assessed needs. It was evident that residents were already experiencing an improved quality of life and care provision since moving into the designated centre.

A clearly defined management structure was in place which ensured lines of accountability and authority within the centre. The person in charge had responsibility for this designated centre and another designated centre a short distance away. The person in charge was supported in their role by a team leader and community services manager. The person in charge met the requirements of regulation 14 in relation to relevant qualifications and management experience.

A provider led audit programme was in place to ensure key quality areas of practice were regularly monitored and reviewed. A suite of operational management audits were in place and there were provisions to ensure a six monthly provider led audit and annual report would be completed to meet the regulatory requirements of Regulation 23.

Effective staffing arrangements ensured that the number and skill-mix of staff working in the centre met the assessed needs of residents during the day. Two waking night staff were assigned to the centre. This ensured residents could receive supports at night time should they require assistance. A planned and actual roster was in place which identified staff on duty both day and night. Staff observed during
the inspection demonstrated caring engagements with residents, respecting residents' personal communication repertoires.

The provider had also assessed and determined staff training requirements to meet residents' assessed needs. Effective arrangements were in place for training provision and the provider had ensured all staff had received mandatory training in safeguarding vulnerable adults, manual handling and fire safety. Staff had also completed additional training in the areas of safe administration of medication, management of epilepsy, dysphagia management (support for persons with compromised swallow), first aid and administration of oxygen.

A supervision schedule had been drafted for the coming year. It was noted that a supervision meeting with the team leader and/or person in charge would take place for all staff in the coming year as part of the providers staff support, supervision and development arrangements.

The provider had effective governance arrangements in place to ensure the statement of purpose for the centre was regularly reviewed and met the requirements of Schedule 1 of the regulations.

A newly established directory of residents was in place which met the requirements of the regulations.

**Regulation 14: Persons in charge**

There had been a change of person in charge since the application to register the centre had been progressed. The provider had identified a new person in charge to manage the centre. They were found to meet the requirements of regulation 14 and its sub-regulations. Good compliance was found on this inspection.

Judgment: Compliant

**Regulation 15: Staffing**

The provider had ensured there were appropriate staffing numbers and skill mix assigned to this designated centre. A number of social care and nursing staff worked in this designated centre. Two waking night staff were also assigned to this centre. This was an appropriate staffing resource arrangement to meet the support needs of residents at night time and also to facilitate timely evacuation from the centre if required.

Staff observed during the course of the inspection interacted in a friendly and supportive way with all residents.
**Regulation 16: Training and staff development**

The provider had ensured staff were appropriately trained to meet the assessed needs of residents. All staff had received mandatory training in safeguarding vulnerable adults, manual handling and fire safety. Additional training in the areas of dysphagia management (management of residents at risk of choking) and epilepsy support had also been afforded to staff.

As the centre was opened one week at the time of inspection the person in charge had not carried out supervision meetings with staff, it was demonstrated that a supervision schedule was arranged for 2019 for all staff. A full time team leader was in place also which enhanced supervision systems in the centre.

**Judgment:** Compliant

**Regulation 19: Directory of residents**

An up-to-date directory of residents was in place.

**Judgment:** Compliant

**Regulation 23: Governance and management**

The provider had systems in place to ensure an annual report would be completed and six monthly provider led audits would occur. An operational auditing system was in place which ensured quality of care was consistently reviewed. Clear reporting and accountability systems were in place.

**Judgment:** Compliant

**Regulation 3: Statement of purpose**

The statement of purpose met the requirements of Schedule 1 of the regulations.

**Judgment:** Compliant
**Quality and safety**

It was demonstrated on this inspection that residents were now receiving an improved quality service where their health and social care needs could be managed and supported to a good standard in a person centred way and in a home that could meet their needs.

Overall, it was clearly demonstrated residents were already experiencing improved quality of life outcomes in their daily lives since moving from Saint Patrick’s Centre congregated setting. The provider had ensured residents were provided with a comfortable home which could support their social care needs and integration within their local and wider community.

Throughout the premises was maintained to a high standard. Each resident had their own spacious bedroom which was tastefully decorated with personal effects and could store their personal mobility equipment due to the spacious dimensions of each bedroom. Toilet and bathing facilities were also to a good standard with evidence of assistance aids and appliances available for residents. Staff had ensured the centre was decorated for Christmas, with a Christmas tree and decorations making the centre look homely and in keeping with the festive period.

The provider had ensured residents received a comprehensive assessment of needs through an allied health professional framework. Residents’ personal plans were comprehensive and demonstrated residents assessed needs were reviewed regularly with updated recommendations provided following each review. This ensured residents best possible physical and mental health outcomes were being achieved and continuously monitored to a good standard in this centre. At the time of inspection personal plans were being updated to reflect residents’ new living arrangements.

Residents were also receiving improved quality nutritional provision in line with their assessed dietary requirements and in consistencies that met their needs. Residents could now access kitchen areas and observe meals being prepared. Some residents required specific supports with meals. This designated centre could now provide for those assessed support needs. Staff were observed sitting with residents during mealtimes and affording residents time and one-to-one supports at the pace of the resident. This person centred support provision could not be provided as effectively in residents’ previous home setting.

Residents living in this centre required positive behaviour supports to manage some personal risks. The provider had ensured residents with these needs were supported by appropriately skilled and qualified allied health professionals.

Some restrictive practices were implemented in this designated centre, a restraint register was in place. It was noted overall that restrictions in place were used to manage specific personal risks for residents.
The provider had ensured appropriate fire safety precautions and containment measures were in this centre and to meet the regulations and fire safety standards for community residential dwellings. Fire safety equipment was serviced as required and a functioning fire alarm was present in the centre.

It was noted that the provider had made arrangements for an evacuation aid to be located in each residents' bedroom at night time. Fire and smoke containment measures in this centre were robust and all exit points from the premises were wheelchair accessible. Residents had participated in a night time fire evacuation drill on the first day of transitioning to the centre. This demonstrated a concerted initiative taken by the person in charge and team leader to assure themselves that fire evacuation procedures were adequate. It was also evidenced that there had been learning from this drill and as a result a number of initiatives and improvements were implemented to improve the fire evacuation procedures at night time to ensure they were as effective and timely as possible. However, it was not demonstrated that a repeat evacuation drill had taken place to assess the effectiveness of the procedure following the actions taken.

A risk management policy that met the requirements of the regulations was in place. As part of the provider's overall risk management systems an electronic incident recording system had been implemented across the service and was in place in the designated centre. This system was being utilised and found to effectively record incidents should they occur in the centre. A risk register was in place which set out detailed and informative control measures in place to mitigate and manage each risk or hazard identified. Additional standard operating procedures had also been drafted to guide and support staff in the implementation of risk control measures. This was evidence of good risk management practice by the person in charge and management team for the designated centre.

The provider had ensured a comprehensive medication management policy was in place to direct best practice. Medications were stored securely. Medication administration documentation was clearly documented. Only staff trained in safe administration of medication could administer medications in the designated centre.

Each resident had received a comprehensive annual health check and review by their General Practitioner (GP). Residents' health-care needs were also assessed and reviewed by a number of allied health professionals. Recommendations were made available in their personal plans. Residents were also supported to avail of public health care screening initiatives.

Appropriate safeguarding vulnerable adults arrangements were in place. All staff had received up-to-date adult safeguarding training. Procedures in place for the reporting and responding to suspicions and allegations of abuse were in place. Contact details of designated officers were in place.

Regulation 17: Premises

The provider had ensured residents were provided with a spacious, modern,
comfortable home, which could meet their assessed needs. The premises was well maintained throughout. Residents were afforded comfortable bedrooms and accessible bathing and toilet facilities. Manual handling systems were available in all areas utilised by residents.

The centre was located near Kilkenny town which could support residents' integration into their local and wider community.

Judgment: Compliant

**Regulation 18: Food and nutrition**

Residents were afforded nutritious, home cooked meals prepared and modified to consistencies in line with their assessed needs. Some residents required specific supervision supports during meal times and it was observed their new home could afford them a better quality mealtime to meet their overall assessed nutritional needs. Food prepared and served during the course of the inspection was apetising and home made. Meal times were observed to be pleasant, unhurried occasions where residents were given plenty of time to eat and enjoy their meals in a comfortable, homely environment.

Judgment: Compliant

**Regulation 25: Temporary absence, transition and discharge of residents**

It was noted that residents' transition to their new home had been well planned, with representatives of residents informed and included in all aspects of the process. Residents personal effects and equipment had also transitioned with the to their new home. Residents' friendships and bonds had also been considered as part of the transition.

Judgment: Compliant

**Regulation 26: Risk management procedures**

The provider had produced a risk management policy that met the regulations. It was evidenced that the policy and it's procedures were being implemented in this designated centre. A comprehensive risk register was in place. Standard operating procedures had been drafted to direct and guide staff in the implementation of some risk management procedures.
Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured appropriate and robust fire safety systems were in place. Fire safety equipment was found to meet fire safety standards. A fire evacuation drill had been carried out to simulate a night time drill. It was evidenced there had been learning from this drill and the person in charge and team leader had made arrangements for improvements to be implemented following the drill. However, it was not demonstrated that a follow up evacuation drill had been carried out to assess if the improvements had in fact reduce the evacuation time. This was required as the time recorded for the first drill performed was 19 minutes.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Safe and appropriate medication management systems were in place in this designated centre. Only staff trained in safe administration of medication administered medication in this centre.

Appropriate and safe stock checking and return of medication systems were in place. Resident's pharmacist had also carried out an audit of medications administered in this centre, adding a further quality oversight system to practices being implemented.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had received a comprehensive assessment of need prior to transitioning to the centre. It was also evident that residents had receive a person centred planning meeting, referred to as a visioning meeting. Goals had been identified and some action plans were in place. At the time of inspection residents' personal plans were being updated to reflect their new home.

Judgment: Compliant
### Regulation 6: Health care

Each resident had received an annual health check with their General Practitioner. Residents healthcare checks and screening was carried out by a wide range of allied health professionals with assessments and recommendations maintained in their personal plans. Health care screening had also been afforded to residents for example, screening for osteoarthritis.

**Judgment:** Compliant

### Regulation 7: Positive behavioural support

Some residents required support in relation to the management of self-injurious behaviour and some personal risks. Appropriate support planning and allied health professional review arrangements were in place.

A restrictive practice register was in place which itemised all restrictions or restrictive practices in the centre. Overall, it was demonstrated that restrictions were used to manage personal risks in the main.

**Judgment:** Compliant

### Regulation 8: Protection

Each resident had detailed an comprehensive intimate care plan in place.

The provider had produced and adult safeguarding policy. Procedures were in place for reporting and responding to allegations of abuse. All staff had received up-to-date training in safeguarding vulnerable adults. Contact details for designated persons were on display in the centre.

**Judgment:** Compliant
### Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence, transition and discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
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<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
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<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
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<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- Substantially compliant - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- Not compliant - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action within a reasonable timeframe to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be SMART in nature. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

**Night time fire drills:**

A simulated night time fire drill was carried out on 05/12/1018. As stated in the inspection report the recorded time for this first fire drill was 19 minutes. Learning was documented from this drill. The PIC and Team Leader had made arrangements for improvements to be implemented at a follow up night time drill.

A second simulated night time fire drill was carried out on the 04/01/2019 at 11pm in the designated centre. All actions from the previous night time fire drill were deemed successful and the evacuation time was reduced to 07 minutes and 44 seconds.

Action arising from the fire drill on 04/01/2019 were:

- When evacuating one person supported through the exit door from the bedroom, the sensor light did not come on.
- The Team Leader contacted the Health & Safety Department and the previous sensor light was replaced by a dawn to dusk light on the 08/01/2019.

**Day time fire drills:**

A day time fire drill was completed on the 26/12/2018. Evacuation time for this drill was 02 minutes and 20 seconds. The grab bag got stuck on the hook during the drill. The Team Leader is researching alternative hooks for replacement in the designated centre.

At a team meeting on the 08/01/2019 it was discussed to evacuate one person supported via 2 person transfer to the wheelchair rather than using the ski-pad.

On the 11/01/2019 another fire drill was completed to explore the evacuation of one person via wheelchair. Two employees assisted the person out of the designated centre.
via wheelchair from bed. It took 17.56 seconds, but at this stage the assisted person was awake and alert and responded very well.

After the person supported had a nap in the afternoon of the 11/01/2019 he was assisted up into his wheelchair and out through another bedroom to the fire evacuation point. This took the employees 53.52 seconds. The wheelchair evacuation appears therefore to be more efficient that the ski pad evacuation for this person supported. The ski pad will be kept available in the person supported’s room.

Monthly fire drills are completed in the designated centre and learning from the drills is discussed at the monthly team meetings. All fire documentation is updated (PEEP’s, CEEP and SOP) accordingly.

**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28(3)(d)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>11/01/2019</td>
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</tbody>
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