Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Country Lodge
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	01 May 2019
Centre ID:	OSV-0005827
Fieldwork ID:	MON-0025926

About the designated centre

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

Country Lodge is residential home located in the county of Kilkenny. It provides a full time residential service to four individuals over the age of eighteen whom present with an intellectual disability. This is a high support home, with a requirement for three staff during the day and two staff on night duty. The mission of the centre is "to enable people to live a good life, in their own home with supports and opportunities to become active, valued and inclusive members of their local communities". Individual support needs are reflected within personal plans which are reflective of the holistic needs of the person including their medical and social needs. Nursing care is provided within Country Lodge to monitor and ensure the individual's health care needs are being met and health care staff is part of this process and involved in any changes to the individual's health care plan.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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:

Date	Times of Inspection	Inspector	Role
01 May 2019	08:30hrs to 15:30hrs	Laura O'Sullivan	Lead

Views of people who use the service

The inspector had the opportunity to meet and interact with all four residents at intervals during the day. On arrival to the centre one resident was sitting at the dining room table being supported by staff to have their breakfast. Choice was found to be facilitated at this time and staff actively interacted with the resident.

Residents were afforded supports in line with their individualised personal plans including their individual communication methods. One resident did spend a period of time in the office with the inspector interacting through ball play and hand gestures. Another resident smiled and laughed when the inspector interacted with them in the kitchen area. This interaction was encouraged by staff that supported the resident to actively engage with the inspector.

In the morning one resident was supported by a staff to engage in one to one meaningful activation, whilst two other residents participated in community activation and chores for the house. One resident did however at this time spend a long period of time not participating in activation. Following lunch one resident did request to leave the house by vocalising at the front door, this request was not granted until senior staff requested for staff to participate in a an activity with the residents,

All residents appeared relaxed in their environment and interacted with staff members. Staff were observed interacting with residents in a positive and respectful manner in accordance with their own individual means of communication.

Capacity and capability

The inspector reviewed the quality and safety of the service provided by Country Lodge and overall a high level of compliance was evidenced. Through a clear governance structure and effective communication monitoring systems were utilised to improve service provision and to incorporate residents feedback ensuring the service was person centred. The capacity and capability of the registered provider had ensured the resident's transition to the centre had been a positive experience and individuals were afforded a good quality of life

The registered provider had appointed a suitable qualified and experienced individual to the role of person in charge to the designated centre. The person in charge had ensured effective systems were in place with regard to their regulatory requirements for example all notifiable events had been notified to the office of the chief inspector in line with regulatory requirements, the statement of purpose of the

centre had been prepared and reviewed as necessary.

The person in charge also had effective systems in place for the ongoing monitoring of service provision at centre level. Audits and checklists such as fire safety and health and safety audits were implemented in line with the organisational schedule. Where areas of improvements had been identified an action plan was developed to ensure identified actions were achieved within set time frame. This was also applicable following the implementation of the annual review of service provision implemented by the registered provider. Monitoring systems in place incorporated consultation with residents and their representatives as required and were utilised to improve service provision and the resident's quality of life.

The registered provider had ensured the allocation of appropriate staffing levels to the centre to meet the assessed needs of the residents. Through nursing care and social care working in tandem the staff team ensured that a holistic approach to supports was facilitated. The person in charge ensured that all staff received quality conversations in line with organisational policy to encourage staff to raise any concerns they have with regard to service provision. Part of these quality conversations incorporated training needs and professional development. These formal quality conversations were utilised in conjunction with on-site supervision and supports.

Whilst the person in charge reviewed all training needs on a monthly basis and scheduled staff to attend training prior to expiration a number of training needs remained outstanding. For example a number of staff had yet to receive training to support residents with behaviour which may be challenging.

The registered provider had effective systems in place for the receipt of complaints. There was evidence that should a complaint arise measures would be implemented to address same in a timely manner. An organisational policy was in place which was further developed in an accessible format to ensure resident's were facilitated to understand procedures. This policy however, required review in line with dates allocated by the organisation.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced individual to the role of the person in charge to the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff was appropriate to the assessed needs of the residents. Nursing care was afforded to residents within the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had systems in place for appropriate supervision of staff members through the implementation of quality conversations in line with organisational policies.

Whilst systems were in place for the ongoing review of training needs, some training remained outstanding.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured the allocation of a clear governance structure within the centre incorporating the person in charge and community services manager.

Effective systems were in place for the implementation of annual review and monitoring systems were in place to actively identify issues and to improve service provision within the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared and reviewed a statement of purpose containing information as set out in schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incident were notified to the office of the chief inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place which provided staff with guidance on procedures to adhere to should a complaint arise. However, this policy required review in line with review dated allocated by the registered provider

Judgment: Substantially compliant

Quality and safety

The inspector reviewed the quality and safety of Country Lodge and found the centre overall provided person centred care where holistic supports were provided in a respectful and dignified manner. The staff team and person in charge had ensured a smooth transition occurred for the residents and that the move to their new community home was an enjoyable experience. Whilst residents overall enjoyed a good quality of life and were safe in their environment some improvements were required to ensure that meaningful activities were incorporated into all aspects of residents daily life.

The registered provider had not ensured that each resident had access to facilities for recreation and all opportunities to participate in accordance with their individual interests, capacities and development needs. On the day of inspection varying levels of meaningful individualised activation was observed for residents.
One resident received one to one interaction for a period of time in the morning with their support staff, whilst another was not observed engaging in meaningful activation for a length of time whilst staff engaged in household chores. One resident was waiting at the door with their jacket on to go outside in the fresh air for long period of time and vocalising to gain staff attention. The resident was not brought out until senior management requested staff to do so. The resident appeared content when engaging in their activity of choice in the garden area.

The person in charge had ensured the development of a personal individualised plan for each resident, which incorporated their transition and their new residence. Plans were found to be comprehensive and person centred and afforded guidance for staff in a clear concise manner. Visioning meetings are held annually with personal goals developed. However, these goals required further development to detail supports

required to support resident to achieve the goals and to detail progression of same.

Residents were supported to maintain their physical health. Appointment's with allied health care professional were supported and facilitated by staff members with any recommendations made clearly detailed within the personal plans. Health care needs were regularly reviewed to ensure that recommendations were reflective of the changing needs of residents. The nurses on duty articulated a clear understanding of the health care needs of residents and provided supports in a respectful manner.

The registered provider had effective measures in place to ensure that risks were identified within the centre. Risks were identified and assessed in accordance with the organisational policy. Current control measures were implemented and reviewed to ensure that they were effective in minimising the impact and likelihood of risk. The registered provider had also ensured that fire safety measures in place were effective. Containment and detection measures in place were reviewed daily by staff including no obstruction to fire doors. All fire fighting equipment was serviced quarterly by a competent staff. Through the implementation of fire evacuation drills staff displayed clear understanding of the safest evacuation procedures to adhere to and allowed for review of personal emergency evacuation plans for each individual. Residents were supported to feel safe in their home. Through an organisational policy and training, staff was afforded with knowledge and guidance to adhere to should a concern arise.

Regulation 13: General welfare and development

The registered provider had not ensured that each resident had access to facilities for recreation and all opportunities to participate in accordance with their individual interests, capacities and development needs.

Judgment: Not compliant

Regulation 17: Premises

The premises were designed and laid out to meet the specific needs of each individual. The centre presented as clean and homely with bedrooms decorated in accordance with the individuals interests and hobbies.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk was managed well within the centre. The person in charge had effective measures in place for the identification, assessment and ongoing review of both environmental and individuals risks. Systems in place were guided by an organisational policy.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety systems were in place with respect to detection, containment and extinguishers of fire. Evacuation procedures guidelines were clear and afforded staff with clear guidance on supports required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development and review of comprehensive individualised personal plans. Whilst personal goals were developed these required further enhancement to ensure that supports required to achieve the goals were in place and evidence of progression of the goals was clear.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health. Guidance for staff on health care supports was clear and concise.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that through an organisational policy and staff training that staff were provided with the information and guidance to protect the resident from abuse.
Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the centre was operated in a manner that was respectful to the rights of the residents.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Country Lodge OSV-0005827

Inspection ID: MON-0025926

Date of inspection: 01/05/2019

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. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime 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:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Staff are supported to attend mandatory and mandated training. It is also the responsibility of staff to propose training that would enhance and support their role within St. Patrick's Centre (Kilkenny).

A centre specific training profile, individual staff training profiles and a training schedule are distributed monthly to the PIC and CSM of the centre by the Training Department. Staff training is on the agenda of the monthly team meetings and also discussed at Quality Conversations.

The PIC is currently in the process of following up outstanding training needs with the employee team and has booked employees for upcoming training as follows:

- Employees are booked to attend Studio 3 training (managing behaviours that challenge) in July and September 2019.
- All employees will have completed PEG care training by 31/07/2019.
- All employees will have completed medication administration by 31/07/2019.

There is a Quality Conversations policy in place. The policy outlines a standardised organizational framework for the implementation, continuing development and maintenance of a system of Quality Conversations for staff. These conversations aim to support employees and ensure their work practices and development are supported and overseen in a positive way.

The Team Leader has a schedule in place for 6weekly Quality Conversations with the staff in the centre.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The Quality & Therapeutic Manager has a schedule in place and implemented working groups to review all Schedule 5 policies within St. Patrick's Centre (Kilkenny).

The complaints policy has recently been reviewed and updated by the Corporate Governance Manager and is now in the process of being signed off by the Board of Management. The reviewed and updated version of the complaints policy is available in the designated centre.

The PIC will ensure that all staff have read, understood and signed the complaints policy. A signature sheet is attached to the policy document.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
St. Patrick's Centre (Kilkenny) is facilitating visioning meetings for all people supported based on the Social Role Valorisation approach.
To ensure that the support staff will deliver meaningful and individualised support based on the roles and goals identified through the visioning, managers and support staff will be trained in the SRV approach.

A first Leadership Training Series for Practice Champions was rolled out over the last 3 months and completed on 06/06/2019, which the Community Service Manager of Country Lodge attended.

The aim of the training is:
• To develop the participant's knowledge and understanding of SRV as a foundational framework for change, decision making and implementation of high quality supports.
• To support a growing cadre of practice champions to understand the value of and practice the application of critical thinking in their work.
• To provide coaching and mentoring that embeds reflective practice within the culture of St. Patrick's Centre (Kilkenny).
20 staff from St. Patrick's Centre (Kilkenny) have received full SRV training so far and developed their knowledge and skills as Practice Champions to lead change.

The aim is to have SRV champions to support each house/support staff/people supported within St. Patrick's Centre (Kilkenny). A second Leadership Training Series for Practice Champions will be commencing in October 2019 which the PIC and an identified staff member from Country Lodge will be attending.

One staff member of the team has already completed the St. Patrick's Human Rights Training including an SRV module in August 2018.

To ensure that all people supported have access to facilities for recreation and opportunities to participate in accordance with their individual choices and interests, the Community Service Manager has attended a team meeting on the 13/06/2019 in the designated centre.
At this team meeting the CSM and PIC gave guidance to the employee team regarding Social Role Valorisation (SRV). The identification and understanding of valued roles and goals was discussed and how to support the people in the designated centre in achieving these goals.

The PIC and staff team are in the process of reviewing all daily planners and visioning documentation for the people supported in Country Lodge. The PIC is currently completing Quality Conversations with the staff team to ensure SMART action plans are in place to guide staff in supporting the people in Country Lodge achieving their goals and participate in activities of their choice. These Quality Conversations will be completed by the 30/06/2019. The SMART action plans will be reviewed through Quality Conversations every 6 weeks.

The Community Service Manager and PIC have implemented a new documentation system in Country Lodge to evidence roles, goals, daily chores and development of skills for the people supported.

The PIC and the Occupational Therapist have met on the 18/06/2019 to discuss people supported's involvement in daily chores in their home and how to ensure the staff team is guided to support the people in Country Lodge in developing skills and personals strengths.
As a result of this meeting both Occupational Therapists will provide workshops for the staff team on the 23/07/2019 and the 15/08/2019 regarding making the people supported's lives more meaningful. A presentation and scenarios will be provided at the workshops to discuss with the staff team.

The daily shift planners have now included an activity planner for all people supported do document daily activities in connection with identified roles and goals. This template has to be completed for each person supported's activities in Country Lodge on a daily basis.

Also a new daily/weekly planner template was implemented to ensure more details around people supported's daily activities and choices.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Within the Visioning Process the Community Transition Coordinator is leading a process between the PIC, keyworker and family of each person to develop socially valued roles with the person supported. Out of these developed roles, achievable goals and actions have been developed for each person supported in the designated centre.
The documentation being used within the Visioning Process evidence the progress of the people supported achieving their social roles and goals.

A new visioning documentation toolkit (roles based planning toolkit) is currently in preparation within St. Patrick's Centre (Kilkenny) and will be rolled out over the next few months.
The Community Inclusion Coordinator has scheduled meetings on the 10th, 11th and 16th July 2019 with all Community Service Managers, PIC's and Team Leaders within St. Patrick's Centre (Kilkenny) to introduce the new visioning documentation for the roles based planning toolkit.

The PIC has developed SMART action plans and responsibilities of keyworkers to evidence the progress.
The PIC is reviewing the action plans and is supporting the keyworker to achieve the goals and actions with the person supported through 6 weekly Quality Conversations.

They keyworker of each person supported is updating the team of the designated centre at the monthly team meetings about the progress of goals and actions within the visioning process.

Within the Person Supported Pathway to MDT each person has a monthly in house review meeting, where current issues and needs are discussed and agreed. The keyworker, PIC and CSM attend an annual MDT review meeting.

All these meetings ensure that the supported person's personal plan is not only the subject of a review by the keyworker and PIC, but also by appropriate health care professionals to reflect changes in need and circumstances.

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	30/06/2019
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	30/06/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional	Substantially Compliant	Yellow	30/09/2019

	development programme.			
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.	Substantially Compliant	Yellow	30/06/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2019