



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

## Issued by the Chief Inspector

Name of designated centre:	Fuchsia
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	02 July 2021
Centre ID:	OSV-0005822
Fieldwork ID:	MON-0025930

## About the designated centre

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

Fuchsia is a residential home located in Co. Kilkenny. The service can provide supports for four residents over the age of eighteen with an intellectual disability. The service operates on a 24 hour seven day a week basis ensuring residents are supported by staff members at all times. The level of staffing present is dependent on the planned activities of residents with three staff present at day time hours and one at night. A person in charge is appointed to ensure effective governance of the centre is maintained. The premises consists of a detached bungalow. Each resident has a private bedroom and free access to the shared living area and large kitchen/dining room.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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
Friday 2 July 2021	10:00hrs to 17:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This centre is a large bungalow just outside Kilkenny city and is home to four residents. All residents were present on the day of inspection and the inspector spent time with them over the course of the day. The inspector was also in a position to meet and spend time with the staff team, person in charge and the person participating in management of the centre during the day. As restrictions remain in place as a result of the COVID-19 pandemic the inspector adhered to guidance by ensuring social distancing and wearing personal protective equipment in addition to following the providers own precautions in this centre.

The residents in this centre were seen to be engaged in activities they enjoyed over the course of the day, in addition they were observed going out for walks and being supported to access their community. The inspector was greeted by two residents in their kitchen where they were waiting to participate in an art activity facilitated by an external tutor. They were joined by a third resident who had been supported to collect items for painting such as leaves from the garden. Another resident who prefers individual support was later seen to be facilitated to engage in art while they sat in a quiet space in the garden.

Later in the afternoon a resident expressed their need to be close to their peers but to also maintain some distance and they were supported to sit in the hallway so they could watch the road outside and also see into the kitchen and a staff member was positioned close by and was knitting, which is an activity the resident enjoys observing. Two residents explained to the inspector that they had had their nails painted recently and another resident had accompanied them to the salon but had chosen a facial instead.

The residents in this centre had varying degrees of skill in communication and the staff team explained what they used to assist residents with both understanding language and in expressing themselves. Staff were seen to follow non-verbal and verbal communication signals in addition to using a variety of communication systems themselves to support understanding. The person in charge and the staff team worked to advocate on residents behalf and to support residents in advocating to change aspects of their local community, for example applying for a safe place to cross the road which was now in place, in addition to engaging with local businesses to advocate for a change in the public bus route.

Residents were members of local community groups such as 'Keep Kilkenny Beautiful' and they actively worked in and around their home to keep their environs clean and tidy. Staff had supported two residents to take a short break recently in a neighbouring county when the COVID-19 restrictions began to ease and family members were invited to visit the holiday home and join residents in a takeaway dinner. Other residents had been visited by family members in the centre and had enjoyed coffee together on the patio.

The inspector reviewed satisfaction questionnaires which residents were supported to complete prior to the inspection. Overall, the feedback in these questionnaires was positive and residents were complimentary towards the care and support they received.

In summary, based on what residents communicated with the inspector and what was observed, it was evident that residents received a good quality of care and had busy and active lives. However, there are some areas for improvement including safe evacuation in a fire and governance and management. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre.

## Capacity and capability

Overall the inspector found that the registered provider, person in charge and the staff team in place had ensured that the individuals living in this designated centre received a good quality service. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of the residents.

There was a suitably qualified and experienced individual in the post of person in charge. There were good reporting systems evident between the person in charge and the staff team. The designated centre was in a 'cluster' with other centres run by the provider in close proximity to this one and this provided the reassurance of support available if required in an emergency. In addition an on call system was in place for staff to call outside of regular working hours, should management support be needed

While there was a management structure in place on the day of the inspection that identified lines of accountability and authority, there had been gaps in the presence of this in the centre in the preceding months. This had resulted in aspects of governance and oversight not having taken place within the time lines as identified by the provider. In addition, actions identified in provider level audits as being required had not been completed in a timely manner, this was in addition to staff supervisions and staff meetings not being held as per the providers policies. The current person in charge had prioritised these outstanding actions and this was observed by the inspector.

The provider had completed unannounced visits to the centre to review the quality and safety of care provided to residents in addition to an annual review of the quality and safety of care and support as required by the regulations.

## Registration Regulation 5: Application for registration or renewal of registration

A complete application for the renewal of registration of this centre had been submitted within required timelines to the Chief Inspector in advance of the inspection and contained all documents as required by the regulations.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge of this centre had a clear understanding of the service that was to be provided to the residents. They had recently been appointed to the role and worked in a full time capacity with responsibility for two centres. They had the appropriate qualifications and skills with sufficient experience in management to oversee this residential service and to meet the aims and objectives as laid out in the statement of purpose.

Over the inspection the person in charge demonstrated appropriate knowledge of relevant best practice and and guidance and was seen to lead a quality service and to support and guide a motivated and committed staff team. The person in charge ensured they had a regular presence in the centre and varied times and days to overlap with all staff and to observe and support staff practice at all points of the day.

Judgment: Compliant

## Regulation 15: Staffing

The registered provider had ensured there was an appropriate skill mix and level of staffing in the centre to confirm residents' needs were met. There were some current vacancies due to extended periods of leave and these gaps on the rota were filled by consistent agency staff. The inspector reviewed the rotas which reflected the staff on duty on the day of inspection and showed continuity of staff over time. The inspector reviewed additional rotas in place to ensure there was governance cover and also out of hours emergency cover.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider has an annual schedule of planned and available training in place and the person in charge evidenced that they followed through with staff to ensure they were allocated to training or refresher training as required. The person in charge monitors the training needs of the staff team to ensure the delivery of safe and effective care to the residents in this designated centre.

There was evidence that the staff team had completed both mandatory training and also training that was important to ensure they could respond to the individual needs of the residents in the centre. The inspector met with the providers community service manager who is a person participating in management for this centre and they outlined the systems for monitoring training needs which is completed by them for any relief staff that are allocated to the centre.

Staff were in receipt of formal supervision from the person in charge, however, supervision had not been completed prior to the person in charge taking up this role in line with the providers policy. This gap in governance arrangements will be reflected later in the report under regulation 23, however currently the person in charge was carrying out formal and informal supervision and support as required.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The provider had a clearly defined management structure in place with a full time person in charge supported by a person participating in the management of this centre, who is one of the providers community service managers. It was evident that the members of the management team were present in the centre on a regular basis. The inspector noted that there had been a gap in the governance arrangements for this centre prior to the person in charge taking up their role. This was acknowledged by the inspector as having occurred as an outcome of the COVID-19 pandemic however, the provider had not ensured there was effective oversight during this time. As a result staff supervisions, staff meetings and some in-centre audits and completion of previously identified actions had not been carried out.

The provider had completed an annual review and six monthly unannounced audits of the service provided and the quality and safety of care and support as required by the regulations. The person in charge was focused on reviewing and completing actions identified in the most recent audit from February 2021 and was engaged in other monitoring and oversight systems in the centre.

Judgment: Substantially compliant



### Regulation 3: Statement of purpose

The provider had ensured that an up to date statement of purpose was in place and available in the centre for review. This document describes the centre's aims and objectives and the services provided. There was evidence that this document was reviewed and if necessary revised on an ongoing basis by the provider and person in charge. One minor amendment was required and this was completed on the day of inspection and submitted to the inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had ensured that there were clear and accessible systems in place with respect to making a complaint. Easy read versions of the complaints form and the procedure were in place with evidence that these were discussed with the residents. Details of who to contact was displayed in the hallway of the house.

There were no current complaints in the centre and the person in charge audited and reviewed the complaint system and the log on a quarterly basis with any learning from outcomes shared with the staff team. Review of the complaint register by the inspector showed that any complaints that had been received had been dealt with promptly in line with the provider's processes and there was evidence that the complaint had been resolved to the satisfaction of all parties.

Judgment: Compliant

## Quality and safety

Overall the inspector found that this centre was a warm and comfortable home in keeping with the ethos of the provider. The staff team were attempting to support the residents to engage in meaningful activities and to live a life of their choosing. Residents engaged with the inspector and indicated they lived in a caring environment and were happy with the support they received from staff. However, the safe evacuation of residents with minimum staffing required review.

The premises was found to be spacious, well designed, and meeting residents' specific care and support needs and externally there was a well maintained garden where residents were seen to enjoy spending time. Planting the garden and choosing plants attractive to bees was a goal for some of the residents. Another

resident was waiting delivery of a swing seat to use. All residents had through the development and review of their personal plans identified the roles they played in their life and had been supported to set their personal goals based on these, such as the role of nature lover.

Risk management systems in the centre were effective, centre specific and considered, they were in place to protect the residents. There was a detailed and current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations made to meet the complex needs of the residents.

The risk associated with evacuating residents due to a fire with minimum staffing levels at night was highlighted and discussed on the inspection. The evacuation system as identified by the provider required two members of staff to however, only a single member of staff was on duty at night. There was a reliance on a second member of staff coming from another of the providers centres to support evacuation. This required immediate review and was highlighted on the day of inspection.

## Regulation 17: Premises

This centre is a large single storey property on a standalone site adjacent to a busy main road just outside the city of Kilkenny. Externally there was ample parking to the front of the property with the entry to the house accessible via a wide ramp. To the rear was a large patio that residents were seen to use over the course of the day and an area set to lawn. Residents had been involved in planting shrubs and plants that attracted bees and other insects over the course of the COVID-19 pandemic and were engaged in a local campaign to support wildlife positive gardens. A small external area accessed from the utility room was used for a shed which provided storage for gardening equipment and for the clothes line. This area was uneven with hazards such as drain covers set into the grass making it unstable underfoot and residents required staff support to use this area.

Internally the corridors were wide and supported accessibility, one resident in particular liked to sit in a part of the hallway that afforded a view of the road and staff had established a consistent space for them to use. Along the corridors and in the communal areas the residents art was framed and on display and each resident had a framed sequence of photographs taken of them from childhood to present day also framed and displayed. There was a large kitchen-dining room where residents gathered over the course of the day and a sitting room to the rear of the house. All residents had their own bedroom and they were all personally decorated and contained many personal items on display.

Judgment: Compliant

## Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being. For example, where a resident may be at risk of choking, a choking risk assessment had been completed and a number of control measures were in place (such as specialised assessment, adapted consistency of food or staff support) to mitigate this risk.

There was a system for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge. General risk assessments in addition to individual risks were developed and there was evidence that they were reviewed regularly and amended as necessary. There were also systems to identify, record, investigate and learn from adverse events in the centre.

Judgment: Compliant

## Regulation 27: Protection against infection

The person in charge and provider had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. The infection control policy had been updated to include up to date guidance on how to prevent and manage an outbreak of COVID-19 in the centre.

The person in charge ensured regular cleaning of the premises, sufficient personal protective equipment was available at all times and staff had adequate access to hand-washing facilities and or hand sanitising gels. Mechanisms were in place to monitor staff and residents for any signs of infection.

The training records viewed indicated that all staff had completed training in infection control procedures required to manage an outbreak of COVID-19.

Judgment: Compliant

## Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. Suitable equipment was available and there was evidence that it maintained and regularly serviced. The inspector reviewed records of monthly, weekly and daily checks that are completed as outlined in the providers policy and there were periods of time when these were not completed as required. The providers health and safety

audits had also identified these gaps which align to the gaps in governance and oversight as already referenced.

It was of concern to the inspector that there was no clear evidence that all residents could be safely evacuated at night when minimum staffing levels were on duty. Some residents individual evacuation plans stated that they required the support of two staff to move into their wheelchairs prior to evacuating and this centre has lone working at night. In addition the centre emergency evacuation plan identified exit doors from the residents bedrooms however they had not been used and due to a higher levels of the door frames staff would have to lift over a door sill to exit. In one residents room the inspector noted that their wheelchair did not fit around the end of the bed to reach the intended exit, a patio door. The provider and person in charge were to complete an immediate review of the arrangements for evacuating the centre with minimum staffing levels.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents' had an assessment of need in place and a personal plan. These documents were found to be person-centred and residents had access to a keyworker to support them to develop and reach their goals. All of the residents goals are aligned to roles they hold in their lives. The provider was moving between systems for recording of goals and the steps that were taken to achieve these and as such there were a number of documentary inconsistencies however, all information was available,

Residents' preferred activities were highlighted in their personal plans as were the supports they required to engage in these activities. There was evidence of residents and their representatives input in the development and review of personal plans.

Judgment: Compliant

### Regulation 6: Health care

Overall, residents were supported to enjoy best possible health. They had access to the support of relevant health and social care professionals in line with their needs. Staff were knowledgeable in relation to their care and support needs. Documentation was reflective of their current needs and guided staff in providing support to them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider and person in charge promote a positive approach in responding to behaviours that challenge and in promoting a consistent environment although these are not a feature in this centre.

Restrictive practices were in place to promote the safety of the residents and their use had been comprehensively assessed for and where required a recommendation from an appropriate health and social care professional was in place. The inspector reviewed documentation sent by the person in charge requesting review of these by the providers human rights committee. There was evidence that their use was regularly reviewed.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure all residents were adequately safeguarded at all times in the centre. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable in relation to recognising and reporting suspicions or allegations of abuse. A comprehensive detailed intimate care plan had been developed for each resident in the centre.

There were no current or active safeguarding concerns in the centre and systems are audited by the provider on a regular basis.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents in this centre were supported at all times to exercise choice and control in their lives. The inspector observed that each resident was listened and responded to with care and respect by staff. Their views were sought on matters that related to them and the inspector observed staff requesting permission to enter resident's personal spaces. Staff advocated on residents behalf to achieve changes in their local community.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Fuchsia OSV-0005822

Inspection ID: MON-0025930

Date of inspection: 02/07/2021

## 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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Quality Conversations had not been completed in line with SPC policy during a period of 1 month from February to March 2021 due to the PIC at the time cocooning before commencing maternity leave. The PIC at the time was in contact with the staff team during the month of cocooning to provide necessary supports and oversight.</p> <p>A new PIC commenced work in Fuchsia on the 15.03.2021. As part of intentional work and introducing herself to the team, full compliance with SPC Quality Conversation was completed by April 2021.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As outlined above gaps of governance and management had been identified during a period of time in early 2021 due to the PIC at the time cocooning prior to maternity leave. SPC acknowledges that Quality Conversations and Team Meetings were not completed during that time as per policy. Two COVID-19 outbreaks in other designated centres within SPC had an additional impact on holding meetings to ensure safety for people supported and employees.</p> <p>Since the new PIC commenced work in Fuchsia all Quality Conversations have been completed in line with SPC policy. A team meeting was held on the 26/03/2021, just a</p>	

week after the new PIC started to work with the Fuchsia staff team to discuss any practice developments in house and service wide, completion of audits, delegated duties, shift planners were updated, weekly communication was implemented and personalised social planners for people supported were discussed.

The PIC also completed outstanding actions from annual and six-monthly unannounced visits with the staff team.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC and PPIM are reviewing the support plans, CEEP and PEEPs for Fuchsia and people supported on the 30/07/2021. The PIC will oversee a fire drill on 10/08/2021 to show evidence and compliance of the safe evacuation for two people supported being hoisted by one staff member.

The PIC has liaised with H & S department and they have contacted the local fire officers and SPC fire trainer to attend a fire drill, give feedback and provide further guidance on fire evacuation procedures for the staff team in Fuchsia. A date to be confirmed yet.

The main route of escape in Fuchsia is the front door. The designated is fully equipped with fire doors and within 4 minutes distance of the Kilkenny Fire Brigade.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	30/04/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent	Substantially Compliant	Yellow	30/04/2021

	and effectively monitored.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/08/2021
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	28/08/2021
Regulation 28(3)(d)	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.	Not Compliant	Orange	28/08/2021