



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

## Issued by the Chief Inspector

Name of designated centre:	Ohana
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	16 December 2020
Centre ID:	OSV-0007781
Fieldwork ID:	MON-0030865

## About the designated centre

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

Ohana is a designated centre for two male residents, over the age of 18 years, who receive a service from Saint Patrick's Centre Kilkenny. The centre currently supports 2 individuals. The provider describes the aim of the service "To provide intentional supports for People with disabilities; enabling them to live full and inclusive lives by contributing and enriching the fabric of their local communities." The centre operates all year round and staffing is provided day and night to meet support the needs of the residents. The centre affords high supports in two apartment with the support of a person in charge Nurse and Health Care Assistants on duty throughout the day.

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

Number of residents on the date of inspection:	2
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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
Wednesday 16 December 2020	09:30hrs to 15:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector was welcomed to the centre by the appointed person in charge and invited into the designated centre. One resident had already commenced their day and was out and about to get all their presents and chores organised for Christmas. The resident was going for lunch after their shopping then for a relaxing stroll after their busy shopping morning. The person in charge showed the inspector the residents favourite spots in their apartment including a garden area which had been designed to meet the individual needs and interests of the resident.

The inspector had the opportunity to meet and observe the second resident currently residing in the centre. They were supported through out the day by their support staff, with a new staff member being afforded the opportunity to meet and become acquainted with the resident. The resident appeared very relaxed in the company of staff and in their environment. They also had a favourite spot in their apartment and told the inspector they liked to "chill out". They enjoyed to sit in their 'activity' room and listen to music on You Tube. They attended community activities on a number of occasions during the day showing their new support staff their favourite locations in their new community.

Staff spoken with on the day of inspection spoke of the residents in a very professional manner and were keenly aware of the needs of the service. Interactions observed were seen to be jovial in nature whilst support staff were observed to adhere to all guidelines and recommendations within individualised personal plans to support the residents to achieve a good quality of life.

## Capacity and capability

The inspector reviewed the capacity and capability of Ohana as part of the inspection. This centre had become operational in August 2020 and this was the first inspection of the centre. Through a clear governance structure and supported staff team effective measures were in place to ensure the provision of service was safe and effective.

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre. This person had governance responsibilities over two designated centre with effective measures in place to maintain oversight of both. The person in charge had a direct reporting line to the appointment person participating in management. There was clear evidence of communication within this governance structure with evidence of escalation of any concerns identified.

Organisationally, the registered provider had ensured effective measures were in place for the completion of the regulatory required measures to guarantee that the service provided within Ohana was safe and effectively monitored. As the centre became operational in August 2020 an annual review of service provision was yet to be completed. A six monthly unannounced visit had occurred within the centre in October 2020 by a delegated person. This was currently in draft format and in the feedback process to ensure any factual inaccuracy was addressed. Whilst awaiting a reply the person in charge and person participating in management were actively addressing identified areas of improvement. Actions identified were also discussed as part of staff team meeting to ensure all staff were aware of actions plan and measures required to ensure compliance with regulations was achieved.

The person in charge had implemented measures also to ensure the monitoring of the day to day operations within the centre. A number of staff had been delegated oversight in a number of areas within the centres. This included transport, hygiene and general operations. Duties included completion of relevant auditing tools and reporting to governance team. The role and responsibilities of specific duties was clearly laid out.

The registered provider had ensured that provision of staff within the centre was appropriate to the assessed needs of residents. Staff spoken with on the day of inspection were keenly aware of the support needs of residents and the importance of adhering to all aspects of each personal plan. For example, the promotion of a low arousal environment. Staff were supported to raise any concern through daily contact with a member of the governance team or through regular staff meetings.

The person in charge had ensured all staff were facilitated and supported to access appropriate training including refresher training. A review had been completed to ensure that a plethora of training courses had been identified as mandatory within the centre. Such courses included fire safety and infection control. Training courses afforded to staff ensured that the service provided to residents was safe and effective in meeting their assessed needs. The required training needs of staff were discussed as part of the formal supervisory meeting completed by the person in charge. Since the centre became operational the person in charge has completed this meeting with all staff, however these are not completed within the time frame allocated within the organisational policy.

## Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. Whilst having governance over two designated centres the person in charge had effective measures in place to ensure oversight of service provision was maintained.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured the staffing allocated to the centre was appropriate to the assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured all staff were facilitated and supported to access appropriate training including refresher training.

Since the centre became operational the person in charge has completed a formal supervision meeting with all staff, however these are not completed within the time frame allocated within the organisational policy.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider had ensured a clear governance structure was allocated to the centre. All members of the governance team had clear roles and responsibilities with evidence of effective communication between all members of the team.

The registered provider had ensured management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose including all information required under Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all measures were in place to ensure all required incidents were notified in accordance with regulatory requirements.

Judgment: Compliant

### Quality and safety

Ohana was a designated centre for two residents which became operational in August 2020. In this time the registered provider had supported both residents to become valued members of their new community and to become accustomed to their new environment, Residents had been supported to decorate their apartment in accordance with their interests and taste. Overall, the residents were supported to have a good quality of life in a safe place.

The person in charge had ensured the premises were overall maintained to a high standard. Decorations were in accordance to the needs of the residents. As residents were only in the centre for a short period of time their individual taste continued to be reviewed. One garden area had been decorated to include the sensory needs of one resident. Within one bathroom, however the shower tray provided required review. This was rusted and the padding was ripped in a number of places.

The person in charge had ensured that each resident was supported to be an active participant in their individualised personal plan. Through a visioning meeting each resident was supported to develop social and personal goals. Due to the impact of national COVID 19 restrictions a number of goals were under review. Documentation was in place to facilitate the review of the progression of goals. This was a new process within the centre and was in the early days of completion. Individualised plans incorporated the recommendations of relevant members of the multi-disciplinary team to ensure staff were aware of the measures required to support residents.

The person in charge had ensures that staff have up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Staff spoke clearly of these support needs. Daily contact was maintained with supporting psychiatry team to support residents. Behaviour support plans ensured a consistent approach to cares was in place. A number of reactive and proactive strategies were in place including social stories and skills training. Where



additional supports were required guidelines for this were clearly laid out for staff.

Where a restrictive practice was in place this utilised in the least restrictive manner for the shortest duration necessary. All restrictions were environmental in nature and reviewed regularly. These were in place to promote the safety of residents. Since the centre became operational the person in charge has completed an audit of restrictions and set out clear guidelines for staff in their use. All restrictions have been risk assessed and a restoration of rights plan has been developed.

The registered provider had ensured effective measures were in place to promote the safety of residents. This included the safeguarding of residents from abuse incorporating organisational policy and staff training. As required an investigation was initiated and effect guidelines in place to support residents. The person in charge had ensured the development of comprehensive risk register. This incorporated both environmental and individual risks and the current control measures in place to reduce the likelihood and impact of the identified risk.

Overall, the registered provider had ensured that effective fire safety management systems were in place within the centre. Since the centre became operational members of the local fire brigade service have visited the centre and met with residents and familiarised themselves with the environment should assistance be required. Through both centre and personal emergency evacuation plans and monthly evacuation drills residents were supported to become familiar with the safest evacuation process. Daily and nightly safety checks were in place relating to fire safety. Some improvements were required to ensure that work completed was verified. For example, the removal of lint from both dryer machines as ticked as completed but a large volume was present in both machines.

This inspection occurred during the COVID 19 pandemic. Within the organisation a contingency plan had been developed to address such areas as training, staffing and the use of PPE. A weekly newsletter was disseminated to both residents and staff to ensure everyone was aware of the most up to date guidance. Staff were observed adhering to both local and national guidelines including social distancing and the use of PPE. Residents were observed to be encouraged to wash hands on return from community activities.

## Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents; it presented as a warm and homely environment decorated in accordance with the resident personal needs and interests.

Some improvements were required to ensure that all equipment provided was maintained to a high standard.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. Current guidance ensured staff were aware of the most recent national guidance with respect to COVID 19.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, the registered provider shall ensure that effective fire safety management systems are in place. Some improvement was required to ensure that fire duties assigned to staff were completed in a consistent manner.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was supported to develop a comprehensive individualised personal plan. Personal plans incorporated a plethora of supports needs of residents to ensure a consistent approach to supports was promoted. Each plan was developed to promote the socially valued role of each individual.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The person in charge had ensures that staff have up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Where a restrictive practice was in place this utilised in the least restrictive manner for the shortest duration necessary.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had effective measures in place to protect residents from all forms of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider had ensured that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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>	
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
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ohana OSV-0007781

Inspection ID: MON-0030865

Date of inspection: 16/12/2020

## 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>All employees are provided with mandatory and house specific training. Monthly training reports are available to the PIC, PPIM and staff team and discussed at team meetings and Quality Conversations.</p> <p>Outstanding mandatory training needs with one staff member were addressed in the Quality Conversation by the PIC and PPIM. As directives were not followed a disciplinary process has been enforced and is currently ongoing. NF07 in regards to same was completed via HIQA portal on the 17/12/2020.</p> <p>Since the inspection took place the PIC has completed all outstanding Quality Conversations with staff members and has also developed a schedule for completion of same in 2021 as per SPC policy.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A changing bed in one person's bathroom had been identified of poor standard. A staff member contacted H &amp; S department to request exchange of this item on the day of the inspection. A suitable changing bed was identified within SPC and is currently awaiting service to be completed. The new changing bed will be installed in the bathroom in Ohana latest by the 28/02/2021.</p>	

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Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
To ensure the completion of tasks in line with daily and nightly fire checks the PIC has implemented spot checks within Ohana apartments. Spot checks were carried out by the PIC since the inspection took place and are now delegated to staff members on opposite shifts to ensure completion and verification.

To build the understanding within the staff team around the identified matter the PIC addressed findings of the HIQA inspection at the team meeting on 14/01/2021.

## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/01/2021
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	28/02/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety	Substantially Compliant	Yellow	14/01/2021



	management systems are in place.			
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