

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Clannad
Centre ID:	OSV-0005633
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Saint Patrick's Centre (Kilkenny)
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 January 2018 10:30 To: 24 January 2018 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to Inspection.

This inspection was an unannounced follow up inspection that took place over one day. In 2017 the provider had applied to register a new designated centre for four adult male and female residents who would move from St. Patrick's congregated setting into a community residential dwelling as part of St. Patrick's overall de-congregation plan.

The purpose of this inspection was to inspect the progress of residents since they had moved to the designated centre and assess if the provider was meeting the needs of the residents to a good standard in compliance with the Regulations. 14 outcomes were reviewed during this inspection and actions from the previous inspection followed-up on to ensure the provider had completed them in line with their action plan response and timelines that had been agreed.

How we Gathered Evidence.

As part of the inspection, the inspector met with the recently appointed person in charge of the designated centre, nominated persons participating in management of the centre and.

The inspector also met and spoke with all four residents in the centre during the inspection. Some residents' specific communication repertoires meant they could not speak with the inspector or describe the service they were receiving. The inspector at all times respected resident's personal choice to spend time with the inspector or not to during the inspection. The inspector spoke to one resident who told them they liked their new home and that they had made friends with the local butcher and hair dresser since moving to the centre.

The inspector reviewed documentation such as personal plans, risk assessments, training schedules, policies and audits. The inspector also carried out an observational review of the premises with a Health and Safety representative for St. Patrick's. A fire safety engineer had carried out an inspection of the premises and advised a schedule of works which had been completed prior to residents moving in.

Description of the Service.

The centre comprised of one detached house, referred to in the report as the designated centre. The centre is located near Damerstown, County Kilkenny. The provider had ensured residents would have access to a range of local amenities in nearby Kilkenny town. The centre was resourced with a seven seat vehicle.

The centre could accommodate four adult residents with varying degrees of intellectual disability and specific support needs in the management of healthcare, nutritional management requirements, behaviours that challenge, sensory issues and sight loss

Overall Judgment of our Findings.

This new community based designated centre provided residents with a more optimum living environment in comparison to their previous homes on the campus of St. Patrick's Centre, Kilkenny.

Previously it had been identified a number of causes of residents engaging in behaviours that challenge were as a direct result of their Saint Patrick's Centre campus living environment which could not adequately meet their needs. Since residents' move to the new designated centre most of these triggers had been eliminated. A review of incident reports indicated there had been some instances of behaviours that challenge but they had been diffused quickly and de-escalation strategies had managed them well. Some residents no longer required chemical restraint medication as part of their overall behavior support plan. Following review it had been discontinued. This was evidence that residents' new home was meeting their needs well.

Some residents had joined local community groups and were a welcome part of these groups. Each time they participated in those groups they were welcomed by name and a place kept for them by the group members. Other residents had formed

new acquaintances with local shopkeepers and also their new neighbours. Some residents' behaviours that challenge which were related to food and meal times had ceased and had not occurred since their move to the designated centre. Residents were now receiving home cooked nutritious meals where previously they had received their meals from a centralised kitchen at specific times which did not always meet their choice and preferences.

Some improvements were necessary.

Compliance was found in most outcomes inspected. Of the 14 outcomes inspected 12 met with compliance or substantial compliance. Two outcomes met with moderate non compliance.

The provider and person in charge were required to review and assess current fire evacuation procedures for the designated centre to ensure staff were proficient in evacuating all residents and in using evacuation aids as may be required.

Not all Schedule 5 policies were up-to-date and on arrival to the centre no Schedule 5 policies were available in the centre.

Some improvement was also required to ensure the person in charge engaged in regular operational management auditing of the centre to ensure the quality of care provided was in line with the regulations.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents living in the centre had their rights, privacy and dignity supported to a good standard. Since moving to this centre residents were now experiencing greater freedoms and lessening of restrictions which they would have experienced in their previous living environment. Some improvement was required in relation to activity and hobby options within the centre, in particular for residents that chose not to engage in activities outside of the centre.

The complaints procedure was located in a prominent position in the centre and in an easy read format. The procedure was up-to-date and identified who the current complaints officer was and the person nominated to manage complaints in the centre also. The inspector reviewed the complaints log for the centre. There were no active complaints under review at the time of inspection.

Residents had access an independent advocate if and when they required. Information and contact details were available in the centre.

The organisation had a policy on personal property, personal finances and possessions which guided practice in the organisation with regards to these matters.

Each resident had their own bedroom and storage options to keep their personal property. An inventory of each resident's personal property had been carried out and on this inspection was found to be detailed and up-to-date.

All residents living in the centre required support in managing their personal finances.

Residents were issued statements of their accounts each month and copies of these were maintained in their personal plans.

Activities available to residents were suited to their age and interests outside of the centre. Residents were supported to go on planned trips and excursions, local events, swimming clubs, shopping and attend activities available in St. Patrick's Centre day services, for example

There was however, improvement required in relation to the personal interests and hobbies options for residents while they were at home. Some residents' personal choice was to remain in the centre and not participate in activities outside of the centre. At the time of inspection a daily activity time table was not in place for the resident to meet their specific interests and abilities. This required improvement.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents' communication needs were supported in accordance with their assessed needs and preferences. Some improvements were required.

Residents' communication needs had been identified in their personal planning documentation. Each resident had a communication passport setting out their individual communication styles.

Some residents with sight loss had communication aids which supported them when mobilizing around their home. 'Talking tiles' were located at the doors of various parts of the centre and used by residents with sight loss to tell them the room they were entering. The inspector observed residents using this assistive equipment during the inspection. T

This equipment provided residents with the opportunity to be as independent as possible moving about their home. This equipment had been recommended for the resident previously but it was not possible to implement in their previous home on the campus of Saint Patrick's Centre due to the configuration of the premises and number of residents living there. This was further evidence that this community based designated

centre could meet residents' communication needs.

Residents could avail of the services of a speech and language therapist (SALT). There was evidence that most residents' had received a SALT assessment with regards to their communication needs.

Internet access was available in the centre as was a radio and a number of televisions for residents to use.

Staff working with residents knew residents very well and understood their individual communication repertoires.

Some members of staff were very proficient in the use of Lámh, (a sign language communication system), and were observed to implementing this communication during the inspection.

While this was very encouraging, not all staff had the same proficiency. The person in charge was required to implement improvements and initiatives to support all staff in the use of Lámh to assist and support residents in communicating their needs.

Judgment:

Substantially Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were now experiencing greater opportunities to engage and participate in their local community. Their opportunities for social inclusion and integration had significantly improved since moving to the centre.

Some residents had joined local community groups, for example one resident now attended a local swimming group each week. Each time they attended they were welcomed and recognised by the people attending the group.

This type of activity was important as it afforded residents the opportunity to make friends with people outside of their social network in Saint Patrick's Centre congregated setting.

Residents had also been welcomed to their new home by their neighbours and had also formed social connections with local shopkeepers and members of their new community. The inspector spoke briefly with a resident about their new home and if they had made any new friends since moving there. They informed the inspector that they had made social connections with the local butcher and hairdresser, for example and knew them by name and met the at least once a week down the local town.

This was a significant step towards residents experiencing social inclusion, forming connections and being valued in by their new community.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was evidence to indicate allied health professional assessments of residents were taking place and support planning to implement recommendations were in place to guide staff in how to support those identified needs. Personal planning meetings had taken place for some residents. Out-of-date information had been archived and in general residents personal plans provided a clearer more concise plan of supports for each resident. Actions from the previous inspection had been addressed.

The inspector reviewed a sample of residents' personal plans. Of the plans reviewed there was evidence that an assessment of residents' social care needs had been implemented which identified residents' specific needs, providing comprehensive person centred detail.

All residents had received a full allied health professional assessment from which their specific social care needs could be identified. This was bolstered by the assessment of needs residents' key workers were implementing and would continue to do so when

residents moved into the centre.

Overall, residents' personal plans, including assessments of needs and person centred support planning had been updated by residents' key workers when they moved into the designated centre to reflect their new living circumstances and reflect any changes.

Person centred goal setting had also begun and there was evidence to indicate a person centred planning meeting had been carried out with residents and some goals identified. However, there was a lack of evidence of action plans to achieve person centred goals identified or timelines by when goals should be reviewed.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector did not review this outcome in it's entirety. The inspector reviewed if actions from the previous inspection relating to resident's laundry facilities and appropriate aids and appliances for bathing had been addressed. The inspector found they had and to an appropriate standard.

The centre comprised of a large, detached house located just outside Damerstown, County Kilkenny. The premises and location of the centre was in line with the statement of purpose and would meet the assessed needs of residents. The laundry facilities for residents would require improvements to ensure residents clothes could be laundered in a clean, organised space. Residents' showering and bathing facilities ralso equired review by a relevant allied health professional to ensure the most appropriate aids and appliances were in place for residents before they moved in.

At the time of the previous inspection the centre was undergoing a suite of upgrading refurbishment works to the centre prior to the proposed residents moving into the centre. On this inspection the inspector found all refurbishment works had been completed to a good standard throughout the premises.

A bath had been fitted in the ensuite room to meet the needs of the resident intended

to move there. This was evidence of good transition planning arrangements to meet the needs of the resident. The previous inspection report had deemed an action was necessary to ensure residents with sight loss using the bath had received an assessment to ensure appropriate aids and appliances were in place to support them.

On this inspection the inspector found the provider had requested an occupational therapy assessment for the resident which had made some recommendations which had been implemented in the most part. The person in charge also informed the inspector that some changes would be made to the door accessing the ensuite bathroom and these were in progress.

Resident and staff feedback and associated documentary evidence, indicated the resident was able to use the bath independently and enjoyed having their own personal bathing facility which they could use whenever they wished. This was a significant improvement in the quality of life for the resident since moving from their previous congregated setting home, where previously this choice was not always possible for them. There was also evidence that indicated this facility supported the resident during episodes of distress and provided them with a private space in order to do so on their terms.

Laundry facilities were available in the garage attached to the house. Previously, the inspector was not satisfied there were adequate arrangements for residents to store laundry products and manage soiled and clean laundry in the space identified. The provider had installed a worktop, shelves and laundry baskets to ensure residents' laundry could be stored and managed in a clean environment. The action from the previous inspection had been addressed.

Since moving into the centre, residents had been supported to decorate and personalise their bedrooms and communal spaces within the centre. Residents observed during the course of the inspection appeared comfortable and happy in their home and used all communal and private spaces as they wished.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector reviewed if actions from the previous inspection had been addressed by

the provider. This inspection found that they had.

On the previous inspection the inspector had noted there were no thermostatic temperature controls for hot water to prevent the risk of scalds to residents, staff or visitors. Equally, some radiators in the centre did not have surface temperature controls in place. To address this the provider had installed a centralised thermostatic control the hot water for the centre. The inspector carried out a hand test of hot water in the centre and found the temperature to be appropriate. A radiator in the hallway of the centre had been fitted with a radiator cover which now mitigated the risk of burns to residents.

A risk register for the centre had been finalised since residents moved into the centre. The person in charge was aware that this document required consistent review and updating.

The inspector also reviewed a sample of incident recordings for the centre. Overall, incidents that had occurred were low risk and had been managed appropriately by staff. However, while incidents were recorded in a timely way by staff there was a lack of evidence that they had been reviewed by a senior manager in line with the organisation's risk management policy and procedures. This required improvement.

Individual personal evacuation management plans were documented for residents and reflected the designated centre and supports residents required. Some residents required specific supports, including the use of evacuation aids to ensure their timely and safe evacuation of the centre. However, some residents' evacuation plans had not been assessed or trialed as part of the centre's evacuation drill. The provider and person in charge were required to assess the effectiveness of arrangements in place to evacuate all residents and make any necessary improvements as a result of their assessment.

Since the previous inspection the provider had installed a lockable metal cupboard in the garage of the centre to store mops and buckets ensuring appropriate infection control measures were in place and such items were stored in a hygienic space. The action from the previous inspection regarding infection control management had been addressed.

The provider had implemented systems to ensure vehicle safety checks were carried out weekly. While the person in charge indicated such checks had occurred, records to demonstrate this were not available. Documentation reviewed indicated the most recent vehicle safety check were carried out in September and early October 2017. This required improvement.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness,

understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The provider continued to have appropriate safeguarding and safety procedures and reporting mechanisms in place to protect residents from experiencing abuse and to support staff to report allegations or suspicions of abuse. There was evidence of a positive behaviour support approach for the management of behaviours that challenge for most residents. Some residents requiring therapeutic supports to manage personal phobias did not have support planning in place to guide staff.

Behaviour supporting planning set out information with regards to potential triggers which may cause a resident to engage in behaviours that challenge. Previously the campus environmental setting of St. Patrick's Centre had been identified as contributing to residents engaging in behaviours that challenge. The inspector reviewed a sample of incident reports relating to times when residents had engaged in behaviours that challenge. Overall, there had been a reduction in behaviours that challenge incidents and where they had occurred they had been quickly defused and de-escalated. This was evidence that this environmental setting was meeting the needs of residents.

Some residents required specific therapeutic supports to manage personal phobias. However, at the time of inspection no support plan was in place to guide staff in how to support the resident and help them manage their phobia. This was important as the resident's phobia impacted on their opportunities to experience community integration and engagement in activities outside of the centre.

There were minimal restrictive practices used in this designated centre. An associated policy and assessment procedures for management of restrictive practices had been developed by the provider in 2017. It set out guidance on best practice with regards to the use of restraint, a monitoring framework for its use and a decision making guide to support staff in making correct judgements if an intervention was a restrictive practice or not.

The previous inspection report had required the provider to review chemical restraint prescribed for a resident as part of their behaviour support planning to ensure it set out specific and descriptive criteria for its use. Since moving into the designated centre the chemical restraint had been reviewed and was deemed no longer necessary and discontinued. This was further evidence that residents current living environment better suited and met their needs.

All staff identified to work in the centre had received training in safeguarding vulnerable

adults. The person in charge was aware of their responsibility to ensure staff were rostered to attend mandatory vulnerable adult safeguarding training and refresher training as required.

Each resident had a detailed intimate care plan in place which set out person centred specific information regarding each resident's personal hygiene preferences and how staff supported this. The person in charge was in the process of updating these plans to reflect residents' new home.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of incidents recorded for the centre.

All required notifications had been submitted by the person in charge.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were no actions required from the previous inspection. Not all aspects of this outcome were reviewed on this inspection. The inspector reviewed nutritional

management for residents since their move to the centre.

The centre provided appropriate facilities for the preparation and cooking of meals. Residents were observed during the course of the inspection enjoying snacks, drinks and nutritious meals during the course of the inspection.

Some residents who had displayed behaviours that challenge around food and mealtimes had not exhibited these behaviours since moving to the designated centre.

All staff had received training in food hygiene and kitchen surfaces and food storage spaces including fridges and freezers were kept clean.

Residents had also received dental checks and extractions where required. Staff informed the inspector they had more time to support residents with dental hygiene since moving to the centre.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Not all aspects of this outcome were reviewed. The inspector assessed if the action from the previous inspection related to suitable storage had been addressed and found it had.

Residents' medications were stored in a locked press in a designated area which could only be accessed by staff using a key. Previously the inspector had reservations with regards to the identified space for medications to be stored which would be in the residents' dining room. An action was given on the last inspection report relating to this.

The provider reviewed this and reconfigured the living room and kitchen/dining space. The medication storage area was now no longer situated near where residents ate their meals and was observed to be locked at all times during the inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the previous inspection the inspector had found this outcome compliant. Not all aspects of this outcome were reviewed on this inspection, however there were some improvements required relating to operational management auditing.

Since the inspection a new person in charge had been appointed who met the requirements of regulation 14 and its associated sub-regulations relating to management experience and management qualifications.

She was supported in her role by a community regional manager who knew residents and their families very well. The person in charge would reported directly to them and they in turn they reported to the director of services. They also managed the centre in the event of an absence of the person in charge.

The appointed community services manager had relevant management experience at this level and had a good understanding of regulation and monitoring centres for compliance with the standards and regulations.

The provider had implemented improved procedures for monitoring the quality of care provided to residents in all designated centres within St. Patrick's. Systems were in place to gather and analyse information which could be used to validate the quality and safety of care provided to residents.

Unannounced visits and audits by persons nominated by the provider, which are a requirement under Regulation 23 to gather information and assess the quality and safety of care, had been carried out since the previous inspection.

Systems to assess the quality and safety of care in St. Patrick's Service has improved greatly in the previous years with the appointment of a compliance manager, the appointment of key project co-ordinators with responsibility for assessing and supporting the implementation of actions identified in audits carried out and another project co-ordinator in the area of medication management and healthcare improvements and practice development in the service, for example.

A suite of operational management audits had also been identified for the designated centre. However, at the time of inspection there was no documentary evidence that any of these audits had been completed.

It was identified that personnel from outside the designated centre carried out these audits. While this was evidence of the provider's oversight of designated centres, this arrangement meant the person in charge was not responsible for the auditing of their own designated centre and as a result no documented audits had occurred.

The provider was required to review the operational management auditing system for the designated centre to ensure the person in charge consistently engaged in reviewing the quality of service provided to residents in the designated centre in addition to the provider's quality oversight auditing system.

Judgment:
Substantially Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

At the time of inspection the provider had adequately resourced the centre to meet the needs of residents.

The centre was assigned its own transport vehicle which met the accessibility and mobility requirements of residents.

There were adequate numbers of staff assigned to work in the centre. The provider was aware of the requirement to review these resources depending on the changing needs of residents.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of

residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was found to be compliant on the previous inspection. Not all aspects of this outcome were reviewed. The inspector reviewed staff training, management of supervision and observed and spoke to staff during the inspection.

Staff identified to work in the centre had undergone a suite of training to ensure they had the skills and knowledge to support residents and their specific identified needs. The person in charge was aware of their responsibility to ensure all staff had up-to-date mandatory and specific training to meet the needs of residents.

Staff supervision was ongoing with scheduled supervision and appraisals sessions for all staff identified. The person in charge provided direct line supervision of staff working in the centre at all times and discussed issues, if any, with staff and their line manager in a timely way.

Schedule 2 documents were not reviewed on this inspection as they were found to be compliant on the last inspection.

Staff were observed during the inspection to be respectful and kind to residents. Staff told the inspector that they enjoyed working in the centre and had noticed the residents appeared content and happy in their new home.

The person in charge had recently assigned specific staff within the centre to roles which met their competencies and interests. As part of staff supervision these roles and responsibilities for staff would be reviewed and discussed.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational

policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The previous inspection had found a number of Schedule 5 policies were not in date and others reviewed required improvement.

On this inspection the provider had reviewed and updated some policies however, not all had been updated and this required improvement.

A copy of all schedule 5 policies was not available in the centre on the day of inspection.

A directory of residents was maintained.

A copy of the residents guide was available and had been issued to each residents.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Saint Patrick's Centre (Kilkenny)
Centre ID:	OSV-0005633
Date of Inspection:	24 January 2018
Date of response:	28 March 2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was however, improvement required in relation to the personal interests and hobbies options for residents while they were at home

1. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:

In house activity schedule will be developed for each resident taking their likes / dislikes, age and interest into account. These plans will be completed by 24th of March. Schedules will be individualised, examples as follows:

Lady who has visual impairment schedule will include storytelling / reading, massage and in house beauty treatments.

For a male resident who spends a lot of time within the home the following activities will be included in his schedule, foot massage, storytelling / reading, clay modelling and baking.

Proposed Timescale: 24/03/2018

Outcome 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge was required to implement improvements and initiatives to support all staff in the use of Lámh.

2. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:

Currently seven staff on the team have completed the Lámh course and two require this training. PIC has requested this training be scheduled within the next month from the training coordinator. Both staff will be booked on this training as soon as it is available. Staff member confident in Lámh and other communication methods such as social stories has been assigned communication champion of Clannad and has implemented Lámh sign's of the week. All staff and residents participate in this activity.

Proposed Timescale: 06/04/2018

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was a lack of evidence of action plans to achieve person centred goals identified or timelines by when goals should be reviewed.

3. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:

New document developed for recording realistic goals set out from personal outcome meeting. This document includes a breakdown of how each goal will be achieved step by step and a timeframe to support same. They will be reviewed at each monthly review meeting.

Proposed Timescale: 06/04/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

While incidents were recorded in a timely way by staff there was a lack of evidence that they had been reviewed by a senior manager in line with the organisation's risk management policy and procedures. This required improvement.

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

DMS (Data Management System) where incidents are accidents are recorded has been reviewed and errors for Community Service Manager access have now been resolved.

Proposed Timescale: 12/03/2018

Theme: Effective Services

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

The provider had implemented systems to ensure vehicle safety checks were carried out weekly. While the person in charge indicated such checks had occurred, records to demonstrate this were not available.

5. Action Required:

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by

persons who are properly licensed and trained.

Please state the actions you have taken or are planning to take:

PIC has developed a checklist to ensure all areas assigned to staff are audited by PIC as necessary. Such as the vehicle weekly checklist and any issues are identified and reported immediately.

Proposed Timescale: 12/03/2018

Theme: Effective Services

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

Some residents' evacuation plans had not been assessed or trialed as part of the centre's evacuation drill.

6. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:

Contact has been made with fire department in relation to the difficulty of trailing a duvet evacuation with the resident in the duvet as this would cause undue stress for the resident. The fire department have given us a loan of a training dummy to use. Timed fire drills will take place with all staff to test the current evacuation plan in place with the training dummy. Any issues identified during drill will be recorded and addressed immediately. The fire department have agreed to call to the centre to carry out an assessment and advise us on any other equipment that may be available to support the resident safely out in an evacuation. Residents PEEP will also be updated to reflect any changes and include more detail.

Proposed Timescale: 06/04/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some residents required specific therapeutic supports to manage personal phobias. However, at the time of inspection no support plan was in place to guide staff.

7. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:

Clinical Psychologist to carry out Anxiety training workshop with all staff in Clannad on the 18.04.18.

The PIC has engaged the services of the Clinical Supervision Specialist, first meeting arranged for the 14.03.18 to discuss future planning and how to support this resident with their phobias.

Support has also been requested from the Clinical Psychologist and Behaviour Support Specialist to implement therapeutic support and develop guidelines for staff for the implantation of same.

Proposed Timescale: 18/04/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider was required to review the operational management auditing system for the designated centre to ensure the person in charge consistently engaged in reviewing the quality of service provided to residents in the designated centre.

8. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

The registered provider has developed and published an in house auditing system to ensure all Team Leaders and P.I.C are actively involved in the carrying out and monitoring of all audits applicable to their designated centre.

Proposed Timescale: 12/03/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

A copy of schedule 5 policies was not available in the designated centre on the day of inspection.

9. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

available to staff.

Please state the actions you have taken or are planning to take:

Requested at QA that Quality department upload the schedule 5 policies to the Q Drive so it is available to all staff. Hard copy to follow.

Proposed Timescale: Available on Q Drive from 09.03.18

Proposed Timescale: 09/03/2018

Theme: Use of Information

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

Not all schedule 5 policies had been reviewed and updated to reflect current Saint Patrick's Centre practices and standard operating procedures.

10. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

The registered Provider has developed a policy pathway that sets out the thirteen steps that have to be taken to develop or update a policy. Some of the Schedule 5 policies have been updated through this pathway such as Safeguarding, Restrictive Practice and Complaints. The remaining Schedule 5 policies will be updated and circulated in draft form by end of May. They will then go through the board of Management to be approved. The registered provide had sourced an external reviewed earlier this year, this unfortunately fell through so they are currently sourcing a replacement external reviewer.

Proposed Timescale: 31/05/2018