

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cluain Meala
<b>Centre ID:</b>	OSV-0005705
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Saint Patricks Centre (Kilkenny)
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	1

## **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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 28 November 2017 10:30 To: 28 November 2017 16:00

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

Outcome 04: Admissions and Contract for the Provision of Services
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to Inspection:**

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Saint Patrick's Centre, Kilkenny (the provider) was received. The provider was seeking to register this building in order to support one resident move to the community from the congregated Saint Patrick's Centre campus. This was the centre's first inspection, not all outcomes were reviewed on this inspection.

**How we gathered our evidence:**

The inspector spoke with the person in charge, health and safety officer and quality and compliance manager about the service to be provided. The resident intending to move into the centre was not available to speak with during the inspection.

The inspector reviewed a sample of documentation such as health care assessments, transition planning, staff training records and risk assessments. A visual inspection of the premises both inside and out was also carried out during the inspection.

**Description of the Service:**

The centre comprised of a small detached one storey house with capacity to support one resident. It was maintained to a good standard and was situated in a central location in Kilkenny city. The centre's location would provide the intended resident with access to a range of amenities such as shops, shopping centres, restaurants, churches, library, barbers, hairdressers, swimming pools, fitness centres, cinemas, pubs and hotels.

The provider had also purchased a vehicle for sole use for the designated centre and the resident had participated in the provider's purchase of the car. For example, the resident had visited the car dealership where the vehicle was purchased and had indicated the colour car they would like.

Overall judgment of our findings:

This inspection found that the centre was compliant or substantially compliant across nine of the ten outcomes assessed on inspection.

One outcome was found to be moderately non compliant. This related to gaps in staff training in key areas to ensure the resident's personal risk and support needs could be effectively and safely managed by staff in the proposed designated centre.

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 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The provider had produced a contract of care for the proposed centre that met the requirements of the regulations.

The contract had not been signed yet by the resident or a representative on their behalf, however, the provider was engaged in a process representatives acting in the interest of the resident were reviewing the contract.

This would be reviewed on the follow up inspection to assess if the contract was agreed following the resident's admission to the centre.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that once the proposed centre was operational, the care and support as described by the person in charge and documentation viewed would be consistent and provide for the residents' assessed needs and wishes.

The inspector reviewed the resident's personal plan and transition planning. The resident's needs had been assessed through a comprehensive allied health professional framework. Allied health recommendations and reviews were evident in the personal plan and had been taken into account by the provider when identifying their new home. It was also evident that a person centred approach had been taken by the provider to support the resident in choosing their prospective new home and adjust to the new living environment.

Through the community transition assessment planning for the resident it had been identified that the resident required access to a transport vehicle to meet their specific needs. The provider had purchased a vehicle to meet the resident's needs and this would be for the sole use of the resident and assigned to the designated centre.

Systems were in place to ensure person centred goals for the resident would continue and new goals would be established to reflect the resident's new living environment and community location.

The resident would maintain their allied health supports from Saint Patrick's Centre when they moved to the centre and allied health professional assessments and recommendations would be maintained in their personal planning when they transitioned fully to the designated centre.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the premises was suitable for its stated purpose. Though small it was found to be relatively spacious and homely inside. The provider had made provisions to ensure the proposed centre could be accessed by visitors as it was located behind a street of houses.

The proposed centre provided one large en-suite bedroom and an adequate size kitchen/living space. While the house was small it provided adequate communal and private space for one resident. The resident had been supported to choose soft furnishings and decoration for their bedroom and living environment and overall the centre presented as homely and comfortable.

A washing machine and dryer were available in the centre. Suitable kitchen appliances were available and storage options were also adequate.

It was also observed that arrangements for the safe disposal of general waste were in place.

The centre was adequately ventilated and there was also adequate lighting throughout. Maintenance checks of oil heating would also be included in ongoing operational maintenance checks by the person in charge and provider. Cleaning schedules were in place and the person in charge would be responsible to oversee the cleanliness of the property on an ongoing basis through audits and spot checks, staff supporting the resident would be responsible for the daily upkeep of the centre.

Front, rear and side access to the property was available and the provider had put some measures in place to ensure the rear patio space of the property was secure and had fitted a ramp to the rear exit to prevent the risk of falls for the resident.

Access to the property was through a side entrance which brought visitors to the rear of a street of houses. The provider had fitted an intercom to the door of a property on the street of houses. Visitors to the property could contact staff through this intercom system and would then be directed by staff to the designated centre through a side gate access point. Entry and exit to the designated centre was freely accessible to the resident and staff.

This arrangement was set out in the statement of purpose for the centre.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the proposed centre if risk management systems were effectively implemented by staff and the person in charge. Improvements were required however, in relation to personal risk assessments and falls risk management systems for the resident intending to move to the centre. Some risks had not been identified and added to the risk register for the centre.

As required by the regulations the organisation had a policy on risk management which included the provider's system for management of specific risks as set out in the regulations. The person in charge had compiled a risk register which included some environmental hazard identification and risk assessments related to specific personal risks for the resident intended to move to the centre. However, these required some improvement.

For example, lone working staff had not been identified as a risk requiring specific control measures in place. Equally, a risk related to behaviours that challenge exhibited by the resident during while using transport was not identified in the risk register. The provider and person in charge was required to review the risk register to ensure all personal risks for the resident had been identified, assessed and robust control measures were in place.

There is further reference to improvement in the implementation of control measures outlined in Outcome 17: Workforce in this inspection report with regards to staff training.

The resident required specific falls risk management systems to prevent and mitigate the risk of falls. While this had been identified in a number of personal risk assessments for the resident, the person in charge was required to create a comprehensive, overarching falls risk management plan for the resident which identified various scenarios which could pose a risk to the resident and control measures to be implemented in those situations. For example, a number of personal risk assessments identified various scenarios where the resident could sustain a fall but similar control measures had been documented for each risk assessment and a falls prevention management plan was not in place to complement risk assessments carried out. This required review and improvement.

The provider had however, identified that the rear exit point from the premises could pose as a falls risk and had fitted a ramp and hand rails to mitigate the risk and support the resident. The person in charge was required to implement continuous review of risk management systems and to update and revise the risk register and control measures on an ongoing basis when the resident was admitted to the centre.

Incidents and accidents would be documented on a paper system by staff if and when they occurred. The person in charge outlined to the inspector how they would provide oversight of incident recordings. Staff would email the person in charge to alert them



that an incident form had been completed and the person in charge would review the incident thereafter. The provider was required to monitor this system to ensure it was effective and that they were informed in a timely way of all incidents occurring in this centre.

Fire fighting equipment was installed and had also been serviced by a consultancy company in November 2017. All recommendations arising from the consultants visit to the centre had also been implemented by the time of this inspection. Emergency recess lighting was in operation and a range of fire fighting equipment, including fire extinguishers and a fire blanket were also in place.

The centre was also fitted with a new and functioning fire alarm, smoke and heat detectors were located at specific points in the building.

Documentation reviewed by the inspector outlined plans in place to carry out regular fire drills. A sample of a fire log was viewed and the inspector was assured that fire drills would be carried out as required by regulations. Daily checks of escape routes would also be carried out and from a small sample of files reviewed most staff had attended fire training as required. The provider was required to ensure all staff intending to work in this centre had appropriate fire safety training.

Adequate arrangements were in place for the promotion of infection control.

Though the resident did not require specific manual handling arrangements for personal care, the person in charge was required to review manual handling requirements for guiding staff in how to implement appropriate manual handling techniques should the resident sustain a fall and require staff to support them.

**Judgment:**

Substantially Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had ensured there were adequate measures in place to protect residents from being harmed in the centre if implemented effectively by staff and the person in charge of the centre on a consistent, ongoing basis.

There were policies and standard operating procedures in place on supporting vulnerable adults. This was to ensure all residents who use Saint Patrick's Centre, Kilkenny services were protected from abuse of any kind and outlined the responsibility of staff in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.

Designated officers for the organisation, Saint Patrick's Centre, their photographs and contact details were on display in the centre.

The inspector spoke with the person in charge regarding safeguarding vulnerable adult procedures and how they would ensure these systems were implemented robustly. It was observed that he had training in safeguarding of vulnerable adults and knew the reporting procedures with regard to any allegations of abuse. The person in charge would carry out unannounced visits to the centre each week and through regular meetings with staff and the resident maintain an open line of communication so any safeguarding allegations could be brought to their attention.

Through an assessment of needs for the resident it had been identified that male staff should work with the resident only. The provider had outlined this in the statement of purpose for the centre and staff rosters indicated this was the case also. This measure was an identified safeguarding measure for the resident and staff and had been appropriately identified and addressed by the provider.

A policy on safeguarding vulnerable adults was in place which followed the National Safeguarding policies and procedures. The provider was currently reviewing this policy to incorporate Saint Patrick's Centre, Kilkenny specific arrangements. The policy was at review stage with an external person who would provide an objective critique of the policy before being signed off by the provider.

The inspector reviewed a sample of training records which informed that most staff had received specific training in this area. However, there were some gaps noted with regards to refresher training in the area of safeguarding vulnerable adults.

The person in charge and provider acknowledged the requirement for robust, ongoing review and implementation of safeguarding vulnerable adult procedures for this centre specifically in light of lone working staff in the centre.

There was a policy and register in place for the use of restrictive practices. Appropriate arrangements were in place for the management of prn (as required) medication used as chemical restraint as part of an overall behaviour support management strategy. There was evidence however, that there had been a significant reduction in the necessity for this medication to be administered over previous year and that a single occupancy living environment suited the resident's assessed behaviour support needs.

The inspector reviewed the behaviour support planning for the resident identified to

transition to the centre. While a support plan was in place it required some improvement to ensure it provided adequate detail and guidance for staff in order to support the resident should they engage in behaviours that challenge in their new environment or while in the community. In light of the resident's impending move to community residential living and their increased participation in community integration and experiences this was required in order to support the resident as much as possible and guide staff adequately.

Intimate care planning was in place and on review by the inspector found to be informative and comprehensive promoting the resident's independence as much as possible.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had implemented systems to ensure the health needs of the resident intending to transition to the centre would be regularly reviewed with appropriate input from multidisciplinary practitioners as and when required.

Personal planning information evidence the resident had received regular and as required access to a GP, visits to the dentist and a comprehensive assessment of need by a range of other allied health care professionals such as speech and language therapist (SALT), psychiatrist, dietician, physiotherapist and psychotherapy sessions.

The person in charge had begun to make arrangements for the resident to transfer to a general practitioner practice in the community to manage their healthcare needs. They had also linked in with public health services to add the resident to the psychiatric public health team whereby a community psychiatric nurse could administer specific medications as part of the resident's mental health management and promote the resident's full transition to community living. In the meantime a nurse from Saint Patrick's Centre would continue to administer this medication until the transition was completed.

The person in charge also discussed how healthy eating options would be encouraged and the resident would be involved in planning their menus. A specific dietary plan had

been recommended by the resident's dietician and there was evidence that the resident's weight and body mass index (BMI) was measured each month to monitor the resident's nutritional wellbeing as part of their overall nutritional management planning.

Provisions were also in place for the resident to receive an annual health check and as required blood tests. This would continue when the resident transitioned to the service and would be carried out through a community health pathway.

Adequate equipment and space was available in the house to provide the resident with home cooked meals and appropriate size dining area to eat meals with visitors and staff. A record of foods consumed by the resident was already in place and would continue to be implemented when they transferred to the centre.

As the resident had received their main meals from a centralised kitchen in Saint Patrick's Centre, staff would be required to prepare home cooked meals in the new designated centre.

The director of services for Saint Patrick's Centre informed the inspector that staff would receive a session in how to prepare meals and meal provision ideas and that a plan was in place for this to occur. The person in charge also informed the inspector that they were considering purchasing a slow cooker for the centre to support staff in making nutritious meals. The implementation of these plans and their progress would be reviewed on the next inspection of the centre when the resident had transitioned fully 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The proposed medication management policies and procedures for the centre if implemented as per the provider's policies and procedures for medication management would ensure safe and effective medication management for the resident.

The inspector reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications.

The policy was also informative on how to manage medication errors and systems were in place in the centre for the documentation and reporting of medication errors.

A safe storage space had been identified for the resident's medication. Medications were supplied using a pre-dosed blister pack system and a community based pharmacist had been identified to dispense the resident's specific medication.

Regular medication audits were also to take place within the centre by the person in charge.

The provider had trained staff intended to work in the centre in how to administer the resident's medication. This training would ensure staff were competent in administering the medication to the resident. This training would not however, ensure staff could administer medication if they worked in any other part of Saint Patrick's Centre campus. This was a measure identified by the provider to ensure staff were competent and proficient in resident specific medications.

A resident specific medication management support plan was also in place which outlined specifically how staff were to administer the resident's medication to suit their individual identified needs and preferences.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

The provider had produced a statement of purpose which described the service the designated centre would provide the resident intending to transition to the centre.

The provider intended to make some additions to the statement of purpose and agreed to submit the revised statement of purpose to HIQA shortly after 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):**

This was the centre's first inspection by the Authority.

### **Findings:**

The provider had created governance and quality assurance systems to ensure their oversight of the quality of care the resident received. Governance and management systems would be monitored and developed on an ongoing basis. The identified person in charge of the centre met the specific requirements of Regulation 14 in relation to management experience and management qualifications.

The person in charge informed the inspector that arrangements were already in place for an annual review of the quality and safety of care delivered to the residents. Arrangements would also be in place for audits to be carried out in the centre by the person in charge as part of an annual schedule of operational audits to ensure the quality of care received by the resident was in line with the regulations.

There was a clearly defined management structure in place that identified the lines of authority and accountability.

The centre was managed by a suitably qualified and experienced person in charge with authority, accountability and responsibility for the provision of the service. He was knowledgeable about the requirements of the Regulations and Standards. He was also committed to his own professional development and held an honours degree in social care studies and had completed a management course in 2017 funded by the provider.

He was supported in his role by a community services manager and director of services. A quality and compliance manager and their team would also provide a governance oversight function within the centre and carry out the regulatory required six monthly provider led audits of the centre.

Management on-call arrangements were also in place and a roster of on-call managers would be emailed to the person in charge and staff of the centre each week identifying what manager was on-call.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

From the information available at inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of the resident.

The provider had also implemented organisational systems to ensure staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

However, there were gaps in staff training with regard to refresher training and other specific areas to manage personal risks for the resident. The provider was required to address this as a matter of priority prior to the resident transitioning to the centre.

From a sample of files viewed, staff had attended a range of training in areas such as positive behavioural support, safe administration of medication, manual handling and fire safety training. Improvements were required.

In some instances there were time lapses whereby the person in charge and staff had not received refresher training in areas such as safeguarding vulnerable adults and fire safety.

There were however, other gaps identified in training for staff which impacted on them being able to implement risk control measures for the resident identified to move to the centre. For example, staff had not received training in dysphagia management or first aid in order to implement risk of choking control management procedures.

Not all staff had received training in food hygiene and safety. This was also required as staff identified to transition to the centre did not have experience of cooking meals for residents while working in the congregated setting campus of Saint Patrick's Centre. The resident's meals had been provided by a centralised kitchen. Staff would be required to provide nutritious meals which were safely stored and cooked when the resident moved

to the centre.

The provider was required to review this and address the issue prior to the resident fully transitioning to the designated centre.

A sample of staff files were reviewed during inspection and found to meet Schedule 2 requirements.

There were arrangements in place for the provision of supervisory meetings with each staff member. These would be facilitated by the person in charge. A calendar supervision schedule had been drafted by the person in charge which would be implemented when the designated centre opened. T

he person in charge was aware that because of the lone working staff arrangements in the centre staff would require specific supervision systems to ensure they carried out their duties in a safe and effective way.

The person in charge indicated they would sometimes work alongside staff in the centre and observe practice during those times in addition to formal supervision meetings. The person in charge would also carry out unannounced visits to the centre to observe practice.

No volunteers were identified to work in the centre.

**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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Saint Patricks Centre (Kilkenny)
<b>Centre ID:</b>	OSV-0005705
<b>Date of Inspection:</b>	28 November 2017
<b>Date of response:</b>	06 January 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 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:**

The risk register did not contain an assessment of all risks relevant to the centre, for example risks associated with the resident using transport or lone working staff.

The resident required a comprehensive, overarching falls risk management plan.

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

The person in charge and provider were required to review manual handling requirements for guiding staff in how to implement appropriate manual handling techniques should the resident sustain a fall and require staff to support them.

**1. 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:**

All relevant risk assessments have been updated in relation to transportation.

There is also a risk assessment in place in relation to lone working and a standard operating procedure is now in place for lone workers in the Centre also.

There is also a risk assessment in place in relation to trips, slips and falls. There is also a falls pathway and a potential injury log on file.

Each risk assessment has a review date for amending if/when necessary. These are reviewed at team meetings as a group also.

The person in charge met with the training co-ordinator this week and has put a training schedule in place for all staff working in the centre to be updated in their manual handling training as a priority.

**Proposed Timescale:** 31/12/2017

**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:**

While a support plan was in place it required some improvement was required to ensure it provided adequate detail and guidance for staff in order to support the resident should they engage in behaviours that challenge in their new environment or while in the community.

**2. 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:**

A request has been sent to the Behaviour Support Specialist seeking input in order to assist staff in relation to Behaviour Support issues. This request also included review of Behaviour Support plans, taking into account this gentleman's new environment.

This input from the BSS will give the staff team a greater understanding of supports needed moving forward.

PIC is due to meet with the training coordinator immediately following the holiday season in order to populate a training schedule for the remaining staff who have yet to complete Studio 3 training. PIC has requested that these staff are prioritized for this training. Currently awaiting confirmation of dates for Studio 3 training

Proposed Timescale: February 28th 2017 (Pending confirmation of Studio 3 Dates)

**Proposed Timescale:** 28/02/2018

**Theme:** Safe Services

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

The inspector reviewed a sample of training records which informed that most staff had received specific training in this area. However, there were some gaps noted with regards to refresher training in the area of safeguarding vulnerable adults.

**3. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All staff working within the Centre have successfully completed safeguarding training since the inspection. The PIC has liaised with the training coordinator to ensure refresher courses are adhered to within the appropriate time frame.

**Proposed Timescale:** 31/12/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The provider and person in charge were required to ensure all staff identified to work in the centre had up-to-date mandatory training and put systems in place to ensure staff could be released to attend necessary training to carry out their roles and responsibilities.

Staff required training and skills in dysphagia management, food preparation and hygiene and first aid. This training had been identified as centre specific training by the provider but not all staff had been trained in these areas.

**4. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

A number of staff and the PIC have attended dysphagia training since the inspection. The remaining staff have been identified to attend at the next scheduled training session.

Some staff involved in food preparation have attended training with the Dietician since the inspection. The Dietician has supported the team in relation to meal planning and preparation. The remaining staff have been identified to attend at the next scheduled training session. All staff have been identified to attend food hygiene training by mid February 2018

A number of staff have successfully completed basic life support and first aid since the inspection. The remaining staff names have been sent to the training coordinator for the next available training slots.

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