



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

Issued by the Chief Inspector

Name of designated centre:	Dinan Lodge
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	08 January 2020
Centre ID:	OSV-0005621
Fieldwork ID:	MON-0028080

About the designated centre

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

Dinan Lodge is a residential home located in Co. Kilkenny. The service can provide supports for four residents over the age of eighteen with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by staff members at all times. The level of staffing present is dependent on the planned activities of residents with two staff present at day time hours. A person in charge is appointed to ensure effective governance of the centre is maintained. The premises consists of a two storey detached house with the upstairs utilised by the staff tea. Each resident has a private bedroom and free access to the shared living area and large kitchen/dining room. A large secure garden area is available for residents which incorporated a poly tunnel.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
08 January 2020	10:00hrs to 16:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and spend time with residents present on the day of inspection. On arrival to the centre one resident had just left to start their day. Staff informed the inspector that the resident was an early riser and liked to spend his day out and about. This was reflected within their individualised personal plan and personal goals. One residents was at home with their parents and the inspector did not have the opportunity to meet this person.

Two residents headed out in the morning for a walk in the local area and to run errands for their home. They smiled at the inspector when introduced and one individual held out there had to shake the inspector hand. The inspector did not interrupt their plan. Both residents returned from their busy morning at lunchtime. The inspector spent time in the kitchen dining area at this time. One resident was very busy helping a staff member prepare their lunch. They were preparing a stir fry, where the staff was encouraging the resident to participate in the task. The resident chose to have sausages along with this stir fry and this was respected with again the resident being supported to prepare the sausages in the air fryer. Staff sat with residents during their observed mealtime. It was a social able experience.

Staff interactions with residents were observed to be positive in nature. Residents were encouraged to participate in a range of activities and house hold chores to promote independence and learn new skills. One resident was assigned the job of load the dishwasher. Another was assigned the job of helping with the wheelie bins. Jobs were set out by pictures on their daily planner board.

Capacity and capability

Dinan Lodge presented as a service where the registered provider was implementing measures to strive to achieve a high level of compliance and adherence to regulation. Through the appointment of a clear governance structure and overall effective monitoring systems service users were provided with a safe, effective and person centred service.

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. The person in charge was actively completing their regulatory required duties. For example, a statement of purpose for the designated centre was in place which was regularly reviewed. All notifiable incidents had been reported to the office of the chief inspector within the regulatory required time frame. They reported to the individual appointed to the role of persons participating

in management and was supported in their role by the staff team of Dinan Lodge.

This staff team allocated to the centre incorporated social care workers and healthcare assistants. The registered provider had ensured that the staffing numbers and skill mix allocated to the centre were appropriate to the assessed needs of the residents currently residing in the centre. The staffing levels in place were reflected within an actual and planned roster. This roster evidenced flexibility and ensured the supports of the service user was paramount. For example if an evening activity was planned or a therapy appointment was required the roster was altered to ensure staffing supports were provided.

The registered provider had ensured the completion of organisational level monitoring systems such as the regulatory required annual review of service provision and six monthly un-announced visits to the centre. These systems incorporated input from residents and their families where possible and were utilised to drive improvements in the service. Six monthly un-announced visits to the centre were now implemented by a delegated person. Actions required following implementation of same were monitored by the person in charge who ensured their completion within a set time frame. Within the organisation an audit schedule had been developed to guide the governance team on their responsibility and role of monitoring the service under their governance. At centre level the person in charge implemented a plethora of monitoring systems to ensure the provision of a safe and effective service. These included financial audits, medication kardex reviews and fire safety check reviews. Where actions were required these were addressed through a time bound action plan.

The registered provider had ensured the development of an effective complaints procedure. Through an organisational policy staff and residents were provided with guidance on procedures to adhere to should a complaint arise. Through review of the complaints log it was evident that residents are supported and facilitated to submit a complaint should they wish. Complaints were addressed in a timely manner with the satisfaction of the complainant achieved. Details of the complaints officer were visible throughout the centre.

The registered provider had a clear admission procedure to any centre within the organisation. This procedure was clearly set out within the statement of purpose. A service provision agreement document was in place, however this document did not set out the fees to be incurred on an individual basis. Also, the document was not consistently signed by the appointed representative for the residents.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider ensured a full application for renewal of registration was submitted in a correct and timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider has appointed a suitably qualified and experienced person in charge to the designated centre. This person possessed the necessary skills to compete their governance role to a high standard.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the staffing numbers and skill mix allocated to the centre were appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider has ensured the appointment of a clear governance structure to the centre. Effective systems were in place to ensure organisational oversight was in place including the implementation of an annual review of service provision and six monthly unannounced visits to the centre.

At centre level the person in charge ensured effective monitoring systems were in place which enable compliance with regulations.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Whilst a service provision agreement was in place within the organisation, these did not reflect the service provided including fees to be charged on an individualised basis.

Also, the document was not consistently signed by the appointed representative.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the Statement of Purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifiable events/incidents had been submitted to the office of the chief inspector in accordance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place which gave clear guidance for staff in the procedures for addressing a complaint. No complaint was active on the day of inspection

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of Dinan Lodge and found that a

person centred approach to supports was afforded to residents, which ensured that residents were consulted, participated in decision relating to their care. Residents were consulted in the day to day operations of the centre through attendance at a weekly meeting in the centre where such things as evening and weekend activities and menus were discussed. The centre presented as a warm homely environment which was tastefully decorated. Some internal areas did required painting to maintain this standard. Resident's bedrooms were decorated with family photos and items of interest to each individual.

Residents were supported by staff to communicate at times. Visual schedules were in place which used photographs to inform residents of activities or the next step in an activity. Whilst one resident was being supported to prepare their lunch staff were observed utilising the form of sign language which the resident comprehended. They also ensured that eye contact was maintained throughout the interaction. Guidance was available for staff and those offering supports to each individual of their means of communication. This information was clearly laid out within the personal plan.

Staff were afforded with clear guidance to support residents through behaviour which may be challenging. This incorporated communication techniques such as social stories and visual schedules as discussed above to alleviate communication as a possible trigger for anxiety and frustration. Staff were observed to adhere to guidelines. All incidents were recorded and reported to the person in charge to ensure effective monitoring of all behaviours of concern. Where a restrictive intervention was required staff were observed adhering to guidelines surrounding same. IT was only observed to be utilised when the risk was present.

Each resident had a comprehensive and individualised personal plan in place. The personal plans provide guidance for staff on the multi-disciplinary support needs of residents in a clear concise manner including speech and language guideline and occupational therapy. The person in charge had ensured the plans were regularly reviewed to ensure the effectiveness of the plan. A new format had been recently introduced to the personal plans with information and guidance now easily accessible.

The registered provider had ensured the provision of an appropriate service to each individual based on their assessed needs. Each resident was afforded with ample opportunities for participation in meaningful activities in accordance with their unique hobbies and interests. On the day of the inspection residents were observed to be out and about in the local community. A party was planned in the coming weeks in the local GAA club to celebrate a milestone birthday. Residents were afforded support from staff to partake in group and individual activities. Personal goals had been developed through visioning meetings to enhance activities which residents enjoyed. For example, sourcing an appropriate swimming pool in the local area. record of participation in activities was documented within each individuals personal plan and through the use of personal computer tablets.

The person in charge had ensured that residents were supported to buy, prepare and cook their own meals. Mealtimes were an enjoyable experience. One resident

was observed helping staff to prepare their lunch. A choice was offered and all choices made were respected. Staff were observed to adhere to guidelines as set out by the multi-disciplinary team including the dietitian. Ample snacks were available for all.

The registered provider had ensured that service provided was done in a manner which promoted the safety of residents. Processes and procedures relating to risk were clearly set out in an organisational risk management policy, which also contained the regulatory required information. The registered provider had ensured effective systems were in place for the ongoing identification, monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk. For example, manual handling needs and safeguarding. Standard operating procedures were also in place to ensure adherence to risk assessments.

Measures were in place regarding the detection, response and management of fire with clear systems, equipment and preventative and responsive control systems in place. Safeguarding policies and practices were clearly understood by staff and there was evidence in place of follow up and appropriate investigation where allegations were made. Residents finances were reviewed and found to be checked, cash balances matched recorded accounts and all transactions were co-signed by staff on duty as a protective safeguarding measure.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported at all times to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured the provision of an appropriate service to each individual based on their assessed needs. Each resident was afforded with ample opportunities for participation in meaningful activities in accordance with their unique hobbies and interests

Judgment: Compliant

Regulation 17: Premises

Overall, the centre presented as a warm homely environment which was tastefully decorated. Each resident had a private bedroom which they were supported to decorate. Some areas internally required painting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their own meals. Mealtimes were an enjoyable experience

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect to the designated centre and ensured a copy was available to all residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured effective systems were in place for the ongoing identification, monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk.

Processes and procedures relating to risk were clearly set out in an organisational risk management policy, which also contained the regulatory required information.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective measures were in place for the detection and containment of fire. Through ongoing monitoring by the staff team, through daily and weekly checks, any issues were identified and addressed in

a timely manner. residents were supported to participate in evacuation drills

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage and administration of medicinal products

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive and individualised personal plan in place. The personal plans provide guidance for staff on the multi-disciplinary support needs of residents in a clear concise manner. Personal goals had been set following consultation with the resident with clear evidence of progression.

The person in charge had ensured the plans were regularly reviewed to ensure the effectiveness of the plan.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured residents were supported to achieve the best possible physical and mental health.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured staff had up to date knowledge and guidance to support residents in the management of behaviours which are challenging.

Where an environmental restriction was in place this was utilised for the shortest

duration necessary in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted all aspects of their support needs

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dinan Lodge OSV-0005621

Inspection ID: MON-0028080

Date of inspection: 08/01/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The SPC Provision of Service documentation was reviewed by the Quality, Finance and Social Work department after the inspection took place in Dinan Lodge.</p> <p>The Provision of Service documentation was updated to include the Ward of Court Committee as necessary for people supported in SPC.</p> <p>The Social Work department also developed a support plan to guide staff if a person supported is Ward of Court.</p> <p>The updated Provision of Service documentation and the support plan are now implemented not only in the designated centre Dinan Lodge, but also in other designated SPC centres as appropriate.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The PIC has requested the necessary paint works to be completed by the SPC maintenance department in Dinan Lodge.</p> <p>Maintenance department advised the PIC to request quotes from companies to ensure the necessary painting works will be completed latest by 30/06/2020</p>	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2020
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	03/02/2020
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre	Not Compliant	Orange	03/02/2020

	and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
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