



Office of the Chief Inspector

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

Name of designated centre:	Dinan Lodge
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	30 May 2019
Centre ID:	OSV-0005621
Fieldwork ID:	MON-0025243

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 hen enclosure and 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
30 May 2019	09:30hrs to 17:00hrs	Laura O'Sullivan	Lead

Views of people who use the service

On arrival to the centre residents were in the centres vehicle ready to start their day. Staff introduced the residents to the inspector and spoke of what their plan for the day was. Residents acknowledged the presence of the inspector utilising their unique communication methods such as facial expression and smiling.

On return to the centre following their day activities residents participated in their daily chores throughout the house one resident watered the flowers whilst another helped staff to prepare the tea. Residents chose not to interact with the inspector but to go about their daily activities. This choice was respected by the inspector.

Interactions between staff and residents were positive in nature with staff encouraging participation and communication from all individuals. Whilst one resident was being supported to have a cup of tea and a biscuit, staff continued to communicate with them ensuring to observe their communication methods and body language, when they were ready for more. The staff recognised the resident leaning towards them as a sign they wanted more. Residents appeared very comfortable in the company of staff maintaining eye contact and smiling throughout interactions.

Capacity and capability

Dinan Lodge presented as a centre where the registered provider demonstrated high level of compliance. The capacity and capability of the provider ensured residents were supported to enjoy an active life, participating in a range of meaningful activities within the local community. Through a clear governance structure and efficient staff team the centre was governance in a manner which assured adherence to regulations and self-identification of areas for improvements to ensure a safe, effective service was afforded to residents.

The registered provider had ensured a clear governance structure was place within the centre. A suitably qualified and experienced person in charge had been appointed to the centre that was responsible for the day to day operations within the centre and regular monitoring of service provision. This individual reported directly to the community service manager in their capacity of person participating in management allocated to the centre, whom in turn reported to the senior management team and the board of directors.

The person in charge had a clear understanding of the supports needs of the

residents and of their regulatory responsibility. For example, all notifiable incidents had been reported to the office of the chief inspector within the allocated time frame, a directory of residents had been developed and maintained and an up to date and relevant statement of purpose was available.

At centre level, the person in charge with support from the staff team implemented a number of monitoring systems to ensure a high standard of service provision; these included regular financial audits, medication audits, fire safety checks and a walk around audit which provided an overall review of the centre. Where an area of improvement was identified by the staff completing the audit this was reported to the person in charge whom completed a time bound action plan to ensure compliance was achieved.

The registered provider had effective systems in place for the implementation of an annual review of service provision. This was completed by a delegated person within the organisation and was evidenced to be comprehensive in nature. There was clear evidence of consultation with the residents with their views being integrated into the final report. A time bound action plan had been established with all actions required completed. However, the registered provider had not ensured the execution of an unannounced visit to the centre on a six monthly basis to the centre by an assigned person. This last occurred in May 2018.

The registered provider had ensured the allocation of appropriate staffing levels to meet the assessed needs of residents. The staff team were knowledgeable to the supports required to promote the resident's independence and participation in the local community. Staff members had been allocated duties within the centre and these were implemented to a consistently high standard this included regular vehicle checks and assigned keyworker duties such as review of individualised personal plans. The allocation of these duties ensured that during periods of absence of the person in charge the centre continued to operate to a high standard.

The actual and planned rota is flexible and staffing levels are dependent on the needs of the residents. For example, additional staff may be present if a resident chooses to participate in a particular activity such as orienteering. The person in charge completed an audit of training needs of the staff team in February 2019 to ensure staff were provided with up to date knowledge and adhered to best practice. This was further enhanced by an audit completed by the training department in March 2019. Where a training need was identified this was addressed by the person in charge and training was booked in advance.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. This person possessed a clear knowledge and understanding of their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the allocation of appropriate staffing levels and skill mix to the centre to meet the assessed needs of the residents.

An actual and planned rota was in place which evidenced continuity of care and flexibility of the staff team to ensure a holistic approach to activities was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to appropriate training, including refresher training. Training provided was specific to the assessed needs of the residents.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents within the designated centre incorporating the information set out Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured a clearly defined governance structure was in place within the designated centre. An annual review of the quality and safety of care and support in the service had been implemented by a delegated person.

Whilst overall there effective management systems in place to ensure the service provided was safe, the registered provider had not ensured the implementation of a six monthly unannounced visit to the centre since May 2018. This visit also did not include consultation with the residents and/or their

representatives.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared and reviewed accordingly a statement of purpose containing information set out in Schedule 1

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given the chief inspector notice in writing within the set time frame of all notifiable events. The person in charge had a clear understanding of adverse events which required notification

Judgment: Compliant

Quality and safety

Dinan Lodge presented as a designated centre which provides supports in a holistic, person centred manner. Individuals are afforded opportunities to participate in individualised and group activities of their choice. Individuals are encouraged and facilitated to participate in the operations of the centre and they were observed to actively participate in the running of the home.

Residents were supported to choose their daily activities with their participation and enjoyment documented both within their individualised personal plans and by photograph on their i-pads. One to one activities were encouraged including swimming, art and social outings. Residents had hens on site and with staff support tended to their care needs. One resident collected fresh eggs daily. A poly tunnel was in place in the garden area of the house, where residents grew and tended to their fruit and vegetable patch. One resident's identified goal was to ensure that the flower baskets and plants in the garden were watered daily.

Residents were supported to participate in the day to day operations of the house. Life skills were actively encouraged such as making a cup of tea and emptying the dishwasher. In the evening, on return from a busy day, one resident was observed assisting staff in the preparation of a stir fry for dinner. Another resident went to the

local pharmacy to collect their prescription with staff. Residents were encourage also to participate in local community act ivies and were respected members of the local GAA club. A range of life goals had been identified through consultation with the individual residents and were clearly documented within their person plan.

The person in charge had ensured the development and ongoing review of comprehensive individualised personal plans for each resident. Monthly multi-disciplinary reviews were implemented incorporating input for relevant members of the individuals support team such as the physiotherapist or speech and language therapist. A new template for monthly review of the plan was currently in pilot stage within the centre and in the early stages of development. The aim of the template was to ensure that information within the plan was person centred and relevant to the person.

The registered provider had ensured the centre was operated in a manner which promoted the safety and well-being of all residents. The person in charge ensured that all risk both individualised and environmental were identified and assessed accordingly. These were outlined within a risk register which incorporated current control measures in place to minimise the risk. Such identified risks included epilepsy and falls. The person in charge had set review dates for a number of individualised risks but had not adhered to these set dates and required review.

Measures were in place regarding the detection, response and management of fire with clear systems, fire fighting equipment and preventive measures in place. Staff had a clear understanding of the evacuation procedures within the home and ensured residents were facilitated to participate in regular fire drills and evacuations to promote awareness. Safeguarding practices and policies were reviewed as part of the inspection and evidenced to be effective. Through an organisational policy and training staff were provided with clear guidance on procedures to adhere to should an allegation arise. Where an allegation had arisen systems were immediate implemented to tenure the safety of residents and adherence to local and national policy.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes. The supports to be afforded were outlined clearly within their personal plan.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured the provision of care and support in accordance

with the residents assessed needs. Each resident had access to a wide range of activities both within the home and wider community in accordance with their individual interests and developmental needs. Participation in life skills were promoted in daily activities.

Judgment: Compliant

Regulation 17: Premises

The premises presented as a warm homely environment. Residents were supported to personalise their bedroom with photographs and objects which reflected their interests and hobbies. The design and layout of the centre met the objectives of the service to be provided.

Some internal areas of the premises did require review to be in a good state of repair.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide with respect of the designated centre containing the required information. A copy was available to all residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had ensured effective systems were in place for the identification and assessment of risk. Identified risks were outlined within a risk register. Improvements, however were required with respect to the review of risk to ensure all identified risks were reviewed within the allocated time frame.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured effective fire safety systems were in place for

the detection, containment and extinguishers of fires within the centre. Staff and residents were aware of correct fire evacuation procedures. Regular review of the environment were implemented to ensure all fire fighting equipment, evacuation routes and fire precautions were effective.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development of a comprehensive individualised plan for each resident. A monthly multi-disciplinary review was implemented to ensure the information was relevant and reflective of the residents current assessed needs. The support needs of residents was clearly laid out with guidance provided for staff in a clear concise manner.

Judgment: Compliant

Regulation 8: Protection

Appropriate safeguarding policies and procedures were in place. Residents were protected from abuse and staff were knowledgeable to procedures to adhere to should an allegation arise.

The personal and intimate care needs of residents was detailed within the personal plans in a respectful , dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that was respectful of the rights of the residents. Each individuals was consulted in the day to day operations of the centre with choice promoted.

Residents were supported to avail of an independent advocate as required.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dinan Lodge OSV-0005621

Inspection ID: MON-0025243

Date of inspection: 30/05/2019

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Due to changes within the operations team in St. Patrick's Centre (Kilkenny) in 2018 the registered provider could not ensure the completion of provider audits in a number of designated centres as per regulation.</p> <p>In March 2019 the Director of Service, Community Service Managers and Quality Department have developed a schedule for completion of annual and six monthly provider audits with identified responsibilities.</p> <p>A review and update on the provider audit schedule for SPC is scheduled between the Director of Service, Community Service Managers and Quality Department on the 13/08/2019 to ensure completion of same are within set timeframes.</p> <p>An annual provider audit was completed in Dinan Lodge in February 2019. A six monthly unannounced provider audit visit is scheduled to be completed by the Community Service Manager in September 2019.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>People supported have moved to Dinan Lodge in April 2017. Since the people supported moved into their new home, the communal areas in Dinan Lodge were repainted once.</p>	

In April 2019 the floor tiles in the bathroom were replaced and a new toilet fitted. Also the flooring in 2 bedrooms was replaced in April 2019. The PIC is monitoring on an ongoing basis with the staff team maintenance needs for Dinan Lodge to ensure that people supported's home is homely and kept in a good state of repair.

The PIC has sent a request to the finance and maintenance department for repainting of the communal areas and one person supported's bedroom in Dinan Lodge. Maintenance department is in the process of obtaining quotes. The repainting of all areas will be completed by 31/12/2019.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The PIC and staff team are currently reviewing the risk register and all individual risk assessments in Dinan Lodge to ensure all risks are identified, rated and reflected in the risk register.

The PIC attended the Quality Training Session around Risk Management on the 11/07/2019. Further training is scheduled for staff members to attend on the 18/09/2019 to build capacity within the staff team around identification, rating and reviewing of risks.

A risk management working group within SPC has developed a new risk assessment form and risk register, which is currently being rolled out within SPC. The risk management policy is under review and will be finalised in September 2019 to reflect the new assessment and review process for risk assessments.

Risk assessment within SPC will then be reviewed on a yearly basis or as required indicated by the identified actions within the risk assessment form.

The review of generic and individual risk assessments will be completed by the 30/10/2019. The new risk register will be developed and kept live reflecting all review dates.

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	31/12/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and	Substantially Compliant	Yellow	15/09/2019

	put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Substantially Compliant	Yellow	15/09/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/10/2019