

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	JULA
Centre ID:	OSV-0005694
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Saint Patrick's Centre (Kilkenny)
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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: 05 December 2017 10:30 To: 05 December 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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

This inspection was conducted in a new, unoccupied centre operated by St Patricks Centre Kilkenny to inform a registration decision.

How we gathered our evidence :

As part of the inspection, the inspector met with the proposed person in charge and the person participating in management. The inspector reviewed documentation such as personal plan templates, accident log templates and documentation relating to staffing

Description of the service

The centre is proposed to be a community home offering residential support to people with an intellectual disability. The provider had produced a document called the statement of purpose, as required by regulation, which described the service they intended to provide. The centre was a detached bungalow with four bedrooms in spacious grounds and in proximity to the local town. The provider proposed to offer residential support to four ladies.

Overall findings:

Overall, the inspector found that adequate preparations were in place to open the service. The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met.

Good practice was identified in areas such as:

- the development of transition plans (Outcome 5)
- provision of premises appropriate to the assessed needs of residents (Outcome 6)
- provisions for healthcare (Outcome 11)

The reasons for these findings are explained under each outcome in the report. No actions were required.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Arrangements had been made to consult with residents and to protect and promote rights.

The organisation has set up a human rights committee, and the emphasis of this group is the restoration of rights. For example the implementation of any restrictive intervention must include a restoration of rights plan. Contracts of care which were in place had been reviewed by this committee, and any rights restrictions would be referred for review.

A system of consultation was outlined whereby residents would be offered a weekly meeting at which to discuss issues relating to the daily running of the centre. Issues which are proposed to be discussed at these meetings include advocacy and safeguarding.

There was a clear complaints procedure in place, an accessible version of this was available and was displayed in the centre. Other information had been prepared in an accessible version including an easy read residents' guide and advocacy information.

The privacy of residents had been considered, and there were thumb locks on bedroom doors for residents to use in accordance with their preferences and support needs.

Judgment:

Compliant

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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:
Detailed written contracts of care had been prepared which outlined any services provided and a breakdown of any charges incurred.

Transition plans had been developed for residents who had been identified to move into the proposed centre. These residents had visited the house several times, and had been involved in the preparation of rooms which had been painted and decorated in accordance with the preferences of residents.

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:
Arrangements had been to develop a personal plan for each resident, and to ensure a meaningful day for residents.

A person centred planning and care planning template had been developed in which

personal plans would be organised. Proposed residents currently had personal plans and it is envisaged that information in these plans, together with assessments would inform the personal plans. The person in charge is undertaking a review of the plans in relation to the changing circumstances for residents.

Detailed transition plans were underway for residents who had been identified to move into the centre. Visits had been made and residents had been involved in decorating and personalising their own rooms. A visual record had been maintained on progress in the transition plans, and these were available on residents' tablets.

A 'visioning meeting' has been held each resident to ensure plans are in place to support a meaningful day. It is intended that current activities and occupations will be continued initially, and that various new activities will be offered following the move. These activities have or will be planned in conjunction with the occupational therapist.

The person in charge outlined plans to record any activities in detail, including the person's response to activities and recording of plans to maximise the success of activities.

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 centre was a spacious bungalow in a rural location, in spacious grounds and decorated and equipped according to the needs of the proposed residents.

There were four bedrooms, each decorated in colours chosen by the resident, and equipped in accordance with their needs, for example with hoist tracking systems. As it is intended to offer a service to people with mobility needs, the house had been equipped and adapted accordingly. There were ramps to the external exits, and spacious living areas and corridors. The kitchen had been equipped with an electronically height adjustable sink and work surface which is accessible to residents in wheelchairs.

There were sufficient communal and private living areas, an adequate number of bathrooms to meet the needs of residents, and plenty of storage space for both personal belongings and equipment.

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:

Arrangements were in place to manage risk and to manage fire safety.

A risk register had been developed in which all currently identified risks were recorded and risk rated. Environmental risks were included such as accidental injury, the management of dysphagia and the risk of a resident being missing. There was a risk management policy in place which included all the information required by the regulations.

A risk management health and safety committee was already in place at which any significant incidents or near misses would be reviewed. All incidents will be reviewed by the team leader and another member of the multi-disciplinary team.

Some individual risk assessments had been conducted for identified residents, including the risk relating to specific behaviour, dysphagia and pain management.

Fire equipment including extinguishers, emergency lighting and an alarm system were in place and there were self closing fire doors throughout. A system of weekly and daily checks was planned. There was a personal evacuation plan in place for each resident. Comprehensive information was submitted by the provider in relation to the management of fire safety at night.

Judgment:
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:

Arrangements had been made in relation to safeguarding of residents and the provision of behaviour support.

The person in charge was knowledgeable about their role in the safeguarding of vulnerable adults. There were systems and procedures in place in the event of any allegations of abuse, and all identified staff had received training in the protection of vulnerable adults.

There was a behaviour support team available to any residents who require support in this area. Some identified resident had behaviour support plans in place, based on detailed assessments. The person in charge outlined that these plans would be reviewed as required in light of the move to the new location, and that the behaviour support specialist was available to provide unit based training in specific interventions.

While no restrictive interventions were envisaged, structures and processes were in place within the organisation for the monitoring and review of any restrictions.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

There was evidence to indicate that residents' healthcare needs would be adequately assessed and regularly reviewed with appropriate input from multi-disciplinary

practitioners where and when required.

The person in charge outlined the plans to ensure that potential residents would be supported to continue with their current general practitioner (GP) and an out of hours GP service had been identified. A range of multi-disciplinary supports had been identified, including dietician, tissue viability and speech and language.

Healthcare plans were already in place for identified residents, and those reviewed by the inspector were in sufficient detail as to guide staff, and had been regularly reviewed. Training in specific healthcare issues had been provided to identified staff. Further training was planned, and the person in charge gave assurances that there would always be a member of staff on duty who was trained in the specific areas.

Plans were outlined to the inspector in relation to the provision of a balanced and varied diet, including the involvement of a dietician, the management of choice and the development of risk assessments in relation to safe feeding for some residents.

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 structures and processes proposed in relation to medication management were to be appropriate and in line with the regulations.

There was a medication management policy in place in sufficient detail as to guide staff, and information relating to this policy was included in staff training. Training in the safe administration of medications was mandatory for all staff who would be administering medications, and the person in charge gave assurances that there would always be at least one staff member on duty who had received training.

Safe storage facilities in the form of a locked cupboard had been built in, which could only be accessed by staff using a key. It was planned that this key would be maintained on the person of a staff member at all times.

Systems had been planned in relation to the ordering, receiving and stock control of medications, and it was proposed that audits would be conducted both by the person in

charge and by the medications project officer. This project officer will also analyse any data relating to medication errors.

A medication self assessment and a medication management plan had been developed for each identified resident.

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:

A statement of purpose had been prepared to include the aims and objectives of the centre and a description of the facilities and services which were to be provided to residents, and which included all the information required by the regulations.

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 residents would receive when they moved to the proposed designated centre. Governance and management systems would be monitored and developed on an ongoing basis.

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 centre specific audits to be carried out in the centre by the person in charge and team leader as part of an annual schedule of operational audits to ensure the quality of care received by residents was in line with the regulations.

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

On the day of inspection the inspector found the proposed person identified to be the person in charge to be a suitably qualified and competent person to carry out the role of person in charge of the centre. She was knowledgeable about the requirements of the Regulations and Standards. She was also committed to her own professional development and held a professional nursing qualification and had completed a management course in 2017 funded by the provider.

A team leader would work on a full-time basis in the centre to provide operational management oversight. 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:

A sample staff roster was available which indicated that the numbers of staff would be appropriate to meet the needs of residents, and there were supervision and management strategies planned.

All staff identified to work in the centre had received the organisation's mandatory training including fire safety and the protection of vulnerable adults. Some staff had received training in the safe administration of medication, and further training was scheduled for the others. Assurances were given that only staff who had received training would administer medication.

Staff supervision was planned in accordance with the current practice of the organisation whereby there would be individual supervision meetings every month, and an annual schedule had been prepared.

The provider had implemented organisational systems to ensure staff would be recruited, selected and vetted in accordance with best recruitment practice, and the inspector was informed that these practices would continue in this new centre.

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

Judgment:

Compliant

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:

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