

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Clannad
<b>Centre ID:</b>	OSV-0005633
<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>Provider Nominee:</b>	David Kieran
<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>	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: 14 June 2017 11:00 To: 14 June 2017 19:00

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

In May 2016 a new board of management had been appointed to St. Patrick's Centre, Kilkenny. The board had been in place 13 months at the time of this inspection. In May 2016 the newly configured provider entity was given a six month time frame to bring about substantial improvements within the overall service in order to demonstrate to the Chief Inspector their fitness to carry on their role as provider of the service.

An intensive regulatory monitoring schedule was carried out of all designated centres comprising St. Patrick's Centre, Kilkenny following the six month period to assess if the provider had brought about improvements. Inspections carried out in November and December 2016 found evidence that significant improvements had occurred in all centres inspected.

The purpose of this inspection was to inspect the proposed designated centre and assess if the centre would be suitable to meet the needs of the proposed residents and to also assess that the provider and person in charge could meet their needs to a good standard in compliance with the Regulations.

#### How we Gathered Evidence.

As part of the inspection, the inspector met with proposed person in charge of the designated centre and nominated persons participating in management of the centre, the quality and compliance manager and three staff who would work in the new designated centre. Some of the staff moving with residents to the new designated centre were residents' current key workers who knew the residents well.

The inspector reviewed documentation such as personal plans, risk assessments, behaviour support plans, staff files and training schedules and plans. The inspector also carried out an observational review of the premises with a Health and Safety representative for St. Patrick's. A fire safety engineer had carried out an inspection of the premises and advised a schedule of works which were almost at completion stage the time of the inspection.

#### Description of the Service.

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

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

#### Overall Judgment of our Findings.

This new community based designated centre would provide residents with a more optimum living environment that where they were currently living, in the campus of St. Patrick's Centre, Kilkenny.

The inspector noted a number of causes of residents engaging in behaviours that challenge were as a direct result of their current living environment which could not adequately meet their needs. For example, there had been instances where a resident had become distressed at not being able to go on an outing with their peers due to inadequate transport resources and staffing levels, another incident was caused by the resident being unable to access the toilet as their peer was using it at the time.

A move to the new designated centre, referred to in this report, would eliminate these triggers. Residents would be supported by a higher staff to resident ratio. The centre would have its own designated seven seat transport vehicle which could accommodate all residents going on a trip if they wished and residents would have

greater access to toilet and bathing facilities supplied with aids and appliances to meet their specific needs.

Some improvements were necessary.

The provider was required to implement a review of hazards and risks within and outside the centre. For example, there were some trip risks to the rear of the premises that required addressing in light of some residents vision impairment. The provider was also required to review thermostatic control measures for radiators and hot water in the centre. Residents' laundry facilities would require some works to ensure they were a clean, workable space for residents to launder their clothes and learn skills to do so.

Compliance was found in most outcomes inspected. Of the 10 outcomes inspected five met with compliance, five outcomes met with substantial compliance.

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:**

New contracts of care had been devised since the previous inspection. The new contracts reflected changes in residents' fees in light of changes in long stay charges.

These contracts would be signed by residents and their representatives when they moved into 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:**

There was evidence to indicate allied health professional assessments of residents taking

place and support planning to implement recommendations would transfer to the new designated centre referred to in this report. Residents had identified goals set however, there was a lack of evidence of goal reviews being carried out by residents' key workers or how this would occur in this designated centre.

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

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

The person in charge informed the inspector that residents' personal plans, including assessments of needs and person centred support planning would be updated by residents' key workers when they moved into the new designated centre to reflect their new living circumstances and reflect any changes.

Person centred goal setting had also begun and there was evidence to indicate a person centred planning meeting had been carried out with residents and goals identified. However, there was a lack of evidence of action plans to achieve goals identified or reviews if goals were being worked towards.

Transition plans were in place and would be used to support residents in transitioning to their new home. These plans included a booklet with photographs and easy read formats for residents to use with their key worker in helping them to understand their transition to their new home.

Community transition co-ordinators identified for residents proposed to move into the centre had carried out detailed transition plan assessments of residents and the needs and supports they would require when they moved into their new home. These were of a good standard and included principles of social role valorization and person centred planning assessments across a range of areas.

While there were improvements overall in residents personal planning files contained information that was out-of-date and not relevant to the residents' assessed needs, support planning or reflective of the new home they were moving to.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

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

At the time of inspection the centre was undergoing a suite of upgrading refurbishment works to the centre prior to the proposed residents moving into the centre. The inspector viewed the premises during the inspection and noted most of these works had been completed or were in the process of being completed to a good standard. A completion date was set for all refurbishment and fire safety works to be completed 16 June 2017.

The centre contained two bathing/showering and toileting facilities, one and ensuite, A bath had been fitted in the ensuite room to meet the needs of the resident intended to move there. This was evidence of good transition planning arrangements to meet the needs of the resident. However, in light of some of the needs of residents, for example in relation to sight loss, an assessment of the bathing facilities by an appropriate allied health professional, was required to ensure the appropriate aids and appliances were in place to support residents in being as independent as possible.

The inspector viewed intended residents' bedrooms during the inspection. Residents would each have their own bedrooms. Bedrooms would be decorated to the taste and personal preference of each resident. The rooms had already been painted with tasteful colours which were age appropriate and in line with residents' personal preferences.

The centre also had a well equipped and spacious kitchen and dining space. The provider had purchased a suite of white goods for the centre including a new fridge/freezer, cooker, microwave, washing machine and dryer. These were due to be installed when the upgrading works were completed.

Laundry facilities were available in the garage attached to the house. However, the inspector was not satisfied there was adequate arrangements for residents to store laundry products and manage soiled and clean laundry in the space identified. The provider was required to address this to ensure residents laundry could be managed in a clean workspace which would provide them with the opportunity to participate also.



There would also be suitable arrangements in place for the safe disposal of general waste for the centre.

The external premises were well maintained with parking to the front of the property. Residents had access to a pleasant back garden which was secured to meet the risk management needs of residents.

Maintenance records would be maintained in the centre detailing servicing of equipment in the centre and ongoing maintenance works where necessary.

**Judgment:**

Substantially 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 health and safety of residents, visitors and staff would be promoted in the centre following completion of fire safety works which were underway at the time of inspection. A health and safety officer for the organisation was involved in the process and had systems in place or planned to ensure hazards and risks were mitigated or controlled. There were some improvements required to ensure all hazards and potential risks were adequately controlled and managed.

The risk management policy met the requirements of the Regulations and would be implemented throughout the centre and cover the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

A risk register for the centre was in the process of being drafted however, at the time of inspection it was not finalised and would be required to ensure a comprehensive overview of all risks and hazards in the centre had been identified and had appropriate control measures in place.

The inspector identified there were some outstanding risks and hazards in the centre that required control measures in place. For example, there were no thermostatic temperature controls for hot water to prevent the risk of scalds to residents, staff or visitors. Equally, some radiators in the centre did not have surface temperature controls in place. This required review to ensure control measures were in place to prevent the

risk of burns from hot surface temperatures.

Personal risks for residents had been identified and were analysed with control measures in place to mitigate risks. These risk assessments were maintained in residents' personal plans and referred to their current living arrangement. These personal risk assessments would be updated to reflect their new living environment when they moved to the new premises.

The fire policy and procedures available on the day of inspection were centre-specific and up to date. Fire safety plans were reviewed by the inspector and found to be comprehensive. These were to be placed at key locations in the centre. Regular fire drills would take place and staff would carry out a fire evacuation 'dummy run' prior to residents moving into the house and a further drill following their arrival to the house. Subsequently, fire evacuation drills would be carried out at least quarterly.

Individual personal evacuation management plans were documented for residents and would be further reviewed on their move to the centre to reflect centre specific guidelines for staff and residents.

Fire evacuation doors had been fitted with a thumb turn mechanism. This ensured residents, staff and visitors could evacuate from the premises without the necessity of a key but still ensuring that the premises was secure.

The premises had been fitted with emergency lighting and a new fire alarm with connected smoke and fire detectors at key locations in the building, including the garage which would contain the washing machine and dryer for the centre. Fire extinguishers were located at strategic points in the premises.

The inspector noted the presence of smoke seals on all doors in the centre. All doors in the premises also appeared to be heavy set fire compliant doors. This promoted good fire containment measures in the centre. Some doors were fitted with stay open devices to allow residents easy movement throughout their home but in line with fire compliance guidelines.

At the time of inspection the incident and accident recording system that would be in place had not been decided on. The provider was required to instate a robust incident and accident recording and reporting system for the centre in which all staff were proficient in using, prior to residents moving in.

There was a policy on infection control available. Cleaning schedules were in place and would be completed by staff on an on-going basis. Hand washing facilities in the centre were adequate. Hand wash and drying facilities would be available to promote good hand hygiene. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

At the time of the inspection it was proposed that they be stored in the garage, however the inspector was not satisfied that this could promote adequate infection control measures. The provider was required to review the intended location where the mops and buckets would be stored and implement appropriate infection control measures.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended up to date training.

As residents had not moved into the centre at the time of inspection, this outcome is met with substantial compliance.

**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 appropriate safeguarding and safety procedures and reporting mechanisms in place to protect residents from experiencing abuse and to support staff to report allegations or suspicions of abuse. There was evidence of a positive behaviour support approach for the management of behaviours that challenge.

Behaviour supporting planning set out information with regards to potential triggers which may cause a resident to engage in behaviours that challenge. The environment within which residents were living on the campus of St. Patrick's Centre had been identified as contributing to residents engaging in behaviours that challenge.

The inspector reviewed a sample of incident reports relating to times when residents had engaged in behaviours that challenge. The setting event for most incidents reviewed was the institutional environment the residents lived in. Some examples of what triggered residents to engage in behaviours that challenge included observing their peers going on a social outing when there wasn't enough staff to bring them or being unable to access the toilet due to another resident using it at the time, for example.

A move to this new residential setting would provide residents with a low arousal setting which was identified as a requirement as part of the overall management and support for residents displaying behaviour that is challenging. The staff to resident ratio would be higher, residents could be facilitated to engage in activities outside of the centre

when they wished and there were an adequate amount of toilets and bathing facilities to ensure residents did not have to wait while a peer used the facility.

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

While these revised policies and procedures were comprehensive, chemical restraint prescribed for a resident intending to move to the centre, had not been reviewed through this new process. The provider was required to review a chemical restraint prescribed for a resident as part of their behaviour support planning and ensure appropriate monitoring and review systems were in place of its use, including a descriptive criteria protocol for its use to ensure it was used as a last resort and for the least amount of time necessary.

All staff identified to work in the centre had received training in safeguarding vulnerable adults. As part of the transition process all staff identified to work in the centre would undergo a further suite of training to meet the needs of residents. The inspector spoke with three staff intending to work in the designated centre. They demonstrated a working knowledge of types of abuse and the procedures to be implemented to respond to a suspicion or allegation of abuse.

Each resident had a detailed intimate care plan in place which set out person centred specific information regarding each resident's personal hygiene preferences and how staff supported this. These plans would require review following residents' move to the centre due to the different environment and greater accessibility to bathing facilities which would in turn facilitate the promotion of skill teaching and independence for residents.

**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:**

Overall, the inspector found there had been significant improvements in the quality of medical and allied health professional assessment of residents' needs, ongoing review and timely intervention.

Residents' personal plans provided evidence that residents were receiving regular assessment and review by allied health professionals as they required. The inspector noted the quality of allied health professional assessment, review, evaluation and regular follow-ups had improved for residents.

All residents intending to move to the centre had received an annual health check and were scheduled to receive a further medical check up with their GP prior to moving into the centre.

Residents would be supported to attend healthcare appointments and hospital passports were in place for all residents which would be used to in the event of a hospital appointment or admission.

Residents' weights were recorded and their body mass index (BMI) was also recorded each time on a monthly basis. There was ongoing input from residents' dietician with additional dietetic services brought in by the provider to address the overall needs of residents.

The impending improvement in residents' living environment would bring about positive improvements in the overall nutritional provisions for residents. For example, all residents intending to move to the centre required supports to help them reach a healthy weight. By moving out into this designated centre residents would be provided with home cooked nutritional meals, following a healthy meals plan. They would also have more opportunities to engage in exercise and attend local slimming classes.

**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 were found to be appropriate and in line with the regulations.

The centre had a medication management policy in place. The aim of the policy was to ensure the safe administration and management of medication for all individuals living in the centre. The inspector had previously reviewed the policy which was comprehensive and gave 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.

From a sample of files viewed the inspector noted all staff identified to work in the centre had undertaken a medication management training programme, competency assessments would be carried out with the staff when residents moved into the centre. These would be carried out by a competent trained person.

Medication storage facilities would be provided in the centre. Residents' medication would be stored in a locked press in a designated area which could only be accessed by staff using a key. However, the inspector had reservations with regards to the identified space for medications to be stored which would be in the residents' dining room. The provider was required to review this and to move the medication storage press to another space which would not be as easily accessible to residents. It was imperative that risk management control measures were put in place to prevent residents from accessing medication when the medication storage space was identified.

As residents had not moved into the centre this Outcome is met with substantial compliance.

Audits would also be undertaken to ensure compliance with the centre's policy and that all required documentation is correctly completed and up to date.

Established links with a local community based pharmacy were in place and residents would continue with this service when they moved into the centre. A pre-packed medication dosage system would be used. Each resident's medications would be dispensed to the centre in a pre-packed individualised dosage system from which staff would administer medication.

**Judgment:**

Substantially 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 statement of purpose met the matters as required in Schedule 1 of the Regulations.

It accurately reflected the proposed services and facilitates the centre would provide.

**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:**

Previous inspections of St. Patrick's Centre, Kilkenny found systems of governance and management were not sufficient to ensure residents received a safe service and quality care. On this registration inspection, it was found the provider had continued to implement improvements across a wide range of areas. These improvements were recognised and identified by the inspector as pivotal in bringing about the significantly improved levels of compliance found on this inspection.

The appointed person in charge demonstrated a good understanding of her responsibilities within the Regulations. She was also a person in charge for a designated centre within St. Patrick's Centre. Four of the residents that resided in that centre would move to this new designated centre as part of the de-congregation plan for St. Patrick's.

She would be supported in her role by an also recently appointed person participating in management, a community regional manager. Their role was a new addition to the governance reporting structures within St. Patrick's Centre, Kilkenny. The person in charge would report directly to them and in turn they reported to the director of services. They would also manage the centre in the absence of the person in charge.

The recently appointed community regional manager had relevant management experience at this level in another disability service and had a good understanding of regulation and monitoring centres for compliance with the standards and regulations. As the role had only begun in St. Patrick's Centre, the inspector could not review evidence

of the effectiveness of the role however, this would be reviewed on further inspections of St. Patrick's Centre, designated centres.

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

Unannounced visits and audits by persons nominated by the provider, which are a requirement under Regulation 23 to gather information and assess the quality and safety of care, would be implemented. Additional ongoing auditing of the centre would be implemented by the Quality and Compliance Manager also once the centre was registered and residents moved in.

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

Another sub-committee that reported to the Board of Management for the service was the quality and compliance committee. They met at least monthly to discuss actions set from the previous meetings, review current system changes that had been implemented and revise if required and provide a report for the Board of Management following each meeting.

Board of Management meetings occur every month, previously they had occurred more frequently in order to establish governance systems to improve services within St. Patrick's. The various newly established sub-committees and project co-ordinators must provide a report to the Board which is reviewed at each Board meeting. The inspector noted this reporting mechanism was ongoing at the time of inspection and proving to be effective in driving positive change.

The inspector had met with the Deputy Chairperson of the Board during an inspection of another community residential centre in March 2017. This meeting provided the inspector with assurances that the provider had and was continuing to implement significant improvements. The Deputy Chairperson of the Board emphasised his and the Board's commitment to improve services throughout St. Patrick's entire Centre. The Deputy Chairperson demonstrated a comprehensive understanding of the financial scope required by St. Patrick's Centre in order to implement and sustain improvements. They also demonstrated a good understanding of the improvements that had been made and the matters that still required improvement. They discussed with the inspector the Board's strategic plans to drive improvement in certain areas that still needed improvement.

The provider was required to continue with these improvements



**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:**

Systems in place indicated staff had been recruited, selected and vetted in accordance with Schedule 2 of the Regulations. There would be a full-time person in charge of the centre to ensure staff were appropriately supervised. Before residents moved into the centre all staff identified to work in the centre were undergoing a suite of training specific to meet the identified assessed needs of residents.

The inspector reviewed a sample of staff files and saw that they met the requirements of Schedule 2 of the Regulations.

The provider had identified adequate numbers of staff to support residents during the day with one waking staff compliment in the centre at night time. The staffing ratio would be adjusted based on the needs of residents at any given time.

Staff identified to work in the centre were undergoing a suite of training which would ensure they had the skills and knowledge to support residents and their specific identified needs.

They had attended training in areas such as the management of behaviour that challenge, safe administration of medication, manual handling, fire safety training, safeguarding vulnerable adults with a further suite of training identified to meet the needs of residents, such as key worker training, person centred planning and food safety management.

There were no plans in place to have volunteers in the centre. Should that change, the provider nominee was aware of the requirements of the Regulations in this regard.

Staff supervision would be ongoing with scheduled supervision and appraisals sessions for all staff once they started working in the centre. The person in charge of the centre had completed training in supervision of staff and would use these skills in carrying out supervision sessions with staff. The person in charge of the centre would provide direct

line supervision of staff working in the centre at all times and report any practice issues, for example to the community residential manager if required.

The inspector met and spoke with three staff identified to work in the centre. All persons spoken with indicated their excitement at the prospect of working in a different environment and were looking forward to supporting residents in reaching their potential in a living environment that would meet their specific needs.

**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:***

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-0005633
<b>Date of Inspection:</b>	14 June 2017
<b>Date of response:</b>	18 July 2017

### 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 05: Social Care Needs

**Theme:** Effective Services

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

There was a lack of evidence of action plans to achieve goals identified or reviews if goals were being worked towards.

**1. Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the

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

personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Actions Plans are being developed for each resident to ensure there are clearly identified steps/processes/protocols etc in place to give the resident the best opportunity for attaining identified goals. These action plans will be in place prior to the residents moving in date.

**Proposed Timescale:** 21/07/2017

**Theme:** Effective Services

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

While there were improvements overall in residents personal planning files contained information that was out-of-date and not relevant to the residents' assessed needs or support planning.

**2. Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All out of date documentation not relevant to the resident's current needs have been archived.

Proposed Timescale: Completed 6/7/17

**Proposed Timescale:** 06/07/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The laundry facilities for residents would require improvements to ensure residents clothes could be laundered in a clean, organised space.

**3. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Each resident has their own individual laundry basket. Worktop space has been installed to provide space for sorting and folding of laundry in a safe and hygienic manner.

Proposed Timescale: Completed 6/7/17

**Proposed Timescale:** 06/07/2017

**Theme:** Effective Services

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

Residents' showering and bathing facilities required a review by a relevant allied health professional to ensure the most appropriate aids and appliances were in place for residents before they moved in.

**4. Action Required:**

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

A report on the resident concerned has been completed by the Occupational Therapist. A further assessment will be completed on site with the resident when she moves in.

**Proposed Timescale:** 31/08/2017

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

A risk register for the centre was in the process of being drafted however, at the time of inspection it was not finalised and would be required to ensure a comprehensive overview of all risks and hazards in the centre had been identified and had appropriate control measures in place.

There were no thermostatic temperature controls for hot water in the centre to prevent the risk of scalds. Some radiators in the centre did not have surface temperature controls in place. This required review to ensure control measures were in place to prevent the risk of burns from hot surface temperatures.

**5. 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:**

Temperature controls for the hot water and radiators are now in place. Risk Register

will be updated accordingly .

The Risk register is now complete. All generic risks and relevant SOPs are filed within. A clear index is at front of file.

Proposed Timescale: Completed 6/7/17

**Proposed Timescale:** 06/07/2017

**Theme:** Effective Services

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

It was proposed that cleaning equipment would be stored in the garage. However the inspector was not satisfied that this could promote adequate infection control measures. The provider was required to review the intended location where cleaning equipment would be stored and implement appropriate infection control measures.

**6. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Lockable metal cabinet on order for the safe storage of cleaning materials. This will be in place prior to the residents moving in date.

**Proposed Timescale:** 21/07/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The provider was required to review a chemical restraint prescribed for a resident as part of their behaviour support planning and ensure appropriate monitoring and review systems were in place for its use, including a descriptive criteria protocol for its use to ensure it was used as a last resort and for the least amount of time necessary.

**7. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The chemical restraint prescribed for the resident concerned has been reviewed and

discontinued. Any future changes to prescribed medication that could be deemed as chemical restraint will be monitored as assessed as per the protocols now in place.

**Proposed Timescale:** 06/07/2017

## **Outcome 12. Medication Management**

**Theme:** Health and Development

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

The inspector had reservations with regards to the identified space for medications to be stored which would be in the residents' dining room. The provider was required to review this and to move the medication storage press to another space which would not be as easily accessible to residents. It was imperative that risk management control measures were put in place to prevent residents from accessing medication when the medication storage space was identified.

### **8. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Dining table has been moved to the kitchen area for a more homelike atmosphere. This now leaves the medication press in a separate location to where people will be eating. Residents will not now be in the room at the time medications are being dispensed. Each resident will be called to take their medications separately. Risk assessments are in place.

This room will not be used for this purpose of dining and will now be a second sitting room as two of the gentlemen moving to the house have different tastes in TV programmes and this will give them their own space.

All medications will be stored in a locked press. All documentation in relation to medications such as Kardex, Stock sheets, protocols etc will also be stored in a locked press.

St Patrick's medication policy will be adhered to in relation to ordering, dispensing disposal etc. of medications.

Proposed Timescale: Completed 10/07/17

**Proposed Timescale:** 10/07/2017

