



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

Issued by the Chief Inspector

Name of designated centre:	Ardeevin
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	10 January 2023
Centre ID:	OSV-0005777
Fieldwork ID:	MON-0034603

About the designated centre

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

Ardeevin designated centre is operated by Saint Patrick's Centre (Kilkenny). It provides a community based residential service to up to four adult residents. Ardeevin is a modern and spacious property that provides residents with a high standard living environment which meets their assessed mobility and social care needs. Each resident has their own bedroom. This service provides supports for residents with severe to profound intellectual disabilities and complex needs. The provider identifies that residents living in this centre require high levels of support and has staffing arrangements in place to ensure residents' needs are met. There is a full-time person in charge assigned to the centre, minimum of two staff during the day to support residents in having a full and active life and one waking night staff in place also. The centre is resourced with one transport vehicle to support residents' community based activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 (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
Tuesday 10 January 2023	09:45hrs to 16:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was facilitated by the staff on duty and one of the provider's managers, the person in charge was absent on the day of inspection. The inspector had the opportunity to meet and spend time with all three residents who live in this centre and to spend time with staff on duty in addition to reviewing documentation relating to the operation of the centre.

This centre comprises a single storey property in a small town in Co. Kilkenny which is set in its own grounds with patio and garden to the rear and ample parking to the front of the house. The centre is registered for a maximum of four individuals and is currently home to three residents.

On arrival the inspector was greeted by one resident who supported by a staff member welcomed them to the house. The inspector was directed to use hand gel and to sign the visitors records in addition to completing Covid-19 screening documentation. One resident was supported to relax in their bedroom listening to music after their breakfast and another resident was being supported to complete personal care activities. The inspector initially engaged with the third resident who directed them through the centre into the kitchen.

Over the course of the day the residents were observed to engage with staff, to relax with a cup of tea or a snack and to move to their bedrooms to relax and listen to music. Each resident had personalised their rooms, with items that were important to them observed on display. All residents in this centre have difficulties with their vision and as such furniture and personal belongings were arranged in a manner that supported the individual to fully engage with them and for them to be as independent as possible. Later in the morning staff engaged with the residents in making an apple pie at the kitchen table which they later had for their lunch. Residents were supported by staff in a sensitive manner to have their meals in line with their mealtime plans and assessments. Some residents meals required adaptation to the consistency and texture and staff managed this sensitively.

One resident had an arts and craft workstation in the living room which they enjoyed. Over the course of the day a workman was power-washing the pathways and drive and a resident used non-verbal cues to state that they wished to watch this and that they were interested in this activity. All residents were supported by staff to go out in the afternoon in the centre vehicle to a nearby town. On return one resident showed the inspector snacks they had bought and requested that the inspector open the packaging for them. Later the residents were observed to relax by lying on the sofas in the living room.

The staff team were familiar with the residents' individual assessed needs and were observed engaging in conversation and using consistent and shortened verbal directions alongside physical prompts to support residents' understanding. Staff described how important it was to them to ensure that residents privacy and dignity

were respected and that they were in receipt of a good quality and safe service.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. There had been a recent change in the person in charge of this centre and it was apparent that formal handover was being completed between the previous and current post holder. The person in charge had access to established systems in place to monitor the quality of care and support for residents. They visited the premises regularly.

The staff team were found to be familiar with residents' needs and motivated to ensure they were happy, well supported, spending their time as they wished, and achieving their goals. Residents were observed to be familiar with the staff team and comfortable in their presence.

The person in charge was supported by a person participating in the management of the designated centre (PPIM). There were systems for the monitoring and oversight of care and support for residents included audits in the areas, however, the provider was not completing their six monthly reviews of care and support as required by the Regulations. The centre specific audits were picking up on areas for improvement in line with the findings of this inspection and action plans were in progress.

Regulation 15: Staffing

There were a number of staff vacancies in the centre however, these were not found to be impacting on the continuity of care and support for residents. The provider and person in charge had a core team of staff and a small number of core relief and consistent agency staff that were on the roster for the centre. From a sample of rosters reviewed there were no occasions when there were not enough staff on duty to meet the number and needs of residents in the centre although there were occasions where minimum staffing of two rather than three were in place.

There were planned and actual rosters in place and they were found to be well maintained. Where staff members had specific responsibilities or delegated duties

these were also marked on the roster.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, staff were in receipt of training and refresher training in line with the organisation's policies and residents' assessed needs. A small number of staff required training or refreshers in safe medicines management, but the inspector was shown documentary evidence that these were booked and that some had completed the theory aspect of the course.

A training needs analysis was being completed regularly to ensure that staff had the required knowledge and skills to carry out their roles and responsibilities to the best of their abilities. This included all staff that provided support to residents whether they were employed directly by the provider or by an external agency. Staff were also in receipt of regular formal supervision by appropriately qualified and experienced personnel.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified and experienced person in charge who was new to the role in this centre. They were being supported by the previous person in charge to familiarise themselves with the residents' assessed needs. The quality of care and experience of residents was being monitored on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with inspectors were aware of their roles and responsibilities and how to escalate any concerns they may have.

The inspector found that the provider had systems in place to complete audits and reviews. While these included systems to complete an annual and six monthly reviews in relation to residents' care and support this system was not functioning as required by the Regulation. The previous six monthly unannounced audit was found to have been in April 2022. In addition, the local management team were completing regular audits in key areas of service provision.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and available in the centre. It was being regularly reviewed and updated in line with the timeframe identified in the regulations and found to contain the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained however, from the sample reviewed, not all notifications were submitted to the Chief Inspector of Social Services as required, and within the timeframe identified in the regulations. This had included the notification of a resident's death and the notification of minor injuries.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents were supported to be aware of their rights and to make choices in their lives.

The inspector found that residents, staff and visitors were protected by the infection prevention and control policies, procedures and practices in the centre. There were contingency plans in place for use in the event of an outbreak of infection. The premises were found to be clean during the inspection. There were cleaning schedules in place to ensure each area of the centre was regularly cleaned.

Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. The inspector observed staff communicating with, and providing supports to residents in a respectful and dignified manner. Residents' meetings were occurring regularly and agenda items included advocacy, rights, IPC, and the upkeep of their home. There was easy-to-read information available for residents in relation to areas such as, the availability of advocacy services, IPC, activities and complaints. However, the inspector found that personal information relating to residents who lived in another of the provider's centres was accessible and not appropriately protected within this centre. It was removed by the manager on the day of inspection however, the lack of protection of residents private information will be reflected in this report under Regulation 9.

Regulation 17: Premises

The design and layout of the premises was in line with the centre's statement of purpose. The centre was found to be warm, comfortable, homely and spacious. However, the residents all shared a single bathroom and for one individual this meant that they had to move through a hallway and the kitchen-dining area to access it.

The laundry facilities and the cleaning equipment were located in an external area of the centre and this was not found to be as clean and well maintained as the interior of the house. In addition a garage formed part of the designated centre and was used for storage of resident equipment and personal protective equipment, again the inspector found that this area was not as well maintained or organised as inside the house.

Areas of the house were found to be worn and required repair or review including tiling around the cooker in the kitchen and flooring that was worn. The inspector acknowledges that some areas had been self identified by the provider and were being repaired such as a door between the kitchen and sun room that had been removed on the day of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall risk was being managed in this centre. The provider had systems in place for the identification, review, assessment and management of risk. Risk was escalated and responded to locally and control measures were put in place. The inspector found that individual and centre specific risks were self identified, recorded, reported and escalated both internally and externally by the registered provider.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, residents, staff and visitors were protected by the infection prevention and control policies, procedures, and practices in the centre. The physical environment was found to be very clean and there were systems in place to minimise the risk of the spread of infection. Staff were observed to adhere to standard precautions

throughout the inspection.

There were risk assessments and contingency plans in place. There were stocks of PPE available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management. Some areas of the house required maintenance in order that cleaning was effective and this is reflected under Regulation 17.

Staff had completed a number of infection prevention and control related trainings and there was information available for residents and staff in relation to infection prevention and control and how to keep themselves safe. Cleaning schedules required review to ensure that specific equipment such as shared shower chairs or physiotherapy peanut rolls were included. The core staff were clear on what required cleaning and how to complete this but there was not guidance available should a less familiar staff member be on duty. In addition the placement and use of the shared bathroom required that one resident transfer through communal areas to access it and the method for dealing with this was not detailed in the centre Covid-19 contingency plans.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire containment measures in place in the centre including fire doors and self closing mechanisms. There were systems in place to ensure fire equipment was serviced and maintained.

Residents had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills. Fire drills were occurring regularly to reflect a variety of staffing levels and times of day.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments and personal plans and found that they were person-centred and detailed in nature. Residents' abilities, needs, wishes and preferences were highlighted in their plans. There was evidence of a clear link between assessments and plans, and evidence of ongoing review and evaluation of them. Assessments were occurring at least annually and were multidisciplinary including the resident and their representative.

Residents' opportunities to develop and maintain relationships and to hold valued social roles formed part of the development of their goals and these were regularly discussed at meetings between residents and the staff team. Photographs were taken over the course of the year and had been placed into frames and displayed or were in personal electronic devices, this supported residents in talking about their goals and interests. Daily schedules and options to support choice making were available for all residents.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the provider was recognising residents' changing needs and responding appropriately by completing the required assessments and supporting residents to access health and social care professionals in line with their assessed needs. Residents had their healthcare needs assessed and were supported to attend appointments and to follow up appropriately. Records were maintained of residents appointments with medical and other health and social care professionals, as were any follow ups required.

Health related care plans were developed and reviewed as required. Residents were supported to access national screening programmes in line with their health and age profile, in line with their wishes and preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge ensured residents were supported to maintain best possible mental health and were supported to attend specialist services as required. Residents were involved with Psychiatry and/or Psychology services and accessed behaviour support as indicated. Support plans were developed for residents and reviewed as required, including anxiety management plans, stress reduction plans and positive behaviour support plans. There were policies and procedures in place to guide staff practice in relation to positive behaviour support and restrictive practices.

Staff completed training to support residents in line with their assessed needs. Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents had individual restrictive practice documents that were easy-to-read and contained photographs to explain what was

in place and impacted them.

Judgment: Compliant

Regulation 9: Residents' rights

Resident rights were found to be upheld in this service for the residents who lived in this centre. The inspector found resident groups, the use of independent advocacy, consultation and choice promotion and the clear recording of residents will and preference to all be in place. Residents' rights were found to be well promoted and respected by staff and management in this designated centre.

As already reported however, the inspector also found that personal safeguarding information relating to residents who lived in another of the provider's centres was left in an accessible location in this centre and not protected.

Judgment: Substantially 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ardeevin OSV-0005777

Inspection ID: MON-0034603

Date of inspection: 10/01/2023

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>The provider has put in place an updated schedule to ensure completion of audits within timeframes assigned. Ardeevin audits for 2023 are scheduled as follows: 30/03/2023 (6 monthly) & 31/07/2023 (annual) & 30/11/2023 (6 monthly). The provider has introduced an audit process that involves each function within SPC to audit their area of expertise, for example finance department will audit finance across each designated Centre and populate their findings and actions onto the audit form within the agreed timeframe of the provider audit schedule. The assigned auditor will complete the audit within the agreed timeframe as per audit schedule.</p> <p>The provider has put in place local governance compliance plans for PICs, the actions from the provider audits and other relevant actions will be populated onto the local governance compliance plans which in turn will be monitored and signed by PPIMs and PICs when completed using the SMART model.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>On the job mentoring completed with the PIC in regards to submitting notifications and criteria for submission of NF39D notifications – 24/01/2023 Quarter 4 notifications for 2022 were reviewed and submitted.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Repair of flooring was requested by PIC, to be completed by 17.02.23 Repair of tiling around the cooker was requested by PIC , to commence on 14.02.23 24-hour cleaning schedules have been updated to include the garage and laundry area. Requests have been submitted to health and safety in relation to maintenance of identified areas within the house, garage and laundry area to include insulation of garage area and provision of shelving.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Cleaning schedules have been updated to include cleaning of shared equipment. A Standard operating procedure has been developed to guide staff on cleaning of shared equipment used by one or more persons.</p> <p>In 2022 the provider requested that the approved housing body to convert garage area adjacent to persons bedroom to a wet style ensuite. This was not approved at the time. Meeting scheduled with approved housing body in Dec 2022 but was cancelled due to weather conditions. Rescheduling of meeting underway, awaiting confirmation. Conversion of garage to ensuite will be discussed again at this meeting. Covid 19 contingency plan updated to include how one resident transfers through communal areas to access shared bathroom.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The personal safeguarding information relating to residents who lived in another of the provider's centres was immediately removed and returned to the appropriate centre.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/02/2023
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 put a plan in place	Substantially Compliant	Yellow	30/03/2023

	to address any concerns regarding the standard of care and support.			
Regulation 27	The registered provider shall 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.	Substantially Compliant	Yellow	28/02/2023
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	17/01/2023
Regulation 31(3)(e)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each	Not Compliant	Orange	17/01/2023

	quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any deaths, including cause of death, not required to be notified under paragraph (1)(a).			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	10/01/2023