



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

Issued by the Chief Inspector

Name of designated centre:	Dinan Lodge
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	03 November 2022
Centre ID:	OSV-0005621
Fieldwork ID:	MON-0029133

About the designated centre

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

Dinan Lodge is a designated centre operated by Saint Patrick's Centre (Kilkenny). The designated centre provides a community residential service for up to four adults with a disability. The designated centre is a two-storey detached house located in County Kilkenny. It comprises of four individual resident bedrooms, a shared bathroom, a living room, kitchen and dining area. The upstairs of the premises consists of an office and bathroom. A large secure garden area is available for residents which incorporated a poly tunnel. The centre is staffed by the person in charge, social care worker and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 3 November 2022	09:30hrs to 17:45hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision. This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet the four residents over the course of the inspection. On arrival to the house, the inspector met with the one resident as they prepared for the day while, three of the residents were supported to access the community and their local GAA club. Later in the morning, the inspector was greeted by the three residents as they returned. The inspector observed residents being supported with lunch and activities by the staff team. In the afternoon, one resident was supported to access the community, while another resident was supported to visit their family members. Other residents decided to stay home and this was respected. Overall, the residents appeared happy and comfortable in their home.

As noted, the house consisted of four individual resident bedrooms, shared bathroom, a living room, kitchen and dining area. The inspector found that the centre was decorated in a homely manner with residents' personal possessions throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the resident. The inspector was informed that the centre had been recently repainted and that new flooring had been installed in areas of the centre. However, some maintenance work remained ongoing. This had been self-identified by the provider and plans were in place to address same.

In addition, the provider had identified that the premises not suitable in the long-term to meet the residents' assessed needs. The inspector was informed that the provider has identified an appropriate alternative premises and plans are in place to support the transition to this premises.

The inspector also reviewed four questionnaires completed by the residents describing their views of the care and support provided in the centre. Overall, the questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the residents. However, two residents highlighted that at times they would like additional staff in order to take part in activities.

Overall, based on what the residents communicated with the inspectors and what was observed, it was evident that the residents received a good quality of care and support. The residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring

manner. However, there were areas for significant improvement identified including training and development, fire safety and management of resident finances. In addition, some improvements were required with governance and management, infection prevention and control, premises and staffing arrangements.

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

Capacity and capability

The provider had ensured there was a clearly defined management system with clear lines of accountability and authority in place. On the day of the inspection, there was sufficient staffing in place to meet the needs of residents. However, improvements were required in the staffing arrangements, governance and management and staff training and development.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits. These quality assurance audits identified areas for improvement and action plans were developed in response. However, some improvement was required in the timeliness of the provider audits to ensure they were carried out in line with the regulations.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. However, the staffing arrangements required review to ensure they were appropriate to the needs of all residents and the size and layout of the centre.

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training. However, significant improvement was required to ensure that all staff including agency staff had up-to-date skills and knowledge to support residents with identified needs.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. During the day, the four residents were supported by three staff members. At times, it was demonstrable that four staff members were on duty during the day. At night, one waking-night staff was in place to support the four residents.

The person in charge maintained a planned and actual roster. The inspector reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

However, the staffing arrangements required review to ensure they were appropriate to the needs of all residents and the size and layout of the centre. For example, two residents noted that at times they would like additional staff in order to take part in activities. An internal application had also been made for increased staffing support for one resident to facilitate a specific activity in line with their behavioural support plan. In addition, at night-time there was only one staff member of duty and it was not evident that all persons could be safely evacuated in a timely manner from the centre in case of an emergency. This is reflected in further detail in Regulation 28 below.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team in the centre had up-to-date training in areas including infection control, fire safety, safeguarding, manual handling infection prevention and control. In addition, the staff team had received

specific training specific to residents' identified needs including the administration of oxygen training.

However, significant improvement was required to ensure that all staff had up-to-date skills and knowledge to support residents with identified needs. For example, at times agency staff worked alone in the centre at night. On the day of inspection, training records for agency staff members were not readily available. Post inspection, it was not demonstrable that all agency staff had up-to-date training in the administration of oxygen. This posed a risk to ensuring residents received appropriate support from suitably trained and skilled staff in a timely manner in line with their needs.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and records, it was evident that formal supervisions were taking place.

Judgment: Not compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a Community Service Manager, who in turn reported to the Director of Services. There was evidence of provider audits including the annual review 2022 and the six monthly provider audits. In addition, local quality assurances audits taking place including personal plans, infection prevention and control and fire safety. These audits identified areas for improvement and developed action plans in response.

However, some improvement was required in the timeliness of the provider audits to ensure they were carried out in line with the regulations. For example, the six-monthly visits were not carried out in line with the regulations. The last two provider six-monthly audits were completed in October 2021 and May 2022.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the service provided person-centred care and support to the residents in a homely environment. However, improvement was required in the fire safety arrangements, management of residents' finances, infection prevention and control and premises.

The inspector reviewed a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the resident with their personal, social and health needs. However, the inspector reviewed a sample of residents' finances and found that the practices in place required significant improvement. For example, the assessment of residents' capacity to manage their financial affairs had not been completed in line with the provider's policy.

The provider had systems in place for safeguarding residents. From a review of incidents and accidents occurring in the designated centre, the inspector found that incidents were appropriately managed and responded to. There were appropriate systems and protocols in place to manage identified safeguarding concerns.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. However, significant improvement was required in ensuring the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night time, were appropriate.

The inspector found that the service provider had systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. The designated centre was visibly clean and well maintained on the day of the inspection. However, some improvement was required in areas of infection prevention and control practice.

Regulation 12: Personal possessions

The systems in place for the management and oversight of residents' finances required review. For example, from a sample of residents files reviewed, the assessments of residents' capacity to manage their financial affairs had not been completed in line with the provider's policy.

There was a clear and detailed system in place for the management of day-to-day spending which included daily checks and storage of receipts. Previous inspections across the organisation had identified that residents did not have their own bank accounts. This was also the case within this centre. The provider was working to rectify this.

Judgment: Not compliant

Regulation 17: Premises

The designated centre was decorated in a homely manner and well-maintained. The residents' bedrooms and living areas were decorated with residents' personal possessions and pictures of people important to them.

The previous inspection found that internal painting was required. While this had been completed, some areas of the premises required attention. For example, old electrical equipment in the hallways were to be removed. This had been self-identified by the provider and plans were in place for same.

As noted, the provider had also self-identified that the premises not suitable in the long-term to meet the residents' assessed needs. The inspector was informed that the provider has identified an appropriate alternative premises and plans are in place to support the transition to this premises.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider prepared a residents guide in respect of the designated centre which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. Good practices were in place for infection prevention and control including laundry management and a color coded mop system. Cleaning schedules had been recently updated and were in place for high touch areas and regular cleaning of rooms.

However, some improvement was required in some practices in place for infection prevention and control. For example, the inspector observed incontinence wear stored in the bathroom. This practice posed a infection control risk and was self-identified by the provider in their own infection control audits in October 2022.

While cleaning schedules had been recently updated, they required further review to ensure it included all areas of the centre. In addition, the practices in relation to the guidance, recording and cleaning of individual assistive equipment required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place. Each resident had a personal evacuation plan in place which appropriately guided staff in supporting residents to evacuate.

However, improvement was required in the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night time. At night-time the four residents were supported by one staff member on a waking-night shift. Some residents were assessed as requiring some additional support due to their mobility needs and a history of choosing not to engage in an evacuation.

There was evidence of two night-time fire drills had been completed in February 2022 and August 2022. It took 10 minutes and eight minutes, respectively, to fully evacuate the centre with one member of staff. While, the provider had identified that staffing supports in another designated centre would support with the evacuation of this centre, this arrangement had not been appropriately tested. In addition, the fire safety audit dated October 2022 recommended that a night-time drill be completed as soon as possible.

Overall, it had not been demonstrated by the provider that the right arrangements

were in place to ensure that all persons would evacuate the unit in a safe and timely manner.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspector reviewed health care plans and found that they appropriately guided the staff team in supporting the residents' assessed needs. The person in charge had ensured that the residents were facilitated to access appropriate allied health professional as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place. The inspector reviewed a sample of these guidelines and found that they were up to date and appropriately guided the staff team.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed by the organisation's restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

Notwithstanding, the concerns in relation to management of residents' finances and fire safety which are discussed under Regulation 12 and 28, respectively, the provider had systems in place to safeguard residents.

There was evidence that incidents were appropriately reviewed, managed and responded to. Safeguarding plans were developed and in place where required. The residents were observed to appear content and comfortable in their home. The staff team demonstrated good knowledge of how to identify a concern and the steps to take in the event of a concern.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dinan Lodge OSV-0005621

Inspection ID: MON-0029133

Date of inspection: 03/11/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Dinan Lodge is staffed by 3 staff on a daily basis which allows all people supported to engage in their planned and desired activities on daily basis. Activities which do require 2:1 support are facilitated 3-4 days a week.</p> <p>The recruitment of a PA for one person supported has been successful and employee will commence working in Dinan Lodge on 19/12/2022. The PA will facilitate PA hours for a person supported and work additional hours to fill vacancies in WTE for Dinan Lodge.</p> <p>A newly recruited employee has also commenced in Dinan Lodge and a regular relief staff member is supporting the team to fill current vacancies for WTE.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff members in Dinan Lodge are adequately trained. All mandatory and additional training is outlined on the designated centre training report and schedules for refresher training is available to all employees on the SPC Q drive.</p> <p>All training records for agency staff are now available on the designated centre training report to ensure oversight for the PIC in managing adequate support. Going forward the PIC will ensure that if agency staff are required to support Dinan Lodge, that their mandatory training is up to date.</p>	

SPC has further implemented induction to all agency staff across the service. All new agency staff members are rostered for an additional hour to ensure appropriate induction and handover from employees.
 The CEO and HR manager have also met with all agencies to discuss training needs and evidence of record of same.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 SPC Senior Management team and Quality Department have agreed a new schedule and system for completion of provider audits for 2023. This plan includes completion of provider audits involving each SPC department to ensure cross functional information flow and action of necessary areas identified for improvement.
 The current plan for completion of outstanding provider audits 2022 is in progress. The most recent annual provider audit was completed in Dinan Lodge in October 2022.

Regulation 12: Personal possessions	Not Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 The assessments of people supported capacity were completed in November. PIC will ensure that this is reviewed and completed in line with the policy going forward and included in the annual review and visioning meeting as part of Personal Planning Framework.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 All maintenance concerns are reported to the Health & Safety department as soon as they are identified. The PIC can confirm that one electrical equipment has now been removed from the hallway, further works to be completed. Finger print systems are

currently being removed as identified. Repainting of areas will be completed once this request has been finalized.

There are plans to complete extensive work in Dinan Lodge to ensure that the premises is fully accommodating the needs of people supported. The bathroom and kitchen areas will be refurbished and the property will be leased to the People we Support pending the acquisition of a site in Freshford by Kilkenny County Council on which they are going to build a new home. The new build in Freshford will take a minimum of 24 months and the People we support in Dinan Lodge will remain in Dinan Lodge pending the completion of their new Home in Freshford.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Infection prevention practices and documentation was reviewed since the inspection took place.

All personal equipment is now included on the cleaning schedule and completed as per the equipment's manufacturer's instructions.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills are scheduled and completed in line with SPC policy. The PIC ensures oversight of fire drills, adequate evacuation times and the relevant documentation to ensure different scenarios, learning etc. are included and discussed.

PIC and PPIM are overseeing a night time fire drill completed by week ending 16.12.2022. SPC night manager is available for support in case of a fire in any designated centre.

The PIC and H & S department have also arranged a visit from fire officer to Dinan Lodge for 15.12.2022 to carry out a fire evacuation walk through to support the team in further development of safe fire evacuation with the gentlemen.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	10/12/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	19/12/2022
Regulation 16(1)(a)	The person in charge shall	Not Compliant	Orange	13/12/2022

	ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	16/12/2022
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	16/12/2022
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	Substantially Compliant	Yellow	13/12/2022

	the safety and quality of care and support provided in the centre and put a plan in place 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	16/12/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	15/12/2022