Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bród
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	29 June 2021
Centre ID:	OSV-0005809
Fieldwork ID:	MON-0025831

About the designated centre

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

Bród designated centre provides community based living arrangements for up to four adult residents. Bród is a detached one storey, 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 large 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 person in charge assigned to the centre who also has responsibility for another designated centre a short distance away. Three staff work during the day to support residents in having a full and active life and two waking night staff are also in place. 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:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 29 June 2021	09:30hrs to 16:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This centre is a bungalow at the end of a quiet cul-de-sac on the outskirts of Kilkenny city, and is home to four residents. The inspector met all four residents and spent time with them over the course of the inspection. The inspector reviewed documentation between two rooms within the centre which allowed for opportunities to observe everyday activities and also engage with the staff team. As restrictions related to the COVID-19 pandemic were still in place, the inspector adhered to best practice relating to social distancing and the wearing of personal protective equipment.

The main communal area of the centre was bright, spacious and open plan which allowed for residents and staff to freely engage and move within the space, this was important as the residents used wheelchairs and other equipment to support their mobility and postural support. There was a smaller living room which the person in charge and the staff team maintained as a quiet space, this had a small water feature and other sensory experiences available within the room. One resident in particular was seen to enjoy this room and accessed it on and off over the course of the day.

During the morning some residents were supported by staff to leave the centre and take a trip to the beach in a neighbouring county, with a plan to have a hot chocolate when they were there. Later in the day residents spent time in the garden again supported by staff, and were seen to plant raised flower pots which were for their patio area.

The residents presented with complex communication difficulties and the staff were observed to recognise and interpret individual communication cues with skill over the day. Staff were seen to offer choices and to respond to directed eye gaze or pointing and vocalisations as appropriate. Where residents were seen to find processing sensory stimuli challenging, staff responded by using individualised positive support and were seen to be subtle but skilled in offering options and alternatives.

On the day of inspection the residents were supported by four staff one of whom was a student on placement, however, staff report that there were usually three staff on duty which made engaging in the range of activities seen on inspection more challenging although not impossible. However, they stated they always tried to have a selection of social options available in addition to activities in the house. There was evidence that social activities were important to the residents and for example one resident was supported to meet with a friend from another centre to go for a walk together alongside members of the staff team. Another resident had hosted their recent landmark birthday on the patio for family and friends.

It was evident from engaging with residents and the staff team, in addition to observations within the centre, that the individuals living in this centre had a good

quality of life and were in receipt of care and support that was in line with their needs. However, areas of the governance and oversight of the centre required review and this will be outlined in the following sections of the report.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were striving to ensure a good quality and safe service for residents. The purpose of the inspection was to monitor the centre's levels of compliance with the regulations and to inform a registration renewal decision. The inspector looked at a number of areas which impacted the care and support provided to residents living in the centre. In general the inspector found that while residents appeared happy and well supported, some improvements were required to ensure higher levels of compliance with the regulations.

There was a clearly defined management system in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also had responsibility however, for two other designated centres and as a result had limited time in this centre weekly. This was noted to have had an impact during periods where the person in charge was not available to attend the centre and the provider had not ensured that sufficient cover was in place. The inspector discussed this on the day of inspection with one of the provider's community service managers and it was acknowledged that when the person in charge was not present actions were not completed and there was insufficient governance cover. This was seen for example in staff supervisions not completed as per the providers policy, staff meetings not taking place as required or delays in following through actions such as a complaint submission for a resident.

The person in charge demonstrated a clear knowledge of all of the residents in the centre and their assessed needs. It was evident from their interactions with residents that they knew them very well.

The staff team demonstrated knowledge and competence in supporting the residents in this centre and were seen to put their knowledge and training into practice and they were provided with informal support from the person in charge.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew the registration of this centre had been submitted to the chief Inspector by the registered provider in advance of the inspection containing all

information required.

Judgment: Compliant

Regulation 15: Staffing

The residents in this centre were supported by a suitably qualified and experienced staff team in line with their assessed needs and as identified on the statement of purpose. On the day of inspection there was a vacancy and some extended periods of leave within the staff team and the provider utilised consistent agency staff to cover these gaps on the roster.

The inspector reviewed the roster which was maintained by the person in charge, this was seen to be reflective of the staff on duty on the day of inspection. The staff when discussing the roster with the inspector explained how they could use the on-call governance rota for help and support if required in an emergency. Staff from this centre may also be called in emergency situations to provide support in other centres run by the provider and located in close proximity and this can be challenging to ensure appropriate levels of support remain in this centre at all times.

The inspector reviewed a sample of personnel files and they contained for the most part all documents as required by the regulations. One file however only had a single reference and not two as required. Where another file had an out of date identification document this was noted to be as a result of the COVID-19 pandemic and was within the time line for renewal as allowed for.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had a training schedule in place for the year in advance and the person in charge reviewed a training report on a monthly basis so that staff could be scheduled to attend courses as required. The inspector noted that one staff member was due refresher training for the safe administration of medication which is mandatory training and in the management of percutaneous endoscopic gastrostomy (PEG tube) feeding and these had been required for more than six months. These are both areas of training required in this centre. The person in charge had identified this gap and a plan was in place to ensure that this training was scheduled as soon as possible.

Formal supervision for members of the staff team had not taken place in line with the providers policy. The person in charge was working to ensure that all staff were in receipt of support and supervision as required however, this is outlined in more

detail under the governance and management section of this report.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management system in place. The centre was managed by a full-time, suitably qualified and experienced person in charge who was supported by a community services manager who was a person participating in the management of this centre. However, during periods when the person in charge was not available or present in the centre governance cover had not been put in place and audits, duties or tasks had not been completed as required.

The registered provider had however ensured that an annual review and six-monthly unannounced audits of service provision were completed. Actions that arose from these were not always completed in a timely manner due to the governance gaps as already stated, however, the inspector noted that the person in charge was working on closing these.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose is an important governance document that outlines the service to be provided to residents in the centre. Minor changes were identified as required and these were updated by the provider on the day of inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider ensured that residents were made aware of their right to make a complaint through the availability of accessible information and the details of the complaints officer was displayed in the hallway of the house. In addition, residents' representatives were aware of their right to make a complaint about the service on behalf of residents. Where complaints had been made, the person in charge had addressed or was in the process of addressing them in-line with the provider's policy.

Where a complaint was made by the staff advocating on behalf of a resident to another service it was seen that this had not been completed in a timely manner

due to the governance arrangements as discussed under regulation 23. An initial concern in one instance was noted in September 2020 however the completed complaint was not sent until March 2021, the inspector noted that the person in charge and staff team ensured the resident's voice was heard when making a complaint.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored as required by the regulations and any gaps that had occurred in this as a result of gaps in the governance arrangements have been rectified by the person in charge and are reflected in the judgement already indicated against governance and management of the centre. The residents' complex healthcare needs were being comprehensively provided for.

The individual social care needs of residents were being supported and encouraged. From viewing residents' files, the inspectors saw that the residents were being supported to maintain links with their families and friends. At the time of this inspection, access to the community was still somewhat restricted due to the current COVID-19 pandemic. However, residents were supported to go for walks in the local vicinity and scenic drives by the sea. While restrictions remained in place due to COVID-19, links regular communication with family and friends was being maintained and supported via telephone and video calls in addition to a gradual return to visits.

The design and layout of the centre's premises ensured that all facilities were accessible to residents and met their assessed needs. One bathroom was not however, in use as it was being used for storage as observed on the day of inspection, although sections of it could be utilised if a resident requested a bath and space cleared for access. The inspector noted that all of the residents' bedrooms, were personalised and reflected their individual preferences and interests. However, inspectors observed that the centre required minor to address general 'wear and tear' such as damage to paintwork.

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which reflected their assessed needs and personal goals. All of the residents in this centre were facilitated to make the best possible use of their current and potential capacities in order to

allow them to achieve their personal development goals.

Judgment: Compliant

Regulation 17: Premises

This designated centre was a single storey property set in it's own grounds at the end of a quiet cul-de-sac. There was a small garden to the front that was well maintained and a large patio area to the rear with a small area set to lawn. All residents had their own bedrooms which were spacious and decorated to reflect the individual tastes of the residents with personal items on display. The communal areas were large and open plan with an additional living room used as a quiet sensory space by residents. The centre was scheduled to be repainted within the following months and was in general in good condition with some minor repairs due to wear and tear required.

However, one of the two bathrooms that should be available for resident use was used for storage and had shelving along one wall including in the shower area to store items required for personal care. This bathroom contained the bath and should a resident wish to take a bath they did so surrounded by stored equipment and sections had to be cleared to make it accessible. While the inspector acknowledges there was communication by the person in charge requesting additional storage this was not in place on the day of inspection and therefore all four residents were sharing the one remaining bathroom.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being. Where the person in charge had assessed a risk as having a high risk rating actions were in place to mitigate potential harmful outcomes. All personal risks had been reviewed within the last six months which reflected the changing needs of residents.

The inspector saw that the person in charge was responsive to ensuring risk management arrangements in place at the centre fully identified risks and actively implemented control measures to protect residents from harm. On reviewing the incident and accident register for the centre the inspector discussed a recent incident whereby a resident was outside in a comfort armchair and when moving the chair it veered into a water feature and broke it. The person in charge following the discussion immediately developed an assessment of the risk and discussed this with

the staff team in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of Covid-19 to residents and staff working in the centre. The premises were observed to be clean, there was sufficient access to hand sanitising gels and hand-washing facilities and all staff had adequate access to a range of personal protective equipment (PPE) as required. Residents all used individual colour coded slings (fabric supports for lifting and moving) to ensure there was no cross contamination and these were washed as per the centre guidance. Where all four residents shared a bathroom there was detailed guidance to ensure it was adequately disinfected and also part of scheduled cleaning.

Judgment: Compliant

Regulation 28: Fire precautions

Fire registers reviewed highlighted adequate measures and equipment in place for the detection, containment and extinguishing of fires. Records of evacuation drills completed showed the centre could be safely evacuated and had been completed in line with the providers policy. Drills had included all scenarios where residents may be using differing seating systems or postural management systems. The centre evacuation plan and resident personal evacuation plans had all been updated within the month of the inspection. .

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed residents' personal plans and found them to be person-centred. Each resident had access to a keyworker to support them and had an assessment of need which outlined which care and support plans they required. The inspector reviewed a number of residents' personal plans and found that care plans were in place in line with residents' assessed needs.

Annual reviews of the residents person plan had been completed with goals set

based on roles the individual had in their life, as an example the role of a friend or as a consumer, led to one resident going on holiday with a friend or taking walks together and another resident supported to purchase items they used in the sensory space.

The inspector noted that all residents had their own electronic tablet and photographs of them participating in activities were stored on these for them to review. In addition residents used them to listen to birdsong, or to watch sport or connect with family.

Judgment: Compliant

Regulation 6: Health care

Residents' complex and changing healthcare needs were appropriately assessed and support plans were in line with these assessed needs. Each resident had access to appropriate health and social care professionals in line with their assessed needs. The provider and person in charge used a health planning tool which allowed for an overview of professional involvement and of appointments. Support plans were in place to guide staff in areas such as skin integrity, safe use of non oral feeding methods or the use of oxygen or breathing support systems at night.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had systems to keep residents in the centre safe. There were policies and procedures in place and safeguarding plans were developed as necessary in conjunction with the designated officer. Staff were found to be knowledgeable in relation to keeping residents safe and reporting allegations of abuse. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents.

Safeguarding audits were completed by the providers safeguarding officer and any follow up actions required were identified and allocated to either the person in charge or the safeguarding officer for completion.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Bród OSV-0005809

Inspection ID: MON-0025831

Date of inspection: 29/06/2021

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC is overseeing all emergency response from Brod to other designated centres in SPC and discusses with PPIM during the Quality Conversations when required. Emergency response is necessary at times to ensure the safety of all people supported living in SPC. Minimum staffing levels for emergency situations outline staff to be present in Brod by day and night. The PIC has also a lone working risk assessment in place and is currently reviewing same to ensure risk management of possible periods of lone working by night. This risk assessment will be reviewed at the latest by 07/08/2021. On the day of the inspection the PIC provided the missing documents for HR files, a missing reference could be located and was presented/added to the staff's HR file. For one staff's driving license which had been out of date a letter from the RSA was provided to evidence that the renewal of driving licenses is delayed due to COVID pandemic.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: One staff member had completed PEG and medication administration training as required in SPC. Although the staff had not completed assessments yet, due to building confidence and competency with the required tasks, this had and is being addressed by the PIC in Quality Conversations. The PIC and staff team are providing further On the Job Mentoring for the staff to build capacity. Due to the PIC's sick leave earlier in 2021 and a COVID outbreak in Brod a delay in	

Quality Conversations had been identified. All Quality Conversations have been completed since the PIC returned.

A plan has been put in place by the PIC and PPIM to ensure appropriate governance & management in the absence of the PIC.
This plan had been discussed at the Quality Assurance meeting with all CSMs and PICs on the 01/07/2021 to be rolled out across the service.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Due to the PIC's sick leave earlier in 2021 and a COVID outbreak in Brod a delay in Quality Conversations had been identified. All Quality Conversations have been completed since the PIC returned.

As outlined above a plan has been put in place by the PIC and PPIM to ensure appropriate governance & management in the absence of the PIC.
This plan had been discussed at the Quality Assurance meeting with all CSMs and PICs on the 01/07/2021 to be rolled out across the service.

The PIC is also using Quality Zooms to further build capacity within the team to understand governance & management on all staff levels.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
H & S department has applied for funding to purchase a storage shed for the designated centre. Whilst the funding has been approved at national level, unfortunately SPC is still awaiting money to be made available for the purchase and installation.

As soon as funds are available the storage shed will be erected in Brod and this will ensure that current items stored in the second bathroom can be moved.

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	07/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	19/07/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/07/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	15/11/2021

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/11/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	01/07/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	01/07/2021