



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

Issued by the Chief Inspector

Name of designated centre:	Damara
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	27 January 2021
Centre ID:	OSV-0003446
Fieldwork ID:	MON-0031035

About the designated centre

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

Damara is a designated centre that provides residential support for male adults male with intellectual disabilities. The centre is based on the outskirts of county Kilkenny on a campus style setting. The centre is one building divided into three separate bungalows, each with their own front door and it is located within walking distance of a busy city. The staff team consists of a team leader (person in charge), a nurse and healthcare assistants. The residents supported in Damara present with intellectual needs and may have a diagnosis of autism and other needs. The home is a seven day residence open all year with no closures. There are three people supported in Damara at present. The centre, as confirmed in the statement of purpose is not open at present to new admissions. The centre has three service vehicles available for use by residents.

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 - 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
Wednesday 27 January 2021	10:30hrs to 17:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection occurred during the COVID-19 pandemic. All necessary precautions were taken and guidelines were adhered to. This included the appropriate use of personal protective equipment and social distancing. Throughout the COVID pandemic the provider had ensured the residents were kept informed of developments through a weekly newsletter. This also included weekly activities for all residents in the organisation to partake in.

The inspector arrived to the centre and was greeted by the person in charge. The opportunity was taken to walk around the centre and to observe the environment that residents currently resided in. Three residents had moved into the centre in November 2020 to support them to learn skills to move to their community home. This was in the planning stage and residents were being supported by staff to learn skills so as to increase independence. Skills training was used in the centre to promote independence where possible in such areas as the reduction of restrictive practice and personal care. Each resident also had a private garden to the rear of their apartment.

Upon moving into their individualised apartments residents decorated their apartment. One resident had changed a room in their space into a sensory room with their favourite plants and scents. Staff had bought a range of oils and observed the resident to determine their favourite. Their bedroom had family photos on display and these were also seen in the kitchen. Staff told the inspector that the residents appeared very content in their new apartment and were very happy as they had recently received their own vehicle. Whilst in the apartment the resident communicated to staff that they were ready for their spin by putting on their shoes and jacket. Staff respected this request and went about organising their social outing.

Another resident was out and about on the day of inspection, they had developed a keen interest in hill walking and mountain climbing. They had been supported by staff to complete a level 1 orienteering course and were supported to continue to develop this skill and interest in a safe manner during the pandemic. They also had been supported to develop their interest in gardening and outdoor activities into a job role within the organisation. A room was utilised in their home to store all their required equipment and work clothes. The resident had a love of completing complex jigsaw. These had been glued together and displayed in a number of areas in the apartment. The inspector did not have the opportunity to meet with this resident on the day of inspection but it was observed that the resident was consulted in the day to day operations of the centre. This included goal planning and residents meetings. The resident was encouraged to learn skills for daily life. This included the use of key fob to enter and leave their apartment as they wished. The provider had also encouraged the resident to spend periods of time independently in their apartment.

Another resident was out and about partaking in a number of activities during the day. Their love and interest in all things electronic was promoted. Their computer took pride of place in their living room. The resident used this to keep up to date with family members during the pandemic. Staff were encouraging the resident with respect to Internet safety and the use of appropriate content. The residents love of movies and television was also encouraged. This individual also enjoyed being out and about.

Interactions between staff and residents were all observed to be professional and respectful in nature. Staff spoken with were very knowledgeable to the needs of the residents. Following the transition to the centre residents had been afforded time to settle into their environment and then would begin the process of planning personal goals for the coming year. From review of the documentation presented the inspector noted that the centre was operated in a manner that was respectful to the individualism and rights of each resident.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within the designated centre Damara. The registered provider had submitted an application to renew the registration of the centre for another three year cycle to support three adults with their planned transition to their community home. Residents had transitioned to the centre at the beginning of November 2020.

The registered provider had ensured a clear governance structure to the centre. A suitably qualified and experienced person in charge had been appointed to ensure oversight was maintained within the centre. This person did hold governance over a number of designated centres both within a person in charge and person participating in management role. At the time of inspection, they had effective measures in place to maintain oversight. They were supported in their role within this centre by an appointed team leader. There was clear lines of accountability within the governance structure.

Within the centre, the person in charge had ensured that a number of regulatory required activities were implemented and completed. This included the notification of the required incidents, the development and review of the statement of purpose. The registered provider had not ensured the review of the directory of residents, since the transition to the centre. The document presented to the inspector did not reflect the individuals current residence.

At centre level since transitioning to the centre the person in charge and team leader had developed a governance and leadership plan which is reviewed weekly. This plan is in place to identify and address issues in a timely manner. To further enhance this plan, there is a need for supplementary centre level monitoring to

ensure oversight is maintained. Within the organisation an audit schedule was set out for completion by the governance team, this was not adhered to within Damara. Such areas not audited included complaints.

At organisational level the provider had systems in place to implement a number of provider level monitoring systems in adherence to regulatory requirements. The residents had transitioned to the centre in November 2020, the person in charge was ensuring that the actions relating to six monthly unannounced visit of their previous residence continued to be addressed. A six monthly visit of Damara reviewing the service provided to the current residents were yet to be completed. An annual review of service provision had been completed in December 2020 incorporating the views of residents and their families.

The registered provider had ensured that the staffing levels appointed to the centre were appropriate to the assessed needs of the residents. The provider had ensured that the staff team was consistent, which enhanced the staff awareness to the support needs of the individual. Nursing care was provided to promote health and well-being of the residents. Members of the staff team were supported and facilitated to attend the necessary training to promote the quality and safety of the service provided. Supportive measures were in place to ensure all staff completed training to a compliant level.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application to renew the registration of the centre was submitted within the correct time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They had effective measures in place to ensure oversight was maintained within all designated centres under their governance remit.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staffing levels appointed within the

centre was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff were facilitated and supported to access appropriate training including refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider has not ensured the development of a directory of residents reflective of the individuals current residence.

Judgment: Not compliant

Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured a clear governance structure was allocated to the centre. All members of the governance team had clear roles and responsibilities with evidence of effective communication between all members of the team.

The registered provider had ensured 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 at organisational level. At centre level supplementary monitoring systems were required to enhance service provision.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose including all information required under Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all measures were in place to ensure all required incidents were notified in accordance with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the service provided within Damara. Residents had transitioned to the centre in November 2020 in preparation for the transition to their long term community home. Since the transition residents continued to participate in a number of meaningful activities both within their home and the local community. Some improvements were required to further enhance the quality of life of the residents including review of individualised plans and restrictive practice. These were actions which the provider had identified and were actively addressing at the time of inspection.

The residents had transitioned to the centre in November 2020 with the support of the staff team. Prior to their transition the provider had completed internal repairs to the premises to ensure they were to a high standard and reflective of the tastes and interests of the residents. Each self-contained apartment was decorated in an individual manner. The centre was clean and warm on the day of inspection. Residents were being supported for their transition to their community home by the staff team. This was in the planning stages and would continue to be monitored by the person in charge. Some internal areas did require minor improvements to maintain the overall standard, for examples where pictures had been removed from the wall or damage from doors opening.

The person in charge had ensured that each individual had a comprehensive individual plan. These incorporated the supports needs of each resident in a holistic

manner. Each resident has personal goals in place and photos were used to show participation and encourage discussion on topics of interest. Within the organisation the provider had introduced a new template to promote a social valued role approach to personal planning. The residents in Damara were yet to fully transition to this format. The person in charge explained the rationale for this was to allow residents to settle in their new environment and explore their options. Visioning meetings had been scheduled to develop plans for the coming year.

An area requiring review was that of restrictive practice. This had been self-identified by the centre governance team. A review of the restrictive practices in the centre had taken place, which resulted in a reduction of restrictions. Continued work was required, to ensure that rationale for the use of all restrictions was clear and a restoration of rights plan in place for all residents. Some individuals had been supported in skills training to reduce the need for restrictions. Staff were provided with sufficient knowledge and guidance to support residents at times of challenging behaviour.

The centre was operated in a manner which promoted the safety of all individuals. The registered provider had ensured effective measures were in place to protect the residents from abuse including an organisational policy and staff training. The person in charge had ensured the development of a risk register to promote the identification and review of risk within the centre. Standard operating procedures had been developed as required to promote adherence to control measures in place.

Overall the provider had effective fire safety measures in place. All firefighting equipment was present and serviced as required by a competent person. On the day of inspection it was noted that some repairs were required with respect to the self-closing mechanisms on fire doors. This work was commenced prior to completion of the inspection. Residents were supported to participate in regular evacuation drills to ensure familiarity in evacuation routes and procedures. Personal emergency evacuation plans required review to ensure all supports required were clearly documented.

This inspection occurred during the COVID 19 pandemic. The provider had reviewed all infection control measures in place to ensure that residents and staff were protected. Measures in place included use of PPE and social distancing. Regular of cleaning of the environment occurred. A organisational a contingency plan had been developed to ensure that COVID 19 did not impact on the quality and safety of the service provided to residents. Risk assessments were in place to ensure that all control measures in place. Staff were provided with ongoing guidance with regards to national and local guidance through a weekly newsletter.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

(a) access to facilities for occupation and recreation;

(b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;

(c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents; it presented as a warm and homely environment decorated in accordance with the resident personal needs and interests.

Some improvements were required to ensure that all equipment provided was maintained to a high standard.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that a copy is provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured 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. Current guidance ensured staff were aware of the most recent national guidance with respect to COVID 19.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the registered provider shall ensure that effective fire safety management systems are in place. Some improvement was required to ensure that all repairs to fire doors were completed and that personal emergency evacuation plans reflected current needs of all residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was supported to develop a comprehensive individualised personal plan. Personal plans incorporated a plethora of supports needs of residents to ensure a consistent approach to supports was promoted.

Some improvement was required to ensure each plan was developed to promote the socially valued role of each individual as set out by the provider.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Some improvement was required to ensure that all restrictions were in the least

restrictive manner for the shortest period required.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured that the effective measures were in place to protect residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner which respected and promoted the rights of the residents

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Damara OSV-0003446

Inspection ID: MON-0031035

Date of inspection: 27/01/2021

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 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of Residents had been reviewed and updated on the 06/10/2020 prior to the move of the 3 gentlemen to Damara. Unfortunately, the document must have slipped through while updating all house folders for Damara and was not available in Damara on the day of the inspection.</p> <p>The accurate Directory of Residents was sent via email to the HIQA inspector immediately the next day and is now available in Damara house folder No. 1.</p>	
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>As outlined in the report a clear governance structure is in place for the designated centre Damara. The PIC is supported by a Team Leader in the day-to-day management of the house.</p> <p>To ensure ongoing oversight and completion of necessary actions the PIC and Team Leader are meeting on a weekly basis to discuss areas identified for actions. Minutes and actions of these weekly governance meetings are kept in Damara.</p> <p>As learning from the inspection SPC audit schedule was added to the weekly governance meetings to discuss adherence to the schedule, delegation and completion of audits and follow up on any necessary actions.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Areas in need of repainting, tiling and removal of mold were identified on the inspection in some areas of Damara. The PIC and Team Leader have contacted SPC H & S department to add the necessary actions to the maintenance plan for Damara and repair works will be completed by the 30/04/2021.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The inspector identified some necessary repair works to be completed regarding fire doors in Damara. The PIC addressed this immediately on the day of the inspection. Repair works were completed on the day of the inspection by appropriate personnel and all fire doors are now working to standard.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Annual reviews as part of the new Personal Plan Framework have been completed successfully for all three gentlemen in Damara since the inspection took place. PIC, Team Leader, staff members, people supported and family members attended with a lot of engagement and developed comprehensive personal plans for 2021. To ensure progression of roles and goals are documented weekly progress sheets are being used and monthly review meetings held within the designated centre. The PIC and Team Leader ensure completion of reviews through their weekly governance meetings.</p> <p>Regular training on Personal Planning Framework for employees is being scheduled within SPC for 2021 to ensure all teams receive adequate support and knowledge regarding person centred planning.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The PIC has commenced a full review of restrictive practices in Damara. To help the staff team in developing a better understanding of restrictive practices the PIC has scheduled training for the 12/03/2021. This training will be attended by a PIC from another designated centre to share knowledge, experience and learning with the team and guide the review of restrictive practices within Damara.</p> <p>Full review of restrictive practices will be completed by the 30/03/2021.</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	30/04/2021
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	28/01/2021
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.	Substantially Compliant	Yellow	28/02/2021
Regulation	The registered	Substantially	Yellow	27/01/2021

28(3)(a)	provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Compliant		
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	27/01/2021
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	28/02/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a	Substantially Compliant	Yellow	28/02/2021

	review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	28/02/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/03/2021
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are	Substantially Compliant	Yellow	30/03/2021

	considered before a restrictive procedure is used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/03/2021