



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

## Issued by the Chief Inspector

Name of designated centre:	Idrone Lodge
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	12 November 2019
Centre ID:	OSV-0005515
Fieldwork ID:	MON-0022637

## About the designated centre

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

Idrone Lodge is a residential home located in Co.Carlow. The service has the capacity to provide supports to four adults over the age of eighteen with an intellectual disability. The service operated on a full-time basis with no closures ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents were facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. The property presents as a large bungalow on the outskirts of a large town. Each resident has a private bedroom, with a shared living area space. A variety of activity rooms are available such as an art room and sensory room. The centre also incorporated a spacious kitchen dining area and a garden area

**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 - 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
12 November 2019	10:00hrs to 17:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

Residents appeared very comfortable in the company of staff and approached them if they required support. The inspector had the opportunity to meet and spend time with four residents on the day of the inspection. The designated centre was a hive of activity on the inspectors arrival. One resident was making the most of the beauty room having their hair styled for the day ahead. One resident was making their way around the house in their chair.

Activities were based on the interests of the residents. There were regular coming and going from the centre with social outings and community based activities through out the day. Where a resident chose to participate to participate in an activity in the centre this was facilitated. Activities were based on the individuals interests if the residents. One resident chose to have a rest in the afternoon and this was supported by staff. Each resident had an electronic tablet which were utilised too record participation in activities. These were also utilised to encourage communication and sensory play through the use of applications downloaded.

A plan for the day had been discussed with staff and residents at the start of the day. Staff were visibly aware of the communication needs of the residents and utilised the individuals chosen method to communicate with residents in a polite and respectful manner.

## Capacity and capability

Idrone Lodge presented as a centre where the registered provider demonstrated high level of compliance. The capacity and capability of the provider ensured residents were supported to enjoy an active life, participating in a range of meaningful activities within the local community and within the home. Through a clear governance structure the centre was operated in a manner which assured adherence to regulations, to ensure a safe, effective service was afforded to residents.

The registered provider had ensured a clear governance structure was place within the centre. A suitably qualified and experienced person in charge had been appointed to the centre that was responsible for the day to day operations within the centre and regular monitoring of service provision. This individual reported directly to the person participating in management allocated to the centre, whom in turn reported to the senior management team and the board of directors. There was clear evidence of communication within the governance structure. The person in charge had a clear understanding of the supports needs of the residents and of their

regulatory responsibility.

The registered provider had effective systems in place for the implementation of an annual review of service provision. This was completed by a delegated person within the organisation and was evidenced to be comprehensive in nature. The registered provider had also ensured the implementation of an unannounced visit to the centre on a six monthly basis to the centre by an assigned person. A time bound action plan had been established with all actions required completed following implementation of both systems. The person in charge had effective systems in place to ensure that identified actions from both processes were implemented in a timely manner. The drive for service improvement was also evident at centre level with the implementation of a plethora of monitoring systems. For example, medication management and care plan audits. Through the implementation of these systems the governance team had a clear oversight to the needs of the service users and the centres operational needs.

The registered provider had ensured the allocation of appropriate staffing levels to meet the assessed needs of residents. The staff team were knowledgeable to the supports required to promote the resident's independence and participation in the local community. The person in charge had not however, ensured that all staff had received training which the organisation had deemed mandatory. Training needs were discussed as part of formal supervisory meetings which were implemented by the person in charge. The person in charge was available for staff to discuss any concerns or issues either in person or through team meetings.

The registered provider had ensured residents and staff were facilitated with guidance in the receipt and resolution of a complaint through the development of an organisational complaints policy which had further been enhanced to an easy read version to support residents to make a complaint. No complaint was active on the day of inspection. Review of an on-site complaints log evidenced that there was effective resolution of complaints in timely manner. Staff spoken with had a clear understanding of the complaints procedure.

#### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application was submitted in a timely manner.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. This person possessed a clear understanding

of their regulatory responsibilities
Judgment: Compliant
<b>Regulation 15: Staffing</b>
<p>The registered provider had ensured that number, skill mix and qualifications of staff was appropriate to the number and assessed needs of the residents</p> <p>The actual and planned roster was developed and maintained by the person in charge.</p>
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
<p>The person in charge had effective systems in place for the appropriate supervision of staff in accordance with the organisational policy.</p> <p>The person in charge had not ensured that all staff were supported and facilitated to receive adequate training including refresher.</p>
Judgment: Substantially compliant
<b>Regulation 19: Directory of residents</b>
<p>The registered provider had ensured the establishment and maintenance of a directory of residents in the designated centre.</p>
Judgment: Compliant
<b>Regulation 22: Insurance</b>
<p>The registered provider had ensured the designated centre was adequately insured.</p>
Judgment: Compliant

## Regulation 23: Governance and management

A clear governance structure was allocated to the centre with clear lines of accountability and responsibility.

Effective monitoring systems were in place at organisational including the annual review of service provision and six monthly unannounced visits to the centre. Any actions identified were addressed in a timely manner. The drive for service improvement was also evident at centre level with the implementation of a plethora of monitoring systems.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was available within the centre. All information required under Schedule 1 was present and correct.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had not ensured that all notifiable incidents had been reported to the chief inspector in accordance with regulatory requirements.

Judgment: Not compliant

## Regulation 34: Complaints procedure

A complaints policy was in place which gave clear guidance for staff in the procedures for addressing a complaint. No complaint was active on the day of inspection.

Judgment: Compliant

## Quality and safety

The inspector reviewed the quality and safety of the service provided to the residents currently residing within Idrone Lodge and found that residents were encouraged and facilitated to participate in a range of activities. Residents were supported to participate in community activation and participation in social roles. Residents on the day of the inspection were observed to participate in a range of activities. Where possible, residents were encouraged to participate in the day to operations of the centre. This included weekly residents where the week ahead was planned including weekly food items and activities. Overall, the centre was operated in a manner which promoted the rights of the residents. All interactions were observed to be positive and professional in nature. Improvements were required however, to ensure that privacy and dignity of one resident was protected at all times. Following the inspection details of measures to ensure this was promoted was forwarded by the person in charge including a system to alert staff when resident awoke.

Residents spoke of their enjoyment in activities. Staffs were cognisant to the support needs of residents and were observed to encourage residents to participate in activities which they enjoyed. The centre had been designed to promote participation in activities. For example, one resident enjoyed art and utilised the communal art room to create pieces which were utilised to decorate their personal spaces in the home. A soft play had also been created for another resident. In the morning the beauty room was utilised for personal care with one resident enjoy having their hair styled for the day ahead. Photographs of residents, their families and friends were visible throughout, with a visitor's room available for residents to have guests if they wished. Photographs were also utilised to show participation in goals and community activities such as day trips, parties and holidays.

The person in charge had ensured the development and ongoing review of comprehensive individualised personal plans for each resident. A format had recently been introduced to ensure relevant information was present and accessible to all. An assessment of residents needs was completed annually ensuring all documented supports were reflective of the residents assessed needs. This incorporated multi-disciplinary input for relevant members of the individuals support team such as the physiotherapist or speech and occupational therapy. Residents were supported to achieve the best possible physical and mental health. Guidance relating concerns were clearly set out within the personal plan.

The registered provider had ensured the centre was operated in a manner which promoted the safety and well-being of all residents. The person in charge ensured that all risk both individualised and environmental were identified and assessed accordingly. These were outlined within a risk register which incorporated current control measures in place to minimise the risk. Such identified risks included intimate and personal care, self-harm and falls. A standard operating procedure had been developed to be utilised in conjunction with the risk assessment to ensure a consistent approach to risk was utilised to reduce the impact and likelihood of the risk.

Measures were in place regarding the detection, response and management of fire with clear systems, fire fighting equipment and preventive measures in place. Staff had a clear understanding of the evacuation procedures within the home and ensured residents were facilitated to participate in regular fire drills and evacuations to promote awareness. Fire evacuation drills were completed under a range of scenarios to ensure an awareness of all possible scenarios such as reduced staffing levels, night time.

Safeguarding practices and policies were reviewed as part of the inspection. Through an organisational policy and training staff were provided with clear guidance on procedures to adhere to should an allegation arise. Where an allegation had arisen, systems were in place to ensure the safety of residents and adherence to local and national policy. The intimate care needs of residents were presented with each individual's personal plan. Some improvements were required to ensure the information reflected guidance within care plans for example skin care regimes

### Regulation 13: General welfare and development

The registered provider had ensured the provision of an appropriate service to each individual based on their assessed needs. Each resident was afforded with ample opportunities for participation in meaningful activities in accordance with their unique hobbies and interests.

Judgment: Compliant

### Regulation 17: Premises

The center presented as a large bungalow affording each resident with a private bedroom. a number of communal areas were present including a large living room, kitchen dining area and a visitors room. A variety of activity rooms were also present including a beauty room, a soft play room and an art room.

The registered provider had ensured the premises of the designated centre was designed and laid out to meet the needs of the residents. The centre was clear and tastefully decorated. Private areas were decorated in line with the individuals unique taste and interests.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had ensured the preparation of a guide in respect of the designated centre and ensured a copy was available for each resident.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider had ensured effective systems were in place for the ongoing identification, monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk.

Processes and procedures relating to risk were clearly set out in an organisational risk management policy, which also contained the regulatory required information.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had ensured effective measures were in place for the detection of fire. Through ongoing monitoring by the staff team, through daily and weekly checks, any issues were identified and addressed in a timely manner.

Fire evacuation drills were completed under a range of scenarios to ensure an awareness of all possible scenarios.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive and individualised personal plan in place. The personal plans provide guidance for staff on the multi-disciplinary support needs of residents in a clear concise manner. Personal goals had been set with clear evidence of progression of goals following annual visioning meetings.

The person in charge had ensured the plans were regularly reviewed to ensure the

effectiveness of the plan including the introduction of a new format.
Judgment: Compliant
<b>Regulation 6: Health care</b>
The registered provider had ensured that each resident was supported to achieve the best physical and mental health.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
The person in charge had ensured that staff were afforded with clear guidance to support service users displaying behaviour that is challenging and to support service users to manage their behaviour.  A restrictive free environment was promoted within the centre with practices utilised done so to promote the safety of residents such as lap straps when utilising wheelchairs.
Judgment: Compliant
<b>Regulation 8: Protection</b>
The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.  The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner. These plans required review to ensure that information present was reflective of guidance within all areas of care, for example, skin care plans.
Judgment: Substantially compliant
<b>Regulation 9: Residents' rights</b>

Overall, the designated centre was operated in a manner that was respectful of all residents valuing their individualism. Where possible residents were consulted in the day to day operations of the centre and consulted all aspects of their support needs.

However, improvements were required however, to ensure that privacy and dignity of one resident was protected at all times.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Idrone Lodge OSV-0005515

Inspection ID: MON-0022637

Date of inspection: 12/11/2019

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A centre specific training profile, individual employee training profiles and a training schedule are distributed monthly to the PIC and CSM of the centre by the Training Department. Employee training is on the agenda of the monthly team meetings and also discussed individually through Quality Conversations.</p> <p>All employees are supported to attend mandatory and mandated training. It is also the responsibility of employees to propose training that would enhance and support their role within St. Patrick's Centre (Kilkenny).</p> <p>Training Update for Idrone Lodge to ensure that all employees are adequately trained:</p> <ul style="list-style-type: none"> <li>• All employees have completed all HSE land training.</li> <li>• Two employees are scheduled to complete Studio 3 training on the 29th of January 2020.</li> <li>• Two employees are scheduled to attend Fire Training 2 on the 6th of February 2020.</li> <li>• Four employees are scheduled to attend Dysphagia Training on the 22nd of January 2020.</li> </ul> <p>SPC has a Quality Conversations policy in place. The policy outlines a standardised organizational framework for the implementation, continuing development and maintenance of a system of Quality Conversations for employees. These conversations aim to support employees and ensure their work practices and development are supported and overseen in a positive way.</p> <p>The PIC has regular Quality Conversations with the staff team in Idrone Lodge.</p> <p>On the 07/11/19 a working group met in SPC to discuss capacity building around Quality Conversations and Coaching as a leadership style. A Quality Training Session is scheduled for the 06/02/2019 for all PIC's and Team Leaders to attend.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifiable incidents have now been reported to the chief inspector via HIQA portal.</p> <p>Notifications for incidents in question were discussed between the inspector, PIC and PPIM and same submitted on the 19th of November 2019 by the CSM/PPIM. The PIC will ensure that all incidents are submitted within the allocated time frames going forward.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>All care plans for people supported are currently being reviewed by the PIC and keyworkers to ensure that these are reflective regarding all areas of care. The review and update of care plans will be completed by the 31st of January 2020.</p> <p>All actions from safeguarding plans are fully implemented in Idrone Lodge.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Improvements were required to ensure privacy and dignity of one person supported.</p> <p>The ensure the privacy and dignity of the person supported the following actions were assigned and are followed by the staff team:</p> <ul style="list-style-type: none"> <li>• Blinds at the front door to be pulled down at all times during a rest period of the person supported.</li> <li>• Person's paintings will be transferred onto the glass at the front door to ensure that the glass at the door is not transparent.</li> <li>• An alarm to be placed at person's bedroom door, which will notify staff when person supported is awake and leaves her bedroom. This will allow staff to assist the person in a</li> </ul>	

timely manner and will promote the person's privacy and dignity.

- Discuss and introduce a skills teaching piece with the staff team and person supported regarding her routine when getting up (e.g. dressing with a nightgown).

All actions to be followed through and reviewed on an ongoing basis in Team and Residents meetings.

## 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 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	06/02/2020
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	19/11/2019
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff	Substantially Compliant	Yellow	31/01/2020

	<p>providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.</p>			
Regulation 09(3)	<p>The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</p>	Substantially Compliant	Yellow	30/01/2020