



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

Issued by the Chief Inspector

Name of designated centre:	Hillside
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	30 January 2020
Centre ID:	OSV-0005876
Fieldwork ID:	MON-0026439

About the designated centre

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

Hillside is a residential service located in Co.Kilkenny. The service currently provides full-time residential supports to two adults over the age of 18 whom present with an intellectual disability. The service is operated on a 24 hour, 7 day a week basis, ensuring residents are supported by a competent and appropriately skilled staff at all times. Residents are supported to participate in a range of meaningful activities and where possible, are consulted in the day to day operations of the centre. Individuals are supported to reach their full potential in accordance with evidence based best practice whilst their independence and life skills training is encouraged. The premises consist of a large bungalow reconfigured to two self-contained apartments.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 30 January 2020	11:00hrs to 17:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and spend parts of the day interacting with one of the residents currently residing within the centre. The other resident was partaking in their choice of activities, on this day it was art, and chose not to interact with the inspector. This choice was respected. The resident was out and about in the afternoon after completing their household tasks with the support of staff.

On arrival, the inspector enjoyed a cup of coffee with the resident and person in charge. The resident was encouraged to participate in kitchen skills such as recycling and getting milk from the fridge at this time. This was also encouraged throughout the day, including lunchtime preparation. When finished their cup of tea, the resident chose to complete their favorite puzzle. Their choice in activities throughout the day was clearly respected by staff.

Choices of activities were offered including relaxation, listening to music and volunteer work in the local church. Following a visit to the church, the resident was supported to visit the local bar for a refreshing drink. Staff interactions with the residents were based on the support needs of the residents, and there was ongoing review of their communication needs to ensure all interactions were positive in nature.

Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and overall there was a high level of compliance to the regulations. Through effective monitoring systems at organisational and centre level, areas for enhancement were identified and addressed in a timely manner where possible. However, further improvements were required in the areas of staff training and supervision.

There was a clear governance structure in the centre. The registered provider had appointed a suitably qualified and experienced person in charge to the centre. The person in charge had a reporting role to the person participating in management. While there was evidence of communication within the governance team, lines of accountability and responsibility required review to ensure that members of the

governance team allocated to the centre were aware of their role within the centre. In turn, this would ensure compliance was achieved and maintained. The person in charge completed their governance duties. Some improvements were required to ensure these duties were completed consistently including the notification of incidents and the ongoing review of the statement of purpose document.

Effective arrangements were in place for the implementation of the annual review of service provision and six-monthly unannounced visits to the centre. Reports were generated following both procedures with robust action plans in place for a number of areas. The person in charge outlined a time line of completion for these action plans. Following development of an action plan, the person in charge ensured ongoing monitoring of action plans took place, including setting a specific timeline for completion of the identified task. At centre level, the person in charge ensured monitoring systems were also completed to ensure oversight of the action plans. These included financial audits, fire safety checks and medication audits. The person in charge was currently working alongside the staff team within the centre and had delegated a number of these monitoring systems to staff, including restrictive practice reviews.

The person in charge had not ensured that all staff had received training which the organisation had deemed mandatory and 'house specific training'. While a training plan was in place, not all training needs, which had been identified, had been scheduled for staff. Also, the requirement for mandatory training had not been reviewed. Training needs were discussed as part of formal supervisory meetings, referred to as quality conversations, and were implemented by the person in charge. However, these were not being implemented in line with the organisational policy. The person in charge was available for staff to discuss any concerns or issues either in person or through team meetings.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced individual to the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the number, qualifications and skill-mix of staff was appropriate to the assessed needs of the residents. An actual and planned

roster was in place and reviewed by person in charge
Judgment: Compliant
Regulation 16: Training and staff development
The person in charge had not ensured that staff were facilitated to access appropriate training, including refresher training. Also, the person in charge had not ensured that effective measures were in place for staff to receive appropriate supervision.
Judgment: Not compliant
Regulation 19: Directory of residents
The registered provider had established and maintained a directory of residents in the designated centre.
Judgment: Compliant
Regulation 23: Governance and management
The registered provider had developed a clear governance structure for the governance team; however, the role and responsibility of each member of the governance team was unclear. Effective measures were in place within the centre, at both organisational and centre level, to ensure the service provided was safe, appropriate to the residents' needs and consistent.
Judgment: Substantially compliant
Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose however this document had not been reviewed to ensure all information was up to date and contained the information set out in Schedule 1.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not provided notice to the Chief Inspector in writing within three working days following an adverse incident occurring in the centre.

Judgment: Not compliant

Quality and safety

The inspector reviewed the quality and safety of Hillside and found residents had a good quality of life. Social activities were encouraged and choice of in-house activities were facilitated. Participation in meaningful, individualised activities was supported and facilitated by staff members. Through comprehensive individualised personal plans, residents were supported to implement all multidisciplinary recommendations to achieve a high quality of life. Where possible, residents were consulted in the day-to-day operation.

The centre comprised of a large bungalow, which consisted of two self-contained apartments. Each area was modified to meet the unique needs and personalities of each resident. The centre was clean and homely. However, some areas internally did require review to ensure the centre remained in a good state of repair.

Residents were supported to engage in a wide range of activities such as art sessions, social outings and participating in activities in their local community. Residents had recently attended a local rally and also the community barbecue in the summer. One resident regularly visited the local church with staff and family members and liked to help out and do a bit of cleaning before lighting a candle. Since transitioning to the centre staff had supported residents to become valued members of their local community.

The person in charge had ensured that comprehensive personal plans were developed for each resident. These plans incorporated multidisciplinary recommendations and guidances. A number of support needs were

addressed and regularly reviewed by the staff team within Hillside. The annual review had recently been completed for both residents and personal plans would be updated to reflect any changes in support that may be needed. Multidisciplinary input was evident, including speech and language therapy assistance to improve communication.

A number of restrictive practices and systems were in place within the centre to ensure the safety of residents. These systems were regularly reviewed as they should only be utilised for the shortest duration necessary in the least restrictive manner. Staff recorded when a restriction was used and also the outcome of restrictions to ensure that a comprehensive review could be conducted. The person in charge had ensured staff were supported to respond to behaviours which may be challenging. Through a multidisciplinary approach, guidelines had been developed to include the identification of known triggers and reactive strategies to support residents. These were found to be comprehensive and individualised with regular review, providing up-to-date and relevant guidelines to the resident's current wellbeing. Staff were observed adhering to these guidelines throughout the day.

Effective systems were in place to support and maintain the best possible physical and mental health of the residents. Where an identified health concern was present, there was clear guidance for staff to act on medical personnel's recommendations and guidelines. Where a concern was in the process of being investigated, staff utilised a number of measures, including social stories, to encourage participation from the residents. These measures were utilised in conjunction with effective systems relating to the use of medical products including storage and administration.

The areas of risk management and safeguarding were reviewed on this inspection and residents were found to be well protected and safeguarded by the policies, systems and practices in place. A risk register was used by the provider, outlining the predominant risks in the centre such as behavioural and environmental risks. There was evidence of ongoing review of risk. Safeguarding policies and practices were clearly understood by staff and there was evidence in place of follow up and appropriate investigation where allegations were made. The registered provider had ensured effective measures were in place for the detection of fire by means of daily and weekly checks by the staff team, allowing any issues to be identified and addressed in a timely manner.

Regulation 13: General welfare and development

The registered provider had ensured each resident was supported to participate in a range of meaningful activities according to their unique likes and interests. Residents were also supported to develop and maintain personal relationships in the

local and wider community.

Judgment: Compliant

Regulation 17: Premises

The premises consisted of a large bungalow with two self contained apartments. Both living areas ensured that the design and layout of the premises met the aims and objectives of the service and the needs of the residents.

While the premises was clean and tastefully decorated, some internal areas required repair to be in a good state of repair.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management procedure, including the information set out in Regulation 26.

The registered provider had ensured that effective systems were in place for the ongoing assessment, management and review of risk.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective fire safety management systems were in place and monitored. These incorporated effective measures for the detection and containment of fire. Clear guidance was available to ensure residents and staff were aware of the safe evacuation of the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medical products.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident had a comprehensive, individualised personal plan in place. An annual review was completed through a multidisciplinary perspective to ensure a holistic approach to supports was implemented.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured residents were supported to achieve the best physical and mental health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where a restrictive intervention was used, it was used in the least restrictive manner and for the shortest time necessary to ensure the safety of all in the centre.

The person in charge had ensured staff were provided with up-to-date knowledge and guidance to respond to behaviour that is challenging.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured residents were protected from abuse. Through an organisational policy and training staff were aware of process to adhere to should an allegation of abuse arise.

The personal and intimate care needs of residents were set out within their personal plan in a respectful and dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre was operated in a manner that was respectful to the age, gender and individuality of each resident.

Where possible, residents were consulted in the day-to-day operations of the centre.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillside OSV-0005876

Inspection ID: MON-0026439

Date of inspection: 30/01/2020

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Employees are supported to attend mandatory and mandated training. It is also the responsibility of staff to propose training that would enhance and support their role within St. Patrick's Centre (Kilkenny).</p> <p>A centre specific training profile, individual staff training profiles and a training schedule are distributed monthly to the PIC and PPIM of the centre by the Training Department. Staff training is on the agenda of the monthly team meetings and also discussed at Quality Conversations.</p> <p>The PIC has sent emails to all staff members after the inspection to follow up on outstanding training needs and is also following up on the refresher training within Quality Conversations.</p> <p>Following update regarding training in Hillside:</p> <ul style="list-style-type: none">• All employees have completed Safeguarding refresher training.• All employees have completed medication management and medication administration.• One employee is booked to complete Fire Safety refresher training on the 05/03/2020• One employee is booked to complete Manual & Patient Handling refresher training on the 03/03/2020• All employees will have completed Studio 3 training by 27/03/2020. <p>On the day of the inspection the training report for Hillside was discussed with the PIC. The inspector felt that the identified HSE Land MUST training is not necessary to be set as house specific training due to the people supported living in Hillside and their individual needs.</p> <p>The PIC has sent an email to the training department immediately after the inspection to request a review of mandatory, house specific and quality training identified for Hillside</p>	

and is awaiting a response. Until the review of training needs for Hillside is completed, the PIC has requested her staff team to complete the MUST training as outlined in the training requirements.

There is 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 staff. These conversations aim to support employees and ensure their work practices and development are supported and overseen in a positive way.

The PIC has a schedule in place for 6 weekly Quality Conversations with the staff in the centre. Outstanding QC will be completed with the staff members by 20/03/2020.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The PIC of Hillside reports directly to the PPIM, who in turn reports directly to the Director of Service to ensure good governance for Hillside.

Provider audits:

The last annual provider audit was completed in March 2019, the next annual provider audit is scheduled for completion. All 6 monthly provider audits are carried out as per schedule.

Based on the completed provider audits the PIC is developing action plans and delegated duties for the staff team. The PPIM and PIC will follow through on actions through their scheduled Quality Conversations and team meetings with the staff team.

Quality Conversations:

On the day of the inspection it was evident that the PIC has scheduled 6 weekly QC with the staff team. Some of the scheduled QC were not completed within the timeframe. The PIC is currently in the process of completing the outstanding QC by latest 20/03/2020. To ensure scheduled QC will be completed, the PIC has now set up the schedule in line with the staff roster.

The PPIM and PIC have monthly to 6 weekly Quality Conversations and also attend the monthly Team Leader and Cluster meetings. The PPIM has monthly Quality Conversations with the Director of Service.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The necessary amendments were completed in the Statement of Purpose. The most current version of the Statement of Purpose was sent to the inspector and registration office on the 03/02/2020 and is now also available in Hillside.

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: A NF06 notification regarding a misplaced wallet of a person supported was submitted to the inspector on 02/02/2020.</p> <p>Learning of the incident was discussed previous to the inspection with the staff team and management at team and cluster meetings. A risk assessment and Standard Operating Procedure was put in place to support and guide the staff team.</p> <p>The discussion around the submission of notification for incidents was identified as great learning for the PIC, PPIM and the provider to guide other PIC's and PPIM's in the service around the submission of mandatory notifications.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The repair works in Hillside could not be completed on the day of the inspection. The PIC requested via email immediately after the inspection to SPC maintenance team the completion of repair works in Hillside. All necessary repair works will be completed by the 30/04/2020.</p> <p>At the team meeting on the 03/02/2020 the PIC will also discuss further with the staff team, how to support the people living in Hillside regarding their own needs and preferences regarding décor of their living environment.</p> <p>At the residents meeting on the 23/02/2020 staff team supported the people living in Hillside to develop ideas around their own preferences of décor in their home environment.</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 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.	Not Compliant	Orange	27/03/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	20/03/2020
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	30/04/2020
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined	Substantially Compliant	Yellow	20/03/2020

	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.			
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	03/02/2020
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	02/02/2020