Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cumas
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	04 November 2020
Centre ID:	OSV-0007775
Fieldwork ID:	MON-0030470

About the designated centre

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

Cumas is a designated centre located in Co. Kilkenny. It provides residential supports for four individual residents over the age of 18 years with an intellectual disability. An appointed person in charge oversees the day to day operations of the centre. The centre is comprised of 4 single occupancy apartments which have been decorated and adapted to meet the needs of the residents. Staffing support is afforded 24 hours a day 7 days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 November 2020	09:30hrs to 16:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector has the opportunity to meet and spend time with three of the residents currently residing in the centre. One resident was resting on the couch when the inspector called to their apartment and the inspector did not disturb the resident at this time. Three residents were going about their day getting ready for their activities with the support of staff.

When the inspector met with one resident they were getting ready to attend their favourite activity of social farming. They were facilitated by their support staff to attend this activity once a week. The resident was a keen farmer and enjoyed all things farming. Their balcony held a tractor flower pot and photos of family and farm activities decorated their personal space. On return from the farm that evening the resident appeared in great form and staff reported he really enjoyed his day. The resident sat looking out the window of his apartment waving at his neighbours passing by.

The person in charge introduced the inspector to another resident. The resident smiled when staff showed the inspector pictures of their school graduation and of their family visits. This residents key worker spoke to the inspector about their personal plan. A room in the residents apartment had been adapted to a sensory room which was one of their favourite places to relax. The rest of the apartment was decorated in a manner that respected the resident's culture and family values.

The inspector also had the opportunity to meet with another resident in their personal apartment. The staff member present introduced the inspector to the resident and showed the inspector around. The resident had recently celebrated their birthday and cards remained on display. Staff spoke of how happy this resident appeared since moving into the centre and how their mood had improved. The resident chose not to interact with the inspector but did wave goodbye when they were leaving.

All interactions observed were very positive in nature. Staff spoken with had a keen awareness of the needs of the residents from a holistic prescriptive.

Capacity and capability

This was a risk inspection implemented to ascertain the level of compliance in the centre since it became fully operational in April 2020. Since this time four residents had transitioned into the service with the support of the allocated staff team. Whilst a good quality of life was evidenced for the residents improvements were requited in

a number of areas, including governance and training.

A suitably qualified and experienced person in charge had been appointed to the centre. This person held a governance remit over two centres in close proximity. They held a reporting role to the community service manager in their person participating in management role. There was clear evidence of on-going communication within this governance structure with both individuals possessing a clear awareness of the needs of the service users and the designated centre.

Organisationally, the provider had implemented measures to ensure the ongoing monitoring of service provision. A six monthly unannounced visit had recently occurred in the centre. This was completed in a new format which was being introduced by the provider to drive service improvement. However, a number of factual inaccuracies were present in the report which had not been highlighted to the auditor. The person in charge was actively addressing the identified issues through a time bound action plan.

At centre level the person in charge was implementing a number of systems in ensure effective day to day operations within the centre. These included daily fire safety checks and medication management audits. The provider had developed a complete audit schedule which was to be complete in each centre. Whilst it was evidenced that some audits were being completed adherence to this schedule was not consistent.

The registered provider had allocated a number of mandatory training needs for all staff currently allocated to the designated centres. This included safeguarding vulnerable adults from abuse and manual handling. The records maintained of training courses completed by staff were unclear. For example, if a training course was booked it was unclear if training was currently out of date or if this course was a refresher. The inspector was unable to ascertain the level of compliance to training needs within the centre. This had been highlighted by the person in charge during a governance meeting.

The provider had developed an organisational policy and procedures to ensure all staff were appropriately supervised. This included the completion of quality conversations between the person in charge and the staff member. These conversations were not occurring within the centre in accordance with the policy. A schedule was in place to address this. The person in charge was available to staff to discuss any issues or concerns which may arise within the centre.

Improvements were required to ensure that all incidents were reported to the office of the chief inspection as required under the Health Act 2007. A number of incidents; whilst being addressed appropriately had not been notified. These were retrospectively submitted by the person in charge in the days following the inspection.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Systems in place did not effectively evidence that staff had access to appropriate training, including refresher training as part of a continuous professional development programme.

Compliance to organisational requirements for staff supervision were not adhered to.

Judgment: Not compliant

Regulation 23: Governance and management

A clear governance structure was appointed ot the centre with clear line of accountability and responsibilities. Improvements were required to ensure adherence to organisational audit schedule to ensure monitoring of day to day operations highlighted any issues in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1. This document was reviewed as required.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were required to ensure that all incidents were reported to the office of the chief inspection as required under the Health Act 2007. A number of incidents; whilst being addressed appropriately had not been notified.

Judgment: Not compliant

Quality and safety

This centre had become operational during the COVID 19 pandemic with residents being afforded the required supports to transition safely to the centre. Staff supported residents to continue to participate in meaningful activities whilst adhering to the relevant national guidelines. One resident had completed their school graduation via ZOOM during the summer. Some improvements were required to ensure that residents continued to be afforded good quality of life.

The centre presented as four single occupancy apartments, each of which had been tastefully decorated in accordance with the resident's interests and hobbies. As residents became more comfortable in their environment further changes were made. For example, on admission on resident chose not to sleep in their bed provided but a futon. With support from staff their bedroom was altered to meet their current needs and with the required supports the resident is progressing to now sleeping in a bed. Each apartment was a homely and clean space.

The person in charge had ensured that each individual had a comprehensive person plan in place. The personal plans were holistic in nature and reflected the current multidisciplinary supports in place for each person. They also provided clear guidance for staff with respect to the current health care needs of residents. These were currently in the process of being reviewed by the staff team to incorporate the progression of personal goals. These goals were identified as part of the transition to the centre and through the implementation of a visioning meeting. These meetings were held annually with the residents and their circle of support to determine with their personal goals would be. One plan had so far been updated to reflect the new format. Progression of goals were not clearly documented in the remaining plans.

The provider had ensured that measures were in place to ensure the safety of residents at all times. Through staff training and an organisational policy residents were protected from all forms of abuse. Should a concern arise staff were aware of procedures to adhere to. The centre was equipped with effective fire safety monitoring systems including emergency lighting and fire extinguishers. Regular fire evacuation drills were completed to ensure residents and staff were aware of effective evacuation procedures to adhere to.

Within the centre staff were provided with the required information should residents display behaviours of concern. Since the transition to the centre a marked decrease in incidents had occurred. Staff continued to provider supports in accordance with behavioural support guidelines. Where a restrictive practice was used this was done so to maintain the safety and well-being of residents. However, improvements were required to ensure that all restrictive interventions were identified as such and addressed within the restrictive practice log.

As stated previously this inspection took place during the COVID 19 pandemic. The registered provider had ensured the development of a contingency plan should a suspected or confirmed case arise within the centre. This included staff training on infection control and staffing arrangements as required. Staff were observed adhering to guidelines throughout the inspection.

Regulation 13: General welfare and development

The registered provider had ensured that each resident was provided with opportunities to participate in activities in accordance with thei interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises of the designated centre were designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was clean and suitably decorated in accordance with the residents interests.

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. There was clear evidence of adherence to current national guidance with respect to COVID 19

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place including fire fighting equipment and staff knowledge.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident. This was reviewed annually.

improvements were required to ensure that all plans were completed to a consistent standard to reflect the personal goals of each resident.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured the provision of appropriate health care for each resident, having regard to that resident's personal plan.

Judgment: 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.

Improvements were required to ensure that all practices restrictive in nature were identified as such and documented accordingly.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Systems in place ensured all residents were protected from all forms of abuse

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that was respectful to the rights of the residents. Residents were consulted in the day to day operations of the centre and in their support needs.

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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cumas OSV-0007775

Inspection ID: MON-0030470

Date of inspection: 04/11/2020

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A new Training Administration Officer commenced work in SPC on the 27/10/2020. The necessary improvements in regards to training reports and coordination of training were discussed with training department since the inspection took place in Cumas. A meeting between Operations Team and Training department was held on the 30/11/2020 and a new template for SPC training reports was agreed, which will support a better overlook on completed and outstanding mandatory training needs for employees. To ensure adherence to SPC Quality Conversations Policy the PIC has developed a new schedule for completion of QC with Cumas staff team for remaining 2020 and also 2021. The schedule for QC is now reflecting PICs remit for both designated centres to ensure adequate time for each staff member.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC has reviewed delegation of audits for Cumas to ensure adherence to SPC audit and checklist schedule. SPC is currently undergoing a full review of audit tools: • A new template for annual and 6 monthly unannounced visits has been implemented in the service. A feedback form was introduced in November to all PICs and CSMs to ensure	

feedback and factual inaccuracies from unannounced visits can be reported and followed through in a formal way between PIC and auditor.
• A full review of finance policy and pathway is currently underway. As an outcome of this review the current daily/nightly checklists and audit tools are being amended to suit SPC service for the people supported going forward.
• Health & Safety department is developing a new cleaning schedule template for all SPC designated centres.
• The range of audit tools available in SPC are under review to offer an updated tool set to all PICs, CSMs and staff teams as part of their ongoing management of designated centres.

To guide employees during this time of review an interim audit and checklist schedule has been sent to all employees on the 02/12/2020 with the additional guidance QI tool "Ways of working" to support employees in their understanding of the importance of audit tools as part of governance and management and ensuring a safe quality service.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
As discussed with the inspector on the day of inspection the PIC has submitted three outstanding NF07 notifications on the 16/11/2020 via HIQA portal.
To receive further clarity regarding the discussed incidents and follow up on provider level the PPIM sent an email to the inspector on the 07/11/2020. SPC is currently awaiting feedback on same.

Quality Department has scheduled a meeting for the 15.12.2020 with HR department to discuss procedures and completion of monitoring notifications, especially NF07 notifications.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Although the inspection report outlines that personal plans were holistic in nature and reflected MDT supports in place for each person in Cumas it did not reflect the level of work that had taken place in Cumas with the people supported in regards to the new Personal Plan Framework and implementation of same, since the roll out in 05/08/2020.

PIC, CSM and staff team have supported all gentlemen living in Cumas in completion of their annual review between 24/08/2020 and 19/10/2020.
On the day of the inspection finalised minutes for two people supported were available on their personal files to evidence review and visioning of the annual reviews. For the other 2 people supported notes and handwritten minutes were available on file to evidence completion of annual reviews, outcomes and actions to be followed.

Identified roles, development and progression of same are monitored and documented in line with the new personal planning framework for one person supported, for the other 3 people supported the documentation is in development stage following their recent meetings. The PIC is supporting the team in progression of documentation and will ensure monthly reviews and weekly progress sheets are completed to evidence progression and outcomes.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Since the inspection took place the PIC and staff team have reviewed restrictive practices for one person supported in Cumas. 3 more restrictions were identified, are now included on the centres restrictive practices log and monitored in line with SPC policy.

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	30/11/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/12/2020
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	02/12/2020
Regulation	The person in	Not Compliant	Orange	16/11/2020

31(1)(g)	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 of misconduct by the registered provider or by staff.			
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	19/10/2020
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/12/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Substantially Compliant	Yellow	30/11/2020

	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			