



# 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:	Announced
Date of inspection:	24 August 2021
Centre ID:	OSV-0005876
Fieldwork ID:	MON-0033741

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 24 August 2021	9:00 am to 5:00 pm	Tanya Brady	Lead

## What residents told us and what inspectors observed

This centre is home to two residents, and the inspector had the opportunity to meet with both of them over the course of the day. In keeping with current COVID-19 infection prevention and control best practice the inspector took measures such as maintaining social distance and wearing of personal protective equipment (PPE) throughout the day.

From what the inspector observed, there was evidence that the residents living in the centre had a good quality of life in which their independence was promoted. Appropriate governance and management systems were in place which ensured that monitoring of the services provided was completed by the provider, in line with the requirements of the regulations. The inspector observed that the residents and their families or representatives were consulted regarding the running of the centre and played an active role in decision-making within the centre.

This centre is a spacious bungalow in a rural setting on the outskirts of a village. The bungalow is on an elevated site and has been sub-divided to provide two separate self contained homes for the residents within the one house. Each resident has access to their own private garden to the rear of the house and there is a communal garden to the front and sides of the property.

As this inspection was announced to the provider in advance, the residents who live in the centre and their families or representatives had been sent a questionnaire seeking their views of the service offered in the centre. The inspector reviewed these and found that they contained positive statements. Both residents had moved to live in this centre from previous houses run by the provider on a campus based setting. The feedback from the questionnaires and the staff team was that both residents are very happy in their home and are fully involved in the running of their home. They can make positive choices regarding everyday tasks and participate in these tasks as they wish. One resident was supported by staff to make the inspector a cup of coffee and moved around their kitchen freely before joining the inspector at the kitchen table. As residents have their own staff teams and access to their own vehicle they can also go out anytime they wish.

One resident who prefers to walk rather than go in the car can get to the local church or walk on the quiet country roads safely. The staff team reported that both residents are greeted by name in the community and welcomed by members of their community when they are in the local shop, church or pub. The provider and person in charge have put systems in place to ensure that both residents keep in contact with friends and family as they wish. For one resident regular family visits are very important and for the other resident regular friend visits are important and all of these are facilitated.

Throughout the inspection the residents appeared relaxed and comfortable with their staff team. Both residents use a combination of communication systems to

communicate and the staff team were seen to utilise individualised strategies to help support understanding and use of communication effectively.

The following sections of the report outline findings of the regulations reviewed during this inspection and their impact on the quality and safety of the service provided to the residents that live in the centre. Some areas for improvement were identified in relation to the upkeep of the premises and fire safety.

## Capacity and capability

Overall, the inspector found that the provider and the person in charge were monitoring the quality of care and support provided for the residents in the centre. The inspector found that the designated centre was well managed and that this was bringing about positive outcomes for residents.

The person in charge is supported in their role by the community services manager who is the person participating in management of the centre. This ensured that lines of authority and accountability were clearly defined and all staff that met the inspector were clear on who they reported to.

There was a suite of audits being completed including; food safety audits, infection control audits, supervision audits, care plan audits, medication audits in addition to observations and walk around reviews by the person in charge. There was evidence of follow up and completion of actions following these audits and evidence of improvements being made as a result of these actions. A number of meetings were occurring such as staff meetings or management meetings. Resident's care and support needs were central on the agenda of all of these meetings

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

The registered provider had submitted a complete application for the renewal of registration of this centre in advance of this inspection. The submitted documentation met the requirements of the regulations.

Judgment: Compliant

## Regulation 15: Staffing

The inspector found that that the centre was resourced by a staff team who were suitably qualified and had the right skills to support residents.

A review of staff files found that the information required under Schedule 2 of the regulations, for example, a Garda vetting disclosure and a full employment history, had been obtained for all staff. The person in charge maintained an accurate planned and actual roster, and effective workforce planning had ensured continuity of care for residents

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received mandatory training, as well as supplemental training appropriate to residents' specific support needs. The provider had an annual training schedule in place that ensured training could be scheduled in a timely manner. The person in charge provided on job mentoring for the staff team that encompassed competencies required to manage and deliver person-centred, effective and safe care and support for residents.

All staff were in receipt of formal supervision in line with the providers policy, the inspector reviewed a sample of these and noted that actions plans were in place and were reviewed to ensure progress against identified actions occurred.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, the governance and management arrangements were effective in delivering a good quality service to residents. There were clearly defined management structures which identified the lines of authority and accountability. The staff team reported to the person in charge who in turn reported to the community services manager.

There was an annual review of the quality and safety of care and six monthly visits by the provider or their representative. The inspector found that learning and improvements were brought about as a result of the findings of these reviews. There were also audits completed by the person in charge and evidence of follow up on actions from these audits. Staff meetings were held regularly and the agenda items were found to be resident focused.

The person in charge delegated some duties to staff members and the inspector reviewed meeting minutes which outlined the delegated duties and detailed discussions regarding progress of these. In one instance the inspector found that

where staff had identified an action requiring replacement of an item that had been used, it was not followed up in a timely manner, however, the person in charge amended this on the day of inspection.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

All residents who lived in this centre had a contract in place that clearly outlined the service that was to be provided. This included the contribution that was to be charged. Contracts were available in an easy read and symbol supported version for residents and there was evidence that the content of the contract had been discussed with residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

This is an important governance document that outlines the service to be provided in the centre. The statement of purpose contained all information required by the regulations.

Judgment: Compliant

## Quality and safety

The quality and safety of care provided to the residents was being monitored as required by the regulations and residents' complex needs were being comprehensively provided for. The inspector found that this centre was a warm and comfortable home for both residents and the staff team were attempting to support the residents to engage in meaningful activities and to live a life of their choosing. Some improvements were required in the management of fire safety, identification of safeguarding and in maintenance of the premises which is detailed below.

Throughout the inspection evidence was seen that residents were treated respectfully and were supported to experience and participate in a variety of activities. The centre had two vehicles available which supported residents in their independence and one resident who was reluctant to use the vehicle on a regular basis was positively supported in a structured way to go out. Residents were supported to build relationships in their local community and were greeted by

neighbours when they went for a walk or in the village.

Residents were consulted in the running of their home and their active involvement was reflected in their individual personal plans which were developed in a person centred way.

### Regulation 17: Premises

This centre was a large bungalow on an elevated site which had been sub-divided into two distinct and individualised homes. To the rear of the house the residents had access to private self contained gardens accessed from their homes. These had been laid out to reflect the individual needs and wishes of the residents. Internally both residents had their own bedrooms, kitchens, living room and bathroom and one resident had an additional room used as a music or hobby space.

The provider had completed property reviews as part of a health and safety audit and there were actions identified for maintenance and repair. Painting on external aspects of the house was being carried out on the day of inspection. The inspector noted that painting and general maintenance was required and replacement of flooring which was torn in one kitchen was required.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The residents in this centre were protected by policies, procedures and practices relating to health and safety and risk management. Risk management systems were effective, centre specific and considered. There was a detailed and current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations made to meet the complex needs of the residents. Any changes in either the residents assessed needs or as a result of an incident or accident were promptly responded to.

There was evidence of positive risk taking which supported the residents in engaging in spontaneous and planned activities of their choice, such as in the use of an inflatable pool in the garden during hot weather.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and person in charge had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. The provider maintained contingency plans should an outbreak of COVID-19 or other infectious disease happen and these are reviewed and updated regularly.

The person in charge ensured regular cleaning of the premises, however some areas were observed by the inspector that had not been cleaned as outlined. In addition the records of cleaning were incomplete with a number of days observed where no cleaning records had been signed. The daily food safety checks were not being completed as required with for example eight days in June not recorded as completed.

The person in charge had ensured sufficient personal protective equipment was available at all times and staff had adequate access to hand-washing facilities and or hand sanitising gels. Mechanisms were in place to monitor staff and residents for any signs of infection. Infection prevention and control audits were being completed and the inspector reviewed the water quality records as the centre water is provided by a well. These were seen to be up-to-date and water quality was good.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training and residents' personal evacuation plans were in place. The inspector reviewed records of fire drills and noted that they were being completed at a similar time of day and as such could not provide an assurance that residents could be safely evacuated with minimum staffing levels in place or if residents were in bed. The last night drill had been completed in September 2020 and noted that neither resident would evacuate, and no further drills to reflect this situation had been completed.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that the residents personal plans were person centred and live documents that were updated and reviewed on an ongoing basis to ensure they were meaningful to the residents lives. Annual reviews had been completed and while there had been a delay in the completion of one annual review it had taken place and another one was scheduled before the end of the year. Photo collages were kept alongside the written reviews to show steps taken when achieving goals

and these were meaningful to residents.

Residents had flexible weekly planners in place and plans for learning were in place to support skills development in addition to personal goals in place.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs were appropriately assessed and support plans were in line with these assessed needs. Each resident had access to appropriate health and social care professionals in line with their assessed needs. In addition there was access to dental and GP services of their choice.

A comprehensive suite of support plans were in place that detailed procedures to be followed and supports to be provided to residents. These included wound management, tissue viability, eye care and management of eating, drinking and swallowing disorders.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents in this centre were supported to enjoy the best possible mental health and, as required, had access to psychology and or psychiatry support. Residents had a positive behavioural support plan in place and it was also observed that these were currently under review by behaviour support. Staff who spoke with the inspector were found to have the up-to-date knowledge and skills to support residents to manage their behaviour.

Protocols were in place to guide staff in specific situations to ensure consistency in staff support to residents and these were seen to be supplemented by visual stories and clear explanations for the residents to aid understanding.

The use of restrictive practices were in place to promote the safety of the residents and there was evidence that their use was regularly reviewed. There was evidence that following review some restrictive practices had been removed and others were being reduced. All restrictive practices had been assessed for and there was documentation outlining the rationale for use in place.

Judgment: Compliant

## Regulation 8: Protection

The provider and person in charge had systems to keep residents in the centre safe. There were policies and procedures in place and safeguarding plans were developed as necessary in conjunction with the designated officer.

Staff were found to be knowledgeable in relation to keeping residents safe however, the inspector observed records of an incident that had not been recognised or reported as a potential safeguarding concern. This incident occurred when one resident was visiting their peer and presented with behaviours that challenge that resulted in property destruction and threats to staff.

The inspector reviewed residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents. In addition the inspector reviewed the management of residents finances and observed that residents have been referred for advocacy in relation to decision making around financial support.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The rights of residents who lived in this centre were respected and there was evidence that their rights were discussed with them on a regular basis. Residents were supported by advocates where required and had been supported to make decisions that were important to them. The provider and person in charge had ensured that meetings with residents were taking place and that the topics for discussion in these meetings were reflective of individual plans and decisions.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially 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	Compliant

# Compliance Plan for Hillside OSV-0005876

Inspection ID: MON-0033741

Date of inspection: 24/08/2021

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The kitchen floor for one person's apartment is being replaced on Monday 27/09/2021. General maintenance work for Hillside is recorded and documented on the maintenance plan for the designated centre. Outside painting and repair works have been completed in line with the maintenance plan.</p> <p>Funding for a garden shed has been approved. The PIC is still awaiting confirmation of funding for a patio area for the back garden space in one apartment.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: A deep clean has been completed by the staff team in one apartment of Hillside immediately after the inspection.</p> <p>The PIC has addressed the area of improvement regarding completion of cleaning and food safety checklists in one apartment of Hillside. The staff team supporting the gentlemen in Hillside require further mentorship and guidance on Regulation 27. The PIC has therefore added Regulation 27 to the agenda of the team meeting on 29/09/2021 to further discuss implementation of checklists and cleanliness of all areas of Hillside and will also follow up individually with staff members through their Quality Conversations.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  On the 24/08/2021 a night time fire drill was completed in Hillside to safely evacuate people supported with minimum staffing levels. A further night time drill is scheduled for 13/10/2021 to provide assurance that people supported can be safely evacuated when in bed.</p> <p>Kilkenny Fire officers and H &amp; S department visited Hillside 06/09/2021 to review fire evacuation systems with the PIC and staff team. As a follow up from this visit the PIC will invite the local fire officers, who would be responding to a fire in Hillside to also visit the designated centre for further guidance to the team and be familiar with the people living in Hillside.</p> <p>PIC has also ensured that the completion of fire drills, different scenarios and learning is being discussed as part of each team meeting.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  The PIC has now completed the outstanding monitoring notification for the incident identified at the inspection. Reporting of incidents and monitoring notifications was discussed at the Quality Assurance meeting on the 16/09/2021 with all PICs and CSMs.</p> <p>Staff team are aware of SPC incident reporting systems in place and are also following the support plans for both people living in Hillside.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	27/09/2021
Regulation 27	The registered provider shall ensure 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.	Substantially Compliant	Yellow	29/09/2021
Regulation	The registered	Substantially	Yellow	06/09/2021

28(4)(b)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Compliant		
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	24/09/2021