



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

Issued by the Chief Inspector

Name of designated centre:	Dinan Lodge
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	13 May 2021
Centre ID:	OSV-0005621
Fieldwork ID:	MON-0032624

About the designated centre

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

Dinan Lodge is a residential home located in Co. Kilkenny. The service can provide supports for four residents over the age of eighteen with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by staff members at all times. The level of staffing present is dependent on the planned activities of residents with two staff present at day time hours. A person in charge is appointed to ensure effective governance of the centre is maintained. The premises consists of a two storey detached house with the upstairs utilised by the staff tea. Each resident has a private bedroom and free access to the shared living area and large kitchen/dining room. A large secure garden area is available for residents which incorporated a poly tunnel.

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
Thursday 13 May 2021	10:15hrs to 16:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents enjoyed a good quality of life in this centre and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be well cared for in this centre, and there were management systems in place that ensured a safe and effective service was being provided. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them. Some issues had been highlighted in the previous inspection. This inspection found that while some efforts were made to respond to these, further work was required relating to the upkeep of the premises and also in relation to residents contracts of care.

The centre comprised a two storey dwelling that could accommodate four residents on it's own grounds in a rural location. There were four residents living in the centre and there were no vacancies at the time of this inspection.

On this inspection, the inspector met briefly with all four residents and the staff members that supported them. The person in charge and the community services manager, who participated in the running of the centre were available on the day of the inspection. There were two social care workers appointed to this centre and these individuals were also present on the day of the inspection. This inspection took place during the COVID-19 pandemic and was a focused risk inspection. Communication between the inspector, residents, staff and management took place in adherence with public health guidance. Where a resident found it difficult to maintain a two metre distance at all times, the inspector took additional precautions when necessary. Residents communicated in a variety of ways. Although the residents living in this centre were unable to tell the inspector in detail their views on the quality and safety of the service, in response to enquiries about living in the centre residents did provide some positive feedback. The inspector saw that overall residents appeared contented and relaxed in the centre and were comfortable in the presence of the staff supporting them. Due to restrictions in place during the COVID-19 pandemic it was not possible for the inspector to meet with family members on the day of this inspection.

Residents' bedrooms were personalised and the centre was homely and met the needs of the residents living there. All of the residents bedrooms and living areas were located on the ground floor. The upstairs section of the centre comprised of a large office and a staff bathroom and some residents did not access this area on a routine basis due to personal preference or mobility issues. Residents had access to a large garden area that contained a poly-tunnel and the inspector saw that residents were using this to grow a variety of salads and vegetables with the support of staff. The front lawn contained a pond that was fenced off. The front gate to this centre was routinely kept closed and there was a one way system in place for vehicles exiting the grounds of the centre due to it's close proximity to a

busy road.

An annual review for 2020 had not yet been fully completed at the time of this inspection. The inspector viewed a draft copy of this review. This showed some evidence of resident and family consultation in relation to the running of the service. One resident was attending an appointment for a vaccination on the day of this inspection and the inspector observed and heard staff adhering to a support plan in place to support and prepare this individual prior to the appointment. This meant that this individual successfully accessed this important medical support with a minimum of anxiety and in a manner that would contribute towards success.

The staff working in the centre told the inspector about how family communication was maintained and facilitated in the centre. Staff in the centre had a strong awareness of the importance of family connections and efforts were being made to enhance family contact for a resident that had limited contact with their family for a number of years. The inspector was told how during the COVID-19 pandemic residents had been supported to maintain relationships. For example, by sending flowers to their mothers for Mothers Day and taking part in video calls where this could be facilitated by family members.

Staff were seen to be respectful in their interactions with residents. Residents appeared comfortable to move about their own home freely. Most of the residents in the centre were out for a large part of the day while the inspector was present and all residents were supported to take part in activities outside of the centre on the day of the inspection. While in their home, residents were seen relaxing watching TV and interacting with staff and staff were observed supporting some residents to prepare meals according to their dietary needs and preferences. The inspector observed and overheard the residents being offered fresh, home cooked foods and drinks regularly throughout the day.

Residents had access to a seven seater vehicle to facilitate community access and one resident also had the use of his own vehicle that he used daily with the support of staff.

There were some restrictions in place in the centre, such as a fingerprint scanner for entry to a pantry area. There was a restrictive practice log in place in the centre and this restriction was seen to be in place appropriately to protect a resident with pica from accessing this area unsupervised and had been appropriately risk assessed. The provider had minimised the impact of this on other residents by ensuring that they were also able to use the fingerprint scanner to access this area.

This was a risk based inspection with focus on some particular areas, such as the infection control and risk management procedures in place in the centre following some issues with water quality. The inspector saw that the provider and management of the centre had taken swift action to ensure that residents were kept safe and protected from infection when required. This will be discussed further in the section of this report that deals with quality and safety.

Overall, this inspection found that there was a high level of compliance with the regulations assessed and that this meant that residents were being afforded safe

and person centred services that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. There was a clear management structure present and this centre was found to be providing a responsive and high quality service to the residents living there. While appropriate contracts of care had been put in place since the previous inspection, consultation around these required some further work.

The community services manager (CSM) was present for part of the inspection and met with the inspector. This individual occupied a clear presence in the centre and was familiar with the residents living there and knowledgeable about any issues that arose in the centre. The incoming person in charge was present also on the day of the inspection. There were plans for this individual to have remit over one other designated centre at the time of this inspection. They had recently been appointed to the role and had just commenced working in the centre on the same week as the inspection took place. The person in charge reported to the CSM, who participated in the running of the centre, who in turn reported to the director of services (DOS). Reporting structures were clear and there were organisational supports such as audit schedules in place that would supported the person in charge and the staff working in the centre, and ensure that oversight was maintained at a provider level. A six monthly audit had been completed. As mentioned in the previous section of this report, the 2020 annual audit was not yet fully completed at the time of this inspection. The CSM told the inspector that this was due to the initial report not achieving the required standard following quality control review and this did provide some indications that there were robust systems for review in place at provider level.

There were two social care workers appointed to this centre and these individuals demonstrated the required skills to provide support and guidance to the staff team when the person in charge was not on site. The CSM told the inspector about the arrangements in place to support the person in charge including the supports they would themselves provide and details of a new role had been created within the organisation in the months previous to provide administrative support to designated centres operated by the provider.

The centre was adequately resourced to provide for a good quality service for the individuals living there. Staffing levels were appropriate, overall the centre was appropriately maintained and there was suitable transport available for the use of the residents. A dedicated staff team provided supports to the residents in this

centre. During the day there were usually two to three staff on duty, and at night one staff member was available to residents if required. A staff nurse had just commenced working in the centre at the time of this inspection in response to an identified need. The roster indicated that there was a core staff team working in the centre, and that agency staff were not utilised on a regular basis. This provided the residents with continuity of care and consistency in their daily lives. Staff had taken part in mandatory training as required and there was evidence of good oversight of staff training needs in this centre.

The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been completed and contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. This meant that in the event of an outbreak of COVID-19 occurring there were plans in place that would protect the residents, and support continuity of care for them. Audit schedules were in place and taking place regularly. Actions identified in the six monthly audit and other audits such as medications audits had been addressed. The timely identification and management of any issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The proposed person in charge had the required qualifications, skills and experience necessary for the role and told the inspector about how they planned to maintain oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were adequate to meet the needs of the residents and this centre was staffed by a suitably skilled, consistent staff team. Nursing supports were available to residents from within the staff team and continuity of care was provided.

Judgment: Compliant

Regulation 23: Governance and management

Effective governance and management systems were in place. The centre was appropriately resourced, there was a clearly defined management structure that identified lines of authority and accountability, and management systems in place in the designated centre were appropriate. A six monthly report had been completed in respect of the centre and arrangements were in place for the supervision of staff. The 2020 annual review was in draft format at the time of this inspection and the draft viewed by the inspector did not include details of consultation with residents or their families.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

New contracts of care had been put in place since the previous inspection and these set out the terms and conditions of residency and the fees and charges payable by residents. Some of these had not yet been signed. While there was good evidence of consultation with residents about these, such as an easy read version that had been explained to residents by the previous person in charge and their keyworker, further work was required to ensure that residents representatives, such as family members and the ward of court committee, were appropriately informed and involved in this process.

Judgment: Not compliant

Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. Overall, safe and good quality supports were provided to the four residents that lived in this centre. Some improvements were required in relation to the upkeep of the premises and the documentation around medications administered in the centre.

Prior to this inspection, the office of the Chief Inspector had been notified about some issues with the water quality in this centre. An outbreak of campylobacter in the centre had prompted testing of the well water supply to the centre. While this testing had not attributed the water supply to the campylobacter outbreak, it had shown the presence of Escherichia coli (E. coli), a bacteria that can cause ill effects in humans if ingested. The inspector saw that appropriate actions had been taken to

manage this situation. For example, bottled drinking water was provided to the centre for use until the matter was resolved. Appropriate advice was obtained from the local county council, public health and an appropriate water treatment company. Remedial works were carried out on the well, an ultraviolet (UV) disinfection system was installed and the water supply was retested and deemed safe for human consumption prior to use in the centre. Some records were not available to the inspector on the day of the inspection. However, in the days following the inspection, evidence was provided to the inspector that a full suite of testing had been completed on the well water to ensure that all appropriate checks had been completed and the inspector was assured that a plan was in place to ensure ongoing maintenance and review of the well water supply and the UV disinfection system. This meant that there were ongoing plans to ensure a safe and secure water supply to the centre and its residents.

Infection control procedures in place in this centre to protect residents and staff were found to be in line with national guidance during the COVID-19 pandemic and also when dealing with both the campylobacter outbreak, which affected one resident, and the potential E. coli outbreak. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Cleaning records indicated that there was a regular cleaning schedule taking place. The person in charge and staff had a strong awareness of infection control measures to take to protect residents, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE) and appropriate laundry and cleaning procedures to follow in the case of campylobacter. The staff spoken to took their responsibilities in this regard very seriously and demonstrated this throughout the time inspectors spent at the centre. All staff in the centre had undertaken training on infection control measures including training about hand hygiene and the appropriate donning and doffing of PPE. All staff had completed food safety training, with the exception of one new staff member who was already scheduled to complete this training.

Overall, the premises met the needs of the residents living in this centre. The previous inspection had found some maintenance works, such as internal painting, was required. Some of these issues had been addressed since that inspection. The compliance plan submitted by the registered provider following the previous inspection indicated plans to purchase the premises and carry out significant remodelling and refurbishment works, to include a self contained apartment for one resident. This would meet the future needs of the residents living in this centre. On the day of this inspection, the inspector noted that while these plans were ongoing, they were still in the planning stage and in the interim not all required maintenance works had been completed. The inspector saw that some painting works in the interior of the premises remained outstanding.

There was a 'Health Safety and Risk Management Policy' in place and this had been reviewed within the required time lines. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre. There was an organisational plan and risk assessment in place in relation to COVID-19. Where incidents occurred these were seen to be appropriately recorded on an

online system and reviewed by the person in charge. Appropriate actions were taken following adverse incidents. For example, following an incident where rescue medication was mislaid, appropriate steps were taken to ensure that this would not occur again and to ensure that individuals had access to required medications at all times.

Fire safety precautions that were looked at were good. Evacuation plans were in place for residents and staff spoken to had a good awareness of these. Staff spoke openly about fire drills that had taken place, and there were good detection and containment systems in place in the centre to ensure that residents would be protected in the event of an outbreak of fire in the centre. A laundry area in a shed attached to the premises had an appropriate wired fire detection alarm in place. This ensured that in the event of a fire occurring in this part of the premises, staff would be alerted in a timely manner.

Residents living in this centre were facilitated and supported to access medical supports and care as required and there were plans in place to support residents to achieve the best possible health outcomes. There was evidence that the previous person in charge had maintained contact with appropriate health and social care professionals, and residents were receiving regular input from the GP and other health and social care professionals such as an occupational therapist, psychologist and dietitian. Nursing input was available to residents from within the staff team if required. The management of the centre had protected the ongoing health and welfare of the residents by identifying the well water supply to the centre as a possible source of infection and taking appropriate actions to ensure that this supply was safe for residents use.

Regulation 17: Premises

Some issues identified in a previous inspection remained outstanding such as internal painting works. While some of these works had been carried out, further efforts were required to ensure that all were completed in a timely manner.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. An appropriate risk management policy was in place. A risk register was in place to provide for the ongoing identification, monitoring and review of risk and this was seen to be up-to-date and reviewed regularly. Individual risks had been appropriately considered and reviewed. For example, a risk assessment was in place to guide staff in relation to a resident with pica. There was

evidence that there was learning from adverse incidents and the provider was proactive in their approach to risk management.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA. The centre was clean and well maintained and there was appropriate PPE and hand sanitisation facilities available. Appropriate cleaning schedules were in place and staff were observed to regularly clean high contact areas.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, there were good systems in place to ensure oversight of medications administered in this centre. Medications were seen to be stored securely and medication administration records were in place. Medication audits were being completed and issues identified rectified. When medication errors occurred, these were appropriately considered and actions taken to reduce the possibility of recurrence. Staff were trained in the safe administration of medications and protocols were in place to guide staff in relation to PRN medications. A drug prescription record was not clear in relation to the times medications were prescribed for a resident. This required review to ensure that the information available to all staff was clear.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate healthcare was provided in this centre. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment and access to health and social care professionals was facilitated as appropriate. There was clear guidance available to staff to guide them in ensuring that the day to day medical needs of the residents were being met.

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 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Dinan Lodge OSV-0005621

Inspection ID: MON-0032624

Date of inspection: 13/05/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The annual unannounced visit report was finalised by the provider since the inspection took place and sent to the PIC and PPIM on the 27/05/2021. An action plan has been developed as part of the completed audit and has been discussed between PIC, PPIM and staff team to ensure all necessary actions are followed through.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The HIQA inspector identified on the day of the inspection the missing evidence of Provision of Service documentation being sent to Ward of Court for a person supported in Dinan Lodge.</p> <p>SPC Social Worker, who has left SPC service in July 2020 had met with all Ward of Court relevant to people supported living in SPC in February and March 2020. Unfortunately, this had not been documented at the time and was therefore not evident on person's files.</p> <p>The PPIM and PIC have contacted current SPC Senior Social Worker to follow up with Ward of Court and receive confirmation of meeting held in 2020. This will be documented and made evident on person's file.</p> <p>SPC Quality Department has followed up on the identified non-compliance and developed</p>	

a Quality Zoom and Ways of Working for Regulation 24. Both Quality Improvement tools were sent on the 16/06/2021 to all PICs and their staff teams across the service to guide them in relation to process of Provision of Service documentation and ensure compliance.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
Due to COVID-19 pandemic the footfall in SPC houses had been reduced over the past year to ensure safety for all people supported and staff teams. Some internal painting works were therefore outstanding on the day of the HIQA inspection. Since COVID restrictions are now being eased, remainder internal painting work in Dinan Lodge is being scheduled on SPC maintenance plan for completion in July 2021.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The PIC and medication management officer followed up immediately after the inspection with the pharmacy to rectify the error on the drug prescription record for one person supported. The Kardex has now been updated and outlines the correct times for medication administration for the person supported.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/07/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	27/05/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the	Not Compliant	Orange	30/06/2021

	terms on which that resident shall reside in the designated centre.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	20/05/2021