

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by St Patricks Centre (Kilkenny) Ltd
Centre ID:	OSV-0003499
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Patricks Centre (Kilkenny) Ltd
Provider Nominee:	John Murphy
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:

26 May 2015 10:30

To:

26 May 2015 15:20

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management

Summary of findings from this inspection

The inspection was an unannounced inspection and was the second inspection of the centre by the Authority. The purpose of the inspection was to monitor compliance in relation to medication management and some aspects in relation to safeguarding and healthcare were also examined. The inspection was triggered as a result of a desktop review of quarterly notifications relating to chemical restraint and the inspector found significant non-compliances in this area which are outlined in the report.

As part of the inspection, the inspector met with the person in charge, residents and staff members. The inspector observed medication management practices and reviewed documentation such as prescription charts, medication administration records, care plans, training records and audits.

A comprehensive medicines management policy was in place which would effectively guide evidence based practice. Staff demonstrated knowledge of these policies. Clear management plans had been developed in relation to epilepsy.

A number of significant improvements were identified to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required improvements are set out in detail in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Only the components in relation to positive behaviour support and restrictive practices were considered as part of this inspection. Prior to the inspection, the person in charge had submitted records of the chemical restrictive procedures used from January to March 2015. A desktop review of these records identified areas of concern in relation to the use of chemical restrictive procedures which were followed up as part of this inspection.

A policy in relation to the support of residents with behaviours that challenge was made available to the inspector and had been reviewed in January 2015. The policy outlined the appropriate use of positive behaviour strategies, proactive strategies and the importance of multi-disciplinary assessments for residents. A complex case team reviewed residents who required significant support and made recommendations in relation to supporting residents. The inspector saw that recommendations had been implemented such as review of day programmes and the use of a relaxation room.

The inspector reviewed the policy in relation to restrictive practices which had been reviewed in January 2015. The policy outlined evidence based practice in relation to restrictive practices.

However, based on a sample reviewed, positive behaviour support plans did not outline sufficient detail in order to ensure that every effort is made to alleviate and identify the cause of challenging behaviour and to ensure that all alternative measures are considered before the application of restrictive procedures.

Resident's views in relation to the use of restrictive procedures were not always

documented. The inspector noted that records did not sufficiently outline an appropriate assessment prior to the use of restrictive procedures. Therefore, it was not sufficiently clear that potential episodes of restrictive procedures were considered only if the potential benefit of restrictive procedures to the resident, and the risk involved if restrictive procedure is not used, outweigh the possible negative effects on the resident subject to restrictive procedures. Records did not reflect the monitoring of residents during any episode of restrictive procedures, adverse events resulting from restrictive procedures and a detailed record of each episode of restrictive procedures were not documented. It was not clear if all alternative interventions were considered prior to the use of restrictive procedures.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Only the components in relation to epilepsy management and care planning was considered as part of this inspection. Personalised care plans had been developed, as appropriate, for residents with epilepsy. Care plans clearly outlined the types of seizures experienced, triggers and specific information in relation to interventions during an epileptic seizure. A review of epilepsy treatment and management with a consultant was facilitated annually or more frequently, in line with residents' needs. Seizure recording charts were used to monitor the frequency and type of seizures experienced. However, the inspector saw that these seizure charts were not always completed to accurately reflect and chart seizure frequency and to identify any change and deterioration.

The inspector noted that care plans were not developed to address some of residents' healthcare needs such as eye care or post-operative management.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

An organisational policy in relation to medication management was made available to the inspectors which had been reviewed in May 2015. The policy was comprehensive and evidence based. Guidance was included in the policy relating to ordering, receipt, storage, administration and disposal of medicines. The policy was made available to staff who demonstrated adequate knowledge of this document.

Medicines were supplied by the pharmacy department in a local acute hospital. Staff with whom inspectors spoke confirmed there was timely access to medicines and that a pharmacist was available to meet with residents and their representatives if required.

Medications were stored securely. The inspector saw that medicines with additional storage requirements were stored securely and documentation was completed appropriately. However, the inspector saw that the keyholding procedure was not sufficiently robust to ensure that the chain of custody was adequately maintained.

The medication management policy outlined that residents were encouraged to take responsibility for his own medication, in line with his wishes and preferences. A tool was available to guide staff in the risk assessment and assessment of capacity of residents who wish to take responsibility for their own medicines. Staff confirmed that no residents were self-administering medication at the time of inspection.

An inspector reviewed a sample of prescription and administration records. Inspectors noted that the administration records identified the medicines on the prescription sheet and allowed space to record comments on withholding or refusing medicines.

Some residents required their medications to be crushed prior to administration and a general authorisation to crush was identified on the front of the prescription record. However, each individual prescription did not contain an authorisation by the prescriber to crush the medicine prescribed.

Staff with whom inspectors spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. However, the inspector noted that the date of opening was not recorded for medicines that have a reduced expiry when opened. Therefore, staff would not be able to identify when these medicines would expire.

Audits in relation to medicines management were completed on a regular basis. However, as outlined in outcome 14, the audits were limited in scope and did not identify pertinent deficiencies.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Only the component relating to the systems in place for reviewing and monitoring safe medicines management practices were examined during this inspection. Results of medicines management audits were made available to the inspector. The most recent audit had been completed in March 2015. The inspector saw that the audits were limited in scope and only examined the areas of documentation and, therefore, did not identify pertinent deficiencies in medicines management practices outlined in this inspection.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Patricks Centre (Kilkenny) Ltd
Centre ID:	OSV-0003499
Date of Inspection:	26 May 2015
Date of response:	19 August 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Documentation did not indicate that an appropriate assessment was completed prior to the use of restrictive procedures.

Records did not reflect the monitoring of residents during any episode of restrictive procedures, adverse events resulting from restrictive procedures and a detailed record of each episode of restrictive procedures were not documented

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Resident's views in relation to the use of restrictive procedures were not always documented.

It was not clear if all alternative interventions were considered prior to the use of restrictive procedures.

1. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

The Centre will ensure that restrictive practices, when used, will be in accordance with national policy and evidence based practices through its policy on "restrictive practices/physical restraint".

A "record of chemical restrictive procedure (PRN Medication)" document is being developed. Date for completion 21/08/15

A "record of physical restrictive procedure" document is being developed. Date for completion 28/08/15

A "record of environmental restrictive procedure" is being developed. Date for completion 04/09/15.

These documents will include the resident's views in relation to the restrictive practice, alternative interventions and the monitoring of the resident during the intervention.

Multi-Disciplinary Team (MDT)

The next scheduled MDT for this Centre is Monday, 17th August 2015 at 2.30pm and will continue fortnightly after that.

Behaviour Consultancy Clinics will also commence in this Centre on Tuesday, 1st September 2015 at 11.00am.

Proposed Timescale: 16/09/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Positive behaviour support plans did not outline sufficient detail in order to ensure that every effort is made to alleviate and identify the cause of challenging behaviour and to ensure that all alternative measures are considered before the application of restrictive procedures.

2. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and

alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:

A full MDT review of Positive behaviour support plans will take place to ensure that all alternative measures are considered before restrictive procedure are used and that the procedure is the least restrictive and for the shortest duration for completion 25/09/2015.

MDT Meetings are scheduled for 17/08/2015 and will continue fortnightly from that point.

Behaviour Consultancy Clinics will commence on 01/09/2015 and will continue weekly from that date.

A Speech and Language Therapist among other MDT Resources are currently being sourced for St. Patricks Centre. These resources will add another professional aspect to the team approach. In the interim where needed specialist MDT Resource will be contracted in to this Centre.

Proposed Timescale: 25/09/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Seizure recording charts were not always completed accurately.

3. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

All incidents of seizure activity for individual residents will be recorded accurately and reviewed by the PIC and the nurse team on a six monthly basis or more frequently if required.

In relation to the individual resident's chart which was not completed on inspection this was corrected immediately on the 26/05/15.

Proposed Timescale: 26/05/2015

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Care plans were not developed to address all residents' identified healthcare needs.

4. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

The person in charge will ensure that all service users have an up to date healthcare plan through each individual personal plan and A1 Health Check. Each individual care plan will be updated at least once a year and as healthcare needs arise. i.e. post op eye care.

A comprehensive audit tool is now in use in this Centre.

Proposed Timescale: 28/08/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The keyholding procedure was not sufficiently robust to ensure that the chain of custody was adequately maintained for medicines with additional storage requirements.

5. Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

Please state the actions you have taken or are planning to take:

The person in charge will ensure that a proper chain of custody is adequately maintained for controlled medications. The chain of custody is as follows: Night Nurse signs the controlled medication book at the start and end of her shift with the Day Nurse and the Night Nurse takes possession of the drug keys. The person in charge will ensure this through regular checks of documentation, auditing and observation.

Proposed Timescale: 26/05/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Each individual prescription did not contain an authorisation by the prescriber to crush the medicine prescribed.

6. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable

practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

The person in charge will ensure that medications prescribed will contain an authorisation by the prescriber to crush medicines where required. This will be achieved through observation, audits and Pharmacy and GP reviews. Staff nurses in Mount Oliver's Centre have been formally asked that any medications needing to be crushed must have same written up by G.P and if not the person in charge is to be alerted about same.

Proposed Timescale: 13/08/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The date of opening was not recorded for medicines that have a reduced expiry when opened.

7. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:

The nurse team in Mt. Olivers will ensure that medications such as topical lotions, ear/eye drops will have commencement dates from when the medication is opened. This has been commenced on the 27/05/15. Regular audits and inspections will be carried out to ensure that this safe practice is continued.

Proposed Timescale: 27/05/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The system in place for reviewing and monitoring medicines management practices was limited in scope.

8. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

A revised audit tool has been implemented to create a robust monitoring system of medication management practices.

Proposed Timescale: 10/08/2015