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:	Bród
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	17 July 2024
Centre ID:	OSV-0005809
Fieldwork ID:	MON-0035092

About the designated centre

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

Bród designated centre provides community based living arrangements for up to four adult residents. Bród is a detached one storey, modern and spacious property that provides residents with a high standard living environment which meets their assessed mobility and social care needs. Each resident has their own large bedroom. This service provides supports for residents with severe to profound intellectual disabilities and complex needs. The provider identifies that residents living in this centre require high levels of support and has staffing arrangements in place to ensure residents needs are met. There is a person in charge assigned to the centre who also has responsibility for another designated centre a short distance away. Three staff work during the day to support residents in having a full and active life and two waking night staff are also in place. The centre is resourced with one transport vehicle to support residents' community based activities.

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 (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 17 July 2024	10:00hrs to 18:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision regarding the renewal of registration for the designated centre. The inspection took place over the course of one day. At the provider's request, a total of four announced inspections (which included inspection of this centre) occurred in centres operated by the registered provider over a two day period. This report will outline the findings against this centre.

Overall, findings of this inspection were that care and support provided to residents was completed in a person-centred manner. Residents were supported by a staff team who were familiar with their care and support needs. They were happy and felt safe in their home and were engaging in activities they enjoyed both at home and in their local community. Areas for improvement in this centre related to staffing and management of restrictive practice and these are outlined against the specific Regulations below.

Some overarching findings in relation to the provider's implementation of their oversight systems and governance and management arrangements were identified in all four centres inspected. Inspectors noted however, that an improved level of oversight from a governance and management perspective was in place both at local and provider level. Overall, this was leading to better levels of care and support being provided to residents. While it was identified that improvements were required in the management of oversight systems and residents' possessions and finances across a number of the centres reviewed that was not specifically the case in this centre.

This centre comprises a large bungalow located on the outskirts of Kilkenny city. It is set in a large, private site at the end of a quiet cul-de-sac. The centre is registered for four residents and is home to four gentlemen. The bungalow has a an open plan dining-sitting room connected to the kitchen via double doors. There are two large bathrooms, and four individual bedrooms, a separate smaller living room and a utility area. There is a garden to the rear of the premises which has a small area set to grass and the rest is decked or hard surfaced. The house is clean and welcoming with the decor personalised and reflective of the individuals who live here.

The inspector had the opportunity to meet and spend time with each resident, a family member, members of the staff team and the person in charge over the course of the day. In addition the residents had completed a survey "Tell us what it is like to live in your home" in advance of the inspection. In this survey the residents indicated they were happy with their home, what they do every day, the staff that support them, and their opportunities to have their say. Examples of comments residents put in their survey were, "I have a lovely garden which I like to sit in on a warm day" or "I have photos of my family on my bedroom wall" or "I have gone on holiday with one of my housemates and I really enjoyed it". Residents spoke of being included in discussions about their home and one resident stated "I make it

clear when I do not want to participate in something by moving away". All residents commented on the new finance systems and improved access to their money although this still needs improvement to ensure they can access their money at all times, one resident stated "staff make sure I have enough [money] before the weekend".

Residents were observed over the course of the day engaging with staff and enjoying laughing together or listening to conversations. Residents were supported to spend time together or on their own with one resident spending time relaxing in their bedroom with the television on and another resident spending time in the garden. One resident spent time with a staff member dead-heading flowers and pruning plants in the garden. Residents went on drives with staff support and on return to their home reported they had stopped at scenic areas to enjoy the views. At lunchtime one resident spent time in the kitchen area with staff support engaging as they prepared soup for lunch. In the afternoon a family member called to the house and joined the residents and some staff in having a cup of tea and catching up on news around the kitchen table. They discussed the staff support that had been available for their family member during a recent hospital admission. Another resident had been supported to go for a walk into Kilkenny city to visit a local garden/park.

The provider had a human-rights committee and all staff in this centre had completed human-rights training. The inspector spoke to four staff members who spoke about how they made sure that keyworker sessions were person-centred. They spoke about how important it was to ensure that they consider residents' perspective and "listen to their voice". They also spoke about how they as a staff member could have a positive impact on each residents day.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. Overall the findings of the inspection were that the provider and the local management team were aware of areas where improvements were required, and focused on ensuring that each resident was happy and felt safe living in the centre. The residents living in this centre have complex health needs and the service provided was specifically designed to meet their needs.

There were good levels of compliance with the Regulations reviewed and the inspector found that there was a clear focus on quality improvement in this centre.

Some improvements were required in the areas of staffing and restrictive practices to include residents right to privacy and these are detailed under the specific Regulations below. The person in charge was found to be knowledgeable in relation to residents' care and support needs. They were also found to be self-identifying areas for improvement and were motivated to ensure that each resident was living a good life. They were using the findings of audits and reviews to develop quality improvement plans for the centre.

The inspector had an opportunity to speak with the residents, a family member, the person in charge and four staff members during the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre. The inspector reviewed all the relevant information and found it was in line with the requirements of the Regulation.

Judgment: Compliant

Regulation 15: Staffing

The provider was working to ensure that there was a consistent staff team in place to support residents. The centre staff team comprises nurses and healthcare assistants. There had been a number of changes to the staff team over the preceding six months and this had resulted in an increase of agency staff being used to cover gaps in the roster. However, the inspector found that the provider had recruited new staff who were completing their induction and probation processes at the time of inspection. The successful recruitment of staff had significantly reduced the number of agency staff used. The centre staff team now had only a 0.5 whole time equivalent vacancy.

Warm, kind, caring and respectful interactions were observed between residents and staff throughout the inspection. Staff spoke with the inspector about supporting residents to develop their goals and about how important it was to them that residents were spending their time engaging in activities they enjoyed and found meaningful. Throughout the inspection staff were observed to be aware of residents' communication preferences and to spend time listening to them and chatting about things like activities, meals choices and upcoming events.

Three individuals who lived in this centre were also in receipt of funded personal assistant hours (PA). This ensured that an identified staff member was available to support an individual resident with their support and social needs. While these hours were clearly identified and utilised for two residents, improvement was required to identify the clear presence and use of PA hours for the third individual. The

documentation of how required staffing levels were determined to support the assessed needs of residents required clarity.

The inspector reviewed four staff files and found that they contained all information as required by the Regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. There was a training plan in place and the inspector was shown evidence that staff were booked onto the training/refreshers they required. Staff had received training in mandatory areas such as fire safety, safeguarding and protection and manual handling for example. In addition staff had training in areas such as management of enteral feeding or epilepsy and oxygen management. All staff had completed human rights training.

From a review of a sample of four staff files these showed that all were in receipt of formal supervision in line with the provider's policy. A number of staff told inspectors they were well supported in their role, and were aware of who to escalate any concerns they may have in relation to residents' care and support. Additional supervision was completed following any incident or concern and there was on-the-job mentoring also occurring.

Regular staff meetings were occurring in the centre. They were well attended and agenda items were found to be resident focused. Staff also had an opportunity to add to the agenda for these meetings.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in place and staff had specific roles and responsibilities in the centre. This centre was managed by a person in charge who was familiar with residents' care and support needs and with their responsibilities in relation to the regulations. The person in charge was supported in their role by a senior manager who met with them on a regular basis both formally and informally.

The provider had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six-monthly reviews, and regular

audits in the centre. These audits and reviews were identifying areas for improvement and the actions on foot of these audits and reviews were resulting in improvements in relation to residents' care and support and in relation to their homes. These actions were for the most part in line with those identified during this inspection.

There were effective systems in place for the day-to-day management of this centre. The person in charge also demonstrated oversight of audits which were being completed by the staff team. The provider had an established system of meetings that afforded the person in charge the opportunity to share learning with other persons in charge working for the provider. In addition there were meetings held between the person in charge and senior management on a regular basis that focused on progress against set actions.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector of Social Services was notified of the occurrence of incidents in line with the requirement of the regulations.

The provider had clear systems for the recording of incidents, accidents and near-miss events that also demonstrated the actions taken and critical learning following review. This information was available as part of the submitted information to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place that contained information as required by the Regulation. The inspector reviewed all complaints received since October 2023 to the current date. These included complaints received by the provider in addition to complaints made on a residents' behalf. The centre had also received a number of compliments.

The inspector found that the provider was following their complaints procedure and the management of complaints was in line with the provider's policy. The content of complaints was being reviewed and responded to and some areas raised as part of the complaints process are reflected in other areas of this report.

Judgment: Compliant

Quality and safety

From what the inspector observed, was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. Work was ongoing with residents to ensure they were developing and reaching their goals, and engaging in activities they enjoyed in their local community. Residents were actively supported and encouraged to connect with their family and friends. They were being supported to be independent and to be aware of their rights.

Overall, the inspector found that the residents lived in a warm, clean and comfortable home which reflected their preferences and choices in the decoration and presence of personal items.

Regulation 17: Premises

This centre was a large bungalow at the end of a quiet cul-de-sac on the outskirts of Kilkenny city. The premises was spacious and well maintained and was decorated to reflect resident preferences. The residents all had large individual bedrooms, there were two shared bathrooms, an open plan dining-sitting room that connected into a kitchen area and a separate living room. The corridors and circulation spaces in the centre were wide and accommodated all specialist equipment required for resident mobility.

The centre had a garden to the rear that was mostly hard surfaced which allowed residents to easily access it. The inspector observed one resident supported by staff engaged in management of plants and flowers and one resident relaxing and enjoying the deck on a sunny morning.

The provider had a maintenance system that the person in charge accessed to record areas that required repair and maintenance and this was consistently in use.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which contained the required

information. There were arrangements to identify, record, investigate and learn from incidents and learning following these reviews was shared across the team at handover and during staff meetings.

There was a risk register and general and individual risk assessments were developed and reviewed as required. Risks were included on the risk register or log which allowed for the person in charge to track any changes that may be required. This also allowed the staff team to easily find and review control measures that may be required to mitigate the risk. For example, ensuring the environment was suitable for one resident to mobilise without staff support on occasion within the house. Risk rating in documentation matched the presenting risk. There was evidence that the risk rating was amended to reflect a current situation such as the management of non-oral feeding which was reviewed following an error which had led to the overall review of the particular risk and its rating and associated control measures.

The centre and individual risks had links to other supporting documents where required including standard operating procedures, care plans or checklists that had to be completed. There was a detailed emergency plan in place. There were systems to ensure vehicles were roadworthy and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

Residents were protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. There were adequate means of escape, including emergency lighting.

The evacuation plans were on display and each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate in the event of an emergency. There was a centre evacuation plan in place that had been reviewed in February 2024, this required minor review to ensure all evacuation details were the same as those outlined in the personal evacuation plans.

Fire drills were occurring regularly in the centre and staff had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency. Drills had been completed to demonstrate that all residents could be safely evacuated by the minimum staffing levels.

Judgment: Compliant

Regulation 6: Health care

The provider and person in charge had ensured that there were systems in place that prioritised residents health. The individuals living in this centre had complex healthcare requirements and the provider had ensured for example that there was a nurse on the roster at all times.

Residents' assessments and personal plans documented their healthcare assessments and plans were reviewed on a regular basis. Residents accessed specialist consultant medical appointments, health and social care professionals and GP services. In addition they were availing of dental, ophthalmology and other support services as required. Where residents had required admission to hospital the provider and person in charge had used staff support assessments and processes available. In addition follow-up and consultant opinions were actively sought with resident wishes considered and advocated for.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place to guide staff practice in relation to positive behaviour support and restrictive practices. While behaviour that challenges was not a feature of this centre, the staff had completed training to support residents in line with their assessed needs.

There were a number of restrictive practices in use in this centre. For the most part these had been assessed for, recorded and reviewed in line with the provider's processes. However, some required further review to ensure that they were the least restrictive for the shortest duration.

In particular there were regular night checks completed and it was unclear what the purpose of these was and what was being reviewed. There was limited guidance for staff on recording completion of these and no records on how often they had resulted in staff having to engage with a resident. This was observed on inspection when a resident's bedroom door was left ajar for the ease of completing checks without guidance on maintaining privacy or use of another practice. For instance, visual checks were being completed in addition to other systems of checks such as video monitoring. By contrast the video monitor had an associated risk assessment, a standard operating procedure and clear guidance for staff.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding plans were developed and reviewed as required however, there were no current safeguarding plans in place in the centre.

Staff had completed training in relation to safeguarding and protection, and those who spoke with inspector were knowledgeable in relation to their roles and responsibilities. Residents indicated that they were happy and felt safe living in the centre.

Residents had clear and detailed intimate and personal care plans in place to guide staff. In addition the provider had introduced new finance systems which improved access to their money for residents and improved oversight and support systems in place. The person in charge completed regular audits and there was evidence of all identified queries being promptly follow up.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Bród OSV-0005809

Inspection ID: MON-0035092

Date of inspection: 17/07/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • As noted, Aurora has successfully recruited employees leaving only a 0.5 vacancy at the moment in Brod. Person in Charge has reviewed staffing standard & roster with Assistant Director of Services and regular relief and agency have been identified to cover these vacant hours. • PIC reviewed rosters and from the 29.07.2024 all PA hours for 3 people supported are now clearly documented on the roster in line with person's weekly planners.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: 1. Brod team and PIC are engaging with the people supported using total communication approach ascertain their choice about their bedroom doors being opened or closed during the night. It will also be discussed at the Focus on Future Planning meetings on the 28.08.2024. 2. All four persons Intimate Care Plan will be reviewed in terms of supports required during the night period by 13.09.2024. 3. At the team meeting on the 28.8.2024 PIC ensures discussion of Restrictive Practice Policy and the updated Intimate Care plans. 4. Person in Charge, Brod team and Behaviour Support Specialist are reviewing the restrictive practices currently in place in Brod. A recording system to be implemented for 1 month to gather further data in regards to the rational as to why restrictions are required by 20.09.2024. 5. A full review of restrictive practices in the designated centre will then be held on 24.09.2024 with the Restrictive Practice Committee, where the Person in charge will present results of data collection with further actions taken as required.	

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 15(1)	The registered provider shall ensure 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.	Substantially Compliant	Yellow	11/09/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	24/09/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under	Substantially Compliant	Yellow	28/08/2024

	this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			