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:	Country Lodge
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	24 May 2023
Centre ID:	OSV-0005827
Fieldwork ID:	MON-0035249

About the designated centre

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

Country Lodge is a designated centre operated by Saint Patrick's Centre (Kilkenny). It provides a community residential service for up to four adults with a disability and complex needs. The designated centre is a detached bungalow which comprises of four individual resident bedrooms, an office, a visitors room, a large open planned kitchen/dining/living room and a number of shared bathrooms. The designated centre is located close to an urban area in County Kilkenny near to local amenities and facilities. The staff team consists of staff nurses, social care workers and health care assistants. The core staff team is supported by the person in charge.

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 24 May 2023	09:30hrs to 16:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's ongoing compliance with Regulations. The inspection was completed by one inspector across a one day period. Overall, it was found that resident received good quality care in line with their assessed needs. Some improvements were required with infection control measures and oversight and access to resident's finances which will be discussed in the relevant sections fo the report.

On arrival at the centre, the inspector met with the person in charge. They greeted the inspector and showed them to the area to check temperature and fill in required information regarding symptom monitoring for COVID -19.

The centre provided a residential community service for four individuals. The inspector had the opportunity to meet with all four residents living in the centre on the day of inspection. The residents in this centre used non-verbal means to communicate, such as vocalisations, facial expressions and some gestures or movements. All residents were assessed to need full support with all aspects of their care and support needs. In order to gather an impression of what it was like to live in the centre, the inspector observed care practices, spoke with staff and completed a review of documentation in relation to residents' car and support needs.

In the morning two residents were present in the kitchen. Their morning routine had been completed. One resident was being supported with their specific medical equipment and staff were caring and patient during this care practice. Staff explained that one resident was heading to a beauty appointment for the morning. This was something they particularly enjoyed. Staff nurses and care assistants were present at this time. In addition, some residents had personal assistant hours to facilitate community access.

A new wheelchair-accessible bus had been purchased for the centre. This meant there were now two vehicles assigned to the four residents. The person in charge explained that this had meant community access for all residents had considerably improved.

A daily time table of activities was on display in picture format in the sitting room, this included drives, social farming, helping with household chores, music, fitness classes, family visits, and in house activities. Residents also enjoyed days out and holidays away from the centre. One resident had recently returned from their holiday in Wexford. On the day of inspection all residents were seen to leave the home and head out with the support of staff for different activities. When residents were relaxing at home, staff were seen to interact and support the residents, put music on and offer in house activities. Residents were well supported to engage in different activities in line with their ability and specific assessed needs.

Throughout the day of inspection, the inspector met with all residents. Some

residents could mobilise independently around the home in their wheelchairs. These residents were seen to go to their bedroom to spend some time or go out to the garden and enjoy the sunshine. Residents specific communication needs were responded to appropriately. For example, a resident would ask for a cup of tea by handing a staff member a cup. Choices were given to residents, and staff were seen to knock on residents' doors before entering.

At lunchtime, staff were seen to sit at the table and eat their lunch with two residents present. Although residents required full support with this aspect of care, staff made this experience inclusive to ensure all residents could enjoy aspects of mealtime experiences.

The designated centre is a detached bungalow which comprises of four individual resident bedrooms, an office, a sitting room, a large open planned kitchen/dining/living room and a number of shared bathrooms. On the walk around of the premises, resident's equipment was stored in bathrooms and a sitting room. This meant that some areas of the home where inaccessible and risks in terms of infection prevention and control (IPC), were not considered. The lack of storage in the home was an ongoing issue.

Overall, the centre was well maintained and decorated in a homely manner with personal possessions, pictures of the residents and people important in their lives throughout the centre. Some resident's bedrooms had been redecorated and new furniture was purchased. Some practices in relation to the design of bedrooms required review to ensure they were in line with residents needs. For example, one resident's bedroom was designed to have the mattress placed on the floor. It was unclear to when this practice had last been reviewed and if it was in line with the current needs of the resident. This is discussed further under the relevant regulation.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge reported directly to the Director of Services. The person in charge was assigned to

one designated centre. This reflected the recent change to the governance and management structure within the organisation.

There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2022 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

At the time of the inspection, the centre was operating with some whole time equivalent vacancies. The inspector was informed that the provider was in the process of recruiting to fill these vacancies. A review of a sample of staffing rosters demonstrated that there was an established staff team, a regular relief panel and the use of regular agency staff in place which ensured continuity of care and support to residents. The person in charge was regularly auditing the rosters to ensure best practice in this area, such as ensuring agency staff were rostered with regular core staff members as much as possible. There were three staff present in this centre during the day and two staff present at night. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

The inspector reviewed a sample of staff training records and found that the staff team had up-to-date training in areas including safe administration of medication and safeguarding. In addition, staff received specific training in areas including epilepsy management, oxygen and feeding, eating and drinking. Where staff were identified as needing refresher training there was evidence that this had been booked. This meant that, for the most part, the staff team had the skills and knowledge to support the needs of the service users.

Regulation 15: Staffing

The registered provider ensured that the qualifications and skill-mix of staff was appropriate to the assessed needs of the residents.There was an established staff team in place which ensured continuity of care and support to residents. The staff team consisted of nursing staff, healthcare assistants and social care workers. Some residents were assigned personal assistance hours. These hours had recently been increased to ensure a resident was receiving the support they required. On the day of inspection the resident's personal assistant was present.

The person in charge maintained a planned and actual roster. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff had up-to-date training across both mandatory requirements and specific training in line with residents' specific assessed needs. Where refresher training was required this had been identified by the person in charge and they had assigned the person to the relevant trainings over the coming weeks. For example, staff that required training in positive behaviour support and de-escalation techniques were assigned to complete it in the next two weeks.

The provider had policies and procedures in place in terms of supervision of staff. This included one-to-one supervision sessions with a line manager and on the job mentoring. It was found that all staff were in receipt of supervision in line with the provider's policy. A supervision schedule for the remaining year was in place. A sample of supervision forms were reviewed and found to be comprehensive in nature. Staff were encouraged and facilitated to discuss items such as training, delegated duties and areas of concern.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that residents received a service which met their assessed needs. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences. Although only recently appointed to this designated centre, they had ensured that areas of improvement were identified, with plans in place to ensure these matters were addressed.

The provider had ensured that there was effective oversight systems in place in this designated centre. As a result, staff supervisions, staff meetings and audits were completed as required. Provider-level audits and reviews as required by the regulations, and essential for senior management oversight, had also been completed. These systems were identifying areas of quality improvement.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to HIQA under the regulations were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. All notifications had been submitted as required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and care was provided in line with each resident's assessed needs. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, completing a review of the premises, and a review of personal healthcare plans, risk documentation, fire safety documentation, financial documentation and documentation around protection against infection. The inspector found some good evidence of residents being well supported in some areas; such as their healthcare. However, ongoing improvements were required in relation to financial oversight and maintaining good infection prevention and control practices in the centre.

Ensuring IPC measures were adhered to on a consistent basis was hindered by the lack of storage within the centre. Due to residents' assessed needs they required large pieces of equipment to assist with their positioning and mobility. There was no suitable storage for these items and this impacted IPC measures and also the homely presentation of the designated centre.

The management of residents finances required significant review from an organisational stand point. The provider was aware of these ongoing issues within their organisation. Due to the current systems in place, at times residents had limited access to their finances. In addition, the systems in place to ensure residents finances were safeguarded were inadequate. Limited oversight systems were in place that were not effective in ensuring residents monies were adequately safeguarded.

The registered provider took measures to ensure the residents' healthcare needs were met and reviewed regularly with input from health and social care professionals. Some residents presented with complex requirements in terms of their specific needs and the provider, person in charge and staff team were ensuring their healthcare needs were being met in the community setting.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. The residents had personal emergency evacuation plans in place which guided the staff team in supporting residents to evacuate. The person in charge had documented the

different types of scenarios that may arise in the outbreak of a fire and staff and residents were practising these scenarios in fire drills

Regulation 12: Personal possessions

The provider had identified that residents did not have access to bank accounts which was as a result of the systems in place within the organisation. Access to finances have to be requested through the main central office. As staff here were only available during office hours, access to resident monies after these hours was limited. Although the provider had identified the limitations of the types of accounts in place and had taken some action to try and rectify this, on the day of inspection the current practice remained in place.

Financial safeguards were limited within the centre. Although the person in charge completed an audit on a monthly basis, the audit did not require the person in charge to cross reference receipts and expenditure with bank statements. There were no audits in place in the centre that had completed this process within the last 12 months. Bank statements present were dated to September 2022. No up-to-date bank statements were available. It was unclear how finances were effectively audited.

In addition, the inspector reviewed the bank statements that were present. Residents had spent money on items such as medical devices which was not in line with their contract of care. Furthermore these items were not represented on the residents personal asset/inventory list. As effective oversight of possessions/expenditure was not in place, this had not been self identified by the provider.

Judgment: Not compliant

Regulation 17: Premises

Overall the premises was well kept both internally and externally. The majority of residents' bedrooms had been recently tastefully decorated with family photographs and personal items on display. There was an accessible bathroom available for resident use. Overhead hoists were in place in a number of rooms.

However, storage of items required review to ensure the home was accessible at all times. On the walk around there was items stored in sitting rooms that meant this room was not accessible for all residents. In addition, a ramp from a bedroom did not have the required safety rail in place. This meant that a resident could not safely use this space without staff supervision.

One resident's bedroom had been designed in a specific way, for example the

mattress was placed on the floor of the room. The resident's assessed needs, in relation to the design of this room, had not been reviewed recently. It was unclear if this design was still required. This had been identified by the person in charge and plans were in place to ensure their room was designed in line with their current assessed needs.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were a number of risk management systems in place in the centre with evidence of good oversight of ongoing risks. A centre-specific risk register was in place which identified a number of specific risks and had been reviewed on a regular basis. There was also individualised risk assessments in place which were also updated regularly to ensure risks were identified and assessed.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that a number of improvements were required in relation to IPC measures within the centre.

Residents used a range of mobility and support equipment. On the day of inspection some of this equipment was in poor condition with visable rusting and dirt present. The measures in place to ensure this equipment was well maintained required review.

As stated under Regulation 17 storage of items was not appropriate within the centre. This also impacted on IPC measures within the home. For example, equipment was being stored in bathrooms. Resident personal items were also stored in bathrooms, which was not in line with the manufacturers guidelines and compromised the integrity of the product. This was not in line with best practice in relation to IPC.

Judgment: Not compliant

Regulation 28: Fire precautions

There were systems in place of fire safety management such as suitable fire safety equipment, staff training, emergency exits and lighting. There was an up-to-date

centre specific evacuation plan and up-to-date person specific evacuation plans. Suitable fire containment was in place. Fire drills were occurring at regular intervals that practiced a variety of emergency situations. Learning was identified following fire drills and suitable actions were taken.

Judgment: Compliant

Regulation 6: Health care

The registered provider took measures to ensure the residents healthcare needs were met. Healthcare assessments were in place and reviewed regularly with appropriate healthcare plans developed from these assessments. There was also appropriate personal care plans in place specific to the health care management needs of the residents. There was evidence that residents were facilitated to access medical treatment when required. The Inspector noted there was nursing care provided and the residents had access to and there was input from various health and social care professionals such as, specialist consultants, occupational therapists, opticians, dentists and speech and language therapists.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall there were some good practices in relation to positive behaviour support. Residents' an an updated behaviour support plan in place that identified proactive, early warning signs and reactive strategies. Residents were referred to psychology and behaviour support specialists as needed. The person in charge had commenced the self-assessment questionnaire in relation to restrictive practices within the centre. In addition, all restrictive practices were to be reviewed at the restrictive practice committee meeting in the coming weeks.

Judgment: Compliant

Regulation 8: Protection

Appropriate measures were in place to keep residents safe at all times. Staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring residents were kept safe at all times. Residents had intimate care plans in place which detailed the level

of support required.
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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Country Lodge OSV-0005827

Inspection ID: MON-0035249

Date of inspection: 24/05/2023

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 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Director of Finance in Aurora has sent communication to the PIC ensuring that Bank Statements will be issued from Sept 2022 – March 2023 to the designated centre, this action will be completed by the first week in July 2023. Director Of Finance has committed to issuing quarterly statements to the designated centre. This will ensure PIC and team have oversight around finances and to ensure checks, auditing of quality spend of finances are completed. Finance department will audit finances during provider audit and six-monthly audits. On the Job Mentoring will be completed with Staff Team by 01.07.2023 to ensure inventory list/personal asset are completed correctly to ensure effective oversight and expenditure for each person supported In June 2023 Aurora Finance department have commenced the roll out of a new debit card, Soldo as Quality Initiative (QI) across all designated centres this is in regards to their house budgets. This QI will be monitored and measured and any identified improvement implemented As a next development Soldo cards will be implemented for people we support.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: PIC notified the Health & Safety Department on 25.05.2023 regarding the ramp from person supported bedroom, pictures of area in question were also provided to H&S. Housing & Estate Manager called to designated centre the week following HIQA	

inspection to review the area and she has confirmed they will provide a portable ramp and extend fencing around the area. Housing & Estates Manager confirmed that works will be completed by 28.07.2023

Due to lack of space in designated centre PIC has requested new outdoor shed for storage of items. i.e. equipment and Housing & Estate Manager has confirmed the shed has been ordered and she estimates a six week timeframe (11.08.2023) for shed to be delivered and erected in garden of centre.
Person supported bedroom is currently under review regarding whether the design is still required and a new bed is been purchased for the room to remove mattress from floor and will continue to be reviewed in line with person supported needs.

Housing & Estate Manager also confirmed to PIC that building of new house has commenced and estimated time of turn key is for November 2024.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Ongoing reviews in place regarding IPC. Quarterly Audits continue to take place and actions identified and delegated to staff working within the timeframe associated with actions on audit.
A new chair was ordered on 27.09.2023, this was followed up with OT on 24.05.2023 who was in the centre for person supported as this is to replace old chair which has rust in parts and the dirt on lap belt of same chair. Options have been discussed with OT around lap belts around different variations which maybe more suitable and easier to keep clean.
All Equipment has been identified including lap belts on 24hours cleaning schedule and had been added 10.02.2023. As a delegated duty a staff member has been identified to oversee that the above is been completed to a good standard and PIC will have oversight of same at the end of each week/month.
As mentioned above under regulation 17 a new outdoor shed has been requested for the storage of items and equipment which is been stored in bathroom areas due to lack of space within designated centre this is due on 11.08.2023

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	07/07/2023
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Substantially Compliant	Yellow	11/08/2023
Regulation 17(6)	The registered provider shall	Substantially Compliant	Yellow	28/07/2023

	ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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.	Not Compliant	Orange	11/08/2023