



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

Issued by the Chief Inspector

Name of designated centre:	Hillside
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	18 July 2024
Centre ID:	OSV-0005876
Fieldwork ID:	MON-0036211

About the designated centre

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

Hillside is a residential service located in Co. Kilkenny. The service currently provides full-time residential supports to two adults over the age of 18 who present with an intellectual disability. The service is operated on a 24 hour, 7 day a week basis, ensuring residents are supported by a competent and appropriately skilled staff at all times. Residents are supported to participate in a range of meaningful activities and where possible, are consulted in the day to day operations of the centre. Individuals are supported to reach their full potential in accordance with evidence based best practice whilst their independence and life skills training is encouraged. The premises consist of a large bungalow reconfigured to two self-contained apartments.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 18 July 2024	09:45hrs to 19:00hrs	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 one day. 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.

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 the case in this centre.

Hillside is a bungalow accommodating two residents in a rural area of County Kilkenny. The bungalow is divided into two self-contained apartments each home to one individual. The apartments both contain a kitchen-dining room, sitting room, resident bedroom and a second room used either for relaxation or preferred activities and a bathroom. The centre sits on a large site with ample parking to the front and two self-contained, private garden areas, one to the rear of each apartment. The centre is within driving distance of a number of towns and walking distance to a local village and there is a vehicle to support each resident to attend appointments, to visit their family and friends, or to take part in activities they enjoy.

The inspector had the opportunity to meet and spend time with each resident, 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 a comment one resident put in their survey was, "It takes me time to know staff, it makes me anxious if I don't know the person supporting me". The provider and person in charge were aware of this and as outlined under Regulation 15 all efforts were made to ensure that a core familiar staff team was present and the residents' needs prioritised.

When the inspector arrived they were welcomed to one apartment. The resident

was standing in their living room and watching the television which is something they liked to do after breakfast. They joined the inspector and two staff at the table for a cup of tea. The resident held their mobile phone and looked for staff support at times if they had closed a video they were enjoying and wished to restart it. The resident engaged in brief eye contact with the inspector and was happy to discuss what they were doing. The resident was seen to be familiar with their home and for example when prompted by staff moved to find the tissue box and then to place a tissue in the bin. The staff team were supportive and consistent in how they approached support for the resident to engage in everyday activities that promoted their independence such as making a cup of tea. Later in the morning the resident was supported to go out of the centre on a drive and a planned outing.

The inspector then visited the other apartment and met a second resident. They were having something to eat and a cup of tea and the inspector was welcomed into their home. They had plans to go out for the day and were going to meet with a friend for a cup of tea later in the day and possibly to visit a local farm where they were learning about the social farming scheme. The resident was observed moving freely through their home, briefly sitting in the living room when staff were present there and then later moving to get their belongings signalling that it was time to go out. At all times the staff were responsive to the resident's non-verbal communication skills and responded quickly and with consistent language that supported understanding of the situation.

Throughout the inspection the residents appeared very comfortable and content in their home. They choose to sit with staff and enjoyed 'chats' or to spend time alone in different part of their home. Warm, kind, and caring interactions were observed between them and the staff team. Staff were very familiar with their communication preferences and took every opportunity to speak with the inspector about each resident's goals and talents. Staff spoke of knowing the individuals they supported and being proud of the small achievements that were made such as for one resident going to the supermarket and pushing the trolley around, for another resident who had not liked the car they now not only tolerated getting into the centre vehicle but requested to go for a drive. Staff spoke of how they enjoyed supporting residents in making plans which enhanced their lives and supported the residents' family and friend relationships.

In summary, the residents were busy and had things to look forward to. The staff team were motivated to ensure they were happy and safe and taking part in activities they found meaningful. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements impacted the quality and safety of the 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 this inspection were that the residents were supported and encouraged to take part in the day-to-day running of their home and in activities they find meaningful. The service provided was specifically designed to meet their needs.

The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. There was a clear focus on quality improvement initiatives in this centre. The inspector had an opportunity to speak with the residents, the person in charge and three staff members during the inspection.

The staff and members of the management team who spoke with the inspector were motivated to ensure the residents were happy, safe and engaging in activities they enjoyed. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included supervision with their managers, training and opportunities to discuss issues and share learning at team meetings.

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 had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role. The provider had ensured that a core staff team was in place in the centre that was in line with residents' assessed needs. There was currently one whole time equivalent (WTE) vacancy due to long-term leave that was filled by a regular relief staff member which ensured ongoing consistency of staffing support. In addition, a further vacancy of 0.7 WTE was filled by core agency staff

The centre was staffed in line with the statement of purpose at the time of the inspection. The inspector reviewed planned and actual rosters from January to July 2024 and found that they were well maintained. The rosters showed that a small number of shifts were covered by the same two regular relief and agency member of staff. The residents were supported by their own core team members and each of

them had support from waking staff at night.

The inspector reviewed a sample of four staff files for this centre and found that they contained the information as required by the Regulation.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and formal supervision and support records for five staff members. The inspector had reviewed the provider's policy and found that each staff had completed training listed as mandatory in this policy, including, fire safety, safeguarding, manual handling, safe administration of medicines and food safety training.

All staff had completed training on applying a human-rights based approach in health and social care. and they spoke of the awareness they had of the rights of the individuals they support and how best to offer choices, respect communication strengths and encourage independence.

The inspector reviewed five staff supervision records. The agenda was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as staff's roles and responsibilities, training, policies procedures and guidelines, keyworking, team meetings, and staff's strengths and areas for development.

One staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of centre or the resident's care and support in the centre. They spoke about the provider's on-call system and the availability of the person in charge by phone out-of-hours.

Staff meetings were being held regularly. The minutes of these meetings for January, March and May 2024 were reviewed by the inspector. They were resident focused and well attended by staff. Agenda items varied and included areas such as, accidents and incidents, actions from audits, the residents' personal plan and goals, safeguarding, complaints, restrictive practices, record keeping and documentation, infection prevention and control (IPC), and fire safety.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the management structure of the centre identified lines of authority and accountability. These were clearly described by the staff team, within the statement of purpose and in management and staff team minutes reviewed by the inspector.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and capturing the lived experience of the residents living in the centre. They were focused on the quality and safety of care and support provided for the residents, areas of good practice and areas where improvements may be required. The action plans for these reports showed that required actions were being completed in line with the identified timeframes. Overview of progress against these actions was completed in the providers governance meetings, minutes of which were also reviewed by the inspector.

Centre audits were also completed on a regular basis and some of these were completed by staff with delegated duty responsibilities and overseen by the person in charge. The inspector reviewed a sample of these centre specific audits relating to the resident and to the house. There were weekly and monthly checklists to ensure oversight of areas such as, the residents' finances, risk management, the resident's personal plans, fire safety, medicines management, food safety, first aid, vehicle checks, health and safety checks, complaints, cleaning and staff training. The inspector reviewed the actions from these audits and found that they were leading to improvements in relation to the residents' care and support and their home.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the accident, incident and near miss records for 2024 and found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements. The provider had introduced a new electronic recording system to ensure that all reported incidents were reviewed in a timely manner and subsequently reported within required timeframes. While this system was still being embedded into practice there was provider-level oversight of incidents and accidents.

The inspector completed a walk about the premises with the person in charge to identify restrictive practices and found that these were also reported via the notifications process as required by the Regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and be part of their local community. They were making decisions about how they wished to spend their time. They were supported to develop and maintain friendships and to spend time with their family. They lived in a warm, clean and comfortable home which reflected their preferences and choices in the decoration and presence of personal items.

Staff were working to promote and develop the residents' relationships and to ensure they continued to develop their roles in the community. They were friendly with their neighbours, part of the local church community, taking part in art and craft activities, and attending events that were of interest to them. Their daily routine was led by them and they had access to their own transport to support this. This was an individualised service provided for both residents and throughout the inspection, the inspector observed them indicating their choices to staff around what they wanted to do, and when they required their support. The inspector observed the resident's right to privacy being upheld by staff ensuring that they were given time and space to be alone, if they wished to. The staff team had done training in a human-rights based approach to health and social care.

Regulation 13: General welfare and development

The registered provider was ensuring that the residents were supported to take part in activities they enjoyed. Through discussions with the residents and staff and a review of documentation it was evident that they regularly had opportunities take part in activities they enjoyed both at home and in their local community.

They were attending the local church and enjoyed quiet time and lighting a candle. They attended concerts and there were plans in place to attend local theatre. Residents enjoyed going for drives and one resident was exploring a local social farming scheme. One resident enjoyed meeting with peers and ample opportunity was provided for this, another enjoyed arts and crafts and a craft room had been established in their home. There was evidence in the residents' homes of activities they enjoyed such as completing jigsaws, baking and scrapbooks. One resident had their plans clearly marked on a personal calendar created using photographs of them with people important to them and engaged in activities they liked.

They were exploring their local community and trying different activities to find out

which ones they found most meaningful. They were planning a night away and had already had a night earlier in the year and were hoping to get to the theatre or cinema over the summer.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around the premises with the person in charge during the inspection. Both residents indicated that they knew the inspector was going to be present in their home and they were happy for this to happen. The provider had ensured that the premises was designed and laid out to specifically meet the needs of the residents. There was a driveway at the front of the house and small self-contained gardens at the back of the house. One resident preferred a minimal garden with space for them to engage in 'recycling' and the other resident loved flowers and gardening and this was reflected in their garden.

The premises was a large bungalow in a rural area that had been divided into two self-contained apartments. Residents had their own kitchen-dining rooms, sitting rooms, bedroom and bathroom with additional space for craft or relaxation. The apartments were decorated in line with residents' assessed needs and expressed preferences. While one was minimal in decoration this was a clearly expressed preference and the staff team and person in charge respected the residents wish in not having items left on display.

The premises was found to be clean and homely. Overall it was well maintained and areas that required review or maintenance were identified by the provider as part of their reviews and audits. Where one resident had required new furniture this had been sourced and provided in a timely manner with consideration given to the preference of the resident to sit in a reclined position.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk assessments pertaining to the centre and individual residents were reviewed as stated to ensure that they were reflective of the current risks in the centre to ensure that appropriate control measures were in place. For example, the risk of property destruction was reviewed alongside a review of incidents and the risk rating

increased or reduced on the register as indicated.

Similarly, individual risk ratings reflected the current risks for residents. For example, one resident had a risk of poor skin integrity following infection and this was rated and reviewed in line with health reviews.

Individual risk management plans referenced positive behaviour support plans or healthcare support plans, these were in place for residents on the day of inspection. This demonstrated robust systems of ensuring that all information available to guide staff was connected and up -to -date.

Judgment: Compliant

Regulation 28: Fire precautions

The residents had a detailed personal emergency evacuation plan which clearly outlined the support they may require to safely evacuate in the event of an emergency. The inspector observed emergency evacuation procedures on display in the hallway and other communication cues used to signal the need for evacuation for residents were observed in the hall.

There were records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment and these were reviewed by the inspector for 2024. Some minor gaps in recording were present but the person in charge responded to these promptly and had spoken with staff as part of their oversight systems.

The fire alarm was regularly activated and checked and documentation relating to this was maintained, available and reviewed. The inspector viewed service and maintenance records for emergency lighting, the alarm system and fire-fighting equipment and found that they had all been serviced and maintained in line with regulatory requirements.

There had been five fire drills in 2024, one was completed at night and others was completed during the day. Detailed records of these drills were maintained and these were viewed by the inspector. Staff had completed fire safety training. Where areas were identified for learning or actions identified as part of drills, these were clearly documented and acted on for example with a resident specific additional drill or referral to a health and social care professional for guidance.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the residents' assessments and personal plans and found that their healthcare needs were assessed and healthcare plans were developed and reviewed as required.

They were accessing health and social care professionals in line with their assessed needs such as an occupational therapist, skin integrity support services, general practitioner (GP) and dentist. A record of all their appointments was recorded and the residents were being supported to choose to access the relevant national screening programmes in line with their wishes and preferences.

Where specific healthcare incidents or illness occurred there was evidence of prompt responses by the person in charge and follow up to ensure all recommendations were implemented and reviewed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff spoken with informed the inspector that residents required support in promoting positive behaviour. Staff had awareness of the location of guidance and could direct the inspector towards positive behaviour support plans. The guidance in residents' plans was found to be up-to-date for example, in one residents' plan it directed staff in relation to what to do if the resident displayed certain precursor behaviours which had listed. It also detailed how staff who may be lone working on one side of the premises could access support if required.

There were a number of restrictive practices in place in the designated centre. These were clearly recorded and reviewed in line with time lines set out in the provider's policy. In addition, there was evidence that the restrictions had been referred to the provider's human rights committee for discussion and consideration. There were associated risk assessments in place as set out in the provider's policy on the Use of Restrictive Procedures. Discussion had occurred with residents regarding the restrictions in place such as a key-fob locked door or a television behind a protective screen. These discussions were supported by the use of easy to read documents and stories.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. The inspector spoke with the person in charge and staff members and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse. The provider had a safeguarding policy which was available and reviewed in the centre.

The residents had an intimate and personal care plan in their personal plan folder. Where formal safeguarding plans had been required these had been implemented, monitored and reviewed in line with time frames as set by the provider policy and national guidance.

The provider had reviewed and introduced new systems for residents to access their money and for improved oversight systems in the preceding months. These systems were being consistently implemented in this centre and there was detailed oversight and support systems in place. While some of these systems were still being embedded such as the accurate recording of residents' personal possessions, it was evident from review of these documents that their possessions were being documented.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
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	Compliant
Regulation 8: Protection	Compliant