



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

Issued by the Chief Inspector

Name of designated centre:	The Bungalow
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Carlow
Type of inspection:	Short Notice Announced
Date of inspection:	07 May 2024
Centre ID:	OSV-0008666
Fieldwork ID:	MON-0041921

About the designated centre

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

This centre premises is part of a purpose built property that accommodates another designated centre operated by the provider. This centre is registered for a maximum of three residents and is currently an all male home. All residents have their own bedroom, one accessible bathroom is shared, there is a kitchen and a living room. To the rear of the premises, in the garden is a utility room and relaxation area separate to the house but part of the centre. This centre is in a residential area close to Carlow town. It operates on a 24 hour a day, 365 days a year basis. The centre staff team comprises a person in charge, care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 7 May 2024	10:00hrs to 16:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was the first inspection completed in this designated centre since it was registered in November 2023. Overall the inspector found that the residents who had moved into the centre were in receipt of person centred, safe and good quality care and support. While the majority of the Regulations reviewed as part of this inspection were found to be compliant, some minor improvements were also found to be required. These were in areas such as in staff training, fire safety, residents' rights and medicines management and these are outlined under the relevant Regulations below.

This centre is registered for a maximum of three individuals and it is currently at full capacity. The residents living here had all moved together from another designated centre and were familiar with each other and the routines of their home. The inspector found that while the residents enjoy a quiet and relaxed home that they were more engaged with their community in this new centre. The residents enjoyed that they were in a more urban area and could access amenities within walking distance. This was of particular importance to one resident who did not like to travel in a vehicle.

The inspector had the opportunity to meet with all residents, staff members and members of the local management team over the course of the inspection. This inspection was facilitated by a previous person in charge for the centre as the current person in charge was on leave. The inspector had told the provider in advance of the inspection so the residents and staff team were aware of the inspector coming to their home. Review of documentation was also completed over the course of the day in addition to observations in all aspects of the premises.

The residents were all relaxing in the living room when the inspector arrived to the centre and they were supported by two staff members. The inspector observed that residents were supported to go out for a walk or a drive over the course of the day. In addition one resident was supported to attend a reflexology appointment. Staff engaged with foot massage and sensory activities with the residents in their home over the course of the day.

During this inspection the inspector observed staff supporting the residents in a professional, person-centred and caring manner. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents. Residents were provided with supports to develop and maintain relationships with the important people in their lives and to participate in activities in accordance with their interests. They were supported to spend time with their family and friends. There were a number of committed and motivated staff supporting residents.

This centre is physically smaller than their previous home and adjustments within the rooms had been made by staff to ensure residents could engage in sensory activities they enjoyed such as touching and knocking on the radiator from their armchair for one resident. The provider was aware of the areas where improvement was required within the premises including better systems for staff locating and managing documentation and these issues were under review.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

Overall, the inspector found that the provider had suitable governance and management arrangements in place to monitor and oversee the quality and safety of care and support of residents in the centre. Residents appeared happy and content in their new home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described in the resident documents, described by staff and in line with the statement of purpose.

The provider had systems in place to monitor and audit the service. The centre had been operational only for a few months however, the provider had completed a number of oversight visits and had robust quality improvement plans in place. For the most part the provider had self-identified the actions that were found during this inspection with the exception of the findings in medicines management and resident rights.

Regulation 15: Staffing

The provider had ensured that the centre was fully resourced to provide care and support in line with residents assessed needs. There were no current vacancies on the staff team and any gaps on the rosters due to planned leave were covered by familiar relief staff or current staff taking on additional hours. Where there had been some use of agency staff when the centre first opened. On the day of inspection,

due to the provider having recruited staff, there was no use of agency staff on recent rosters that were reviewed.

The inspector viewed samples of the centre roster that were maintained by the person in charge and these clearly showed what staff were on duty each day and night. There was evidence that shifts were adjusted to meet resident need or resident plans.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the centre training report and found that for the most part staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents. The provider had identified that there were some gaps in their staff team training and they had initiated steps to amend this.

These gaps related to required refresher training and included one staff member who required safeguarding training since October 2023, seven staff who required training in managing behaviour that challenges which although not required to work in this centre is an identified mandatory training.

Staff had, for example, undertaken a number of training sessions that related to the specific assessed needs of residents and as such were stated as required for this centre. This included feeding, eating, drinking and swallowing training and one staff required refresher training since August 2023. The provider was encouraging staff to complete training in human rights and this was being rolled out with staff completing these modules over time.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured there were clear lines of authority and accountability in place in the centre. A full time person in charge had been appointed to the role in the centre. Members of the providers' management team were also available to provide support to the person in charge. The staff team were clear on who they could speak to if they had a concern and there were clear lines of communication in place with on-call management support available out of regular hours.

The provider and person in charge had systems of oversight and monitoring in place and regular audits were being completed in line with the provider's systems. The person in charge had an action plan arising from audits completed and progress against these actions was reviewed and monitored.

The provider was aware of the requirement to monitor the centre in line with the Regulation and this centre had not yet been registered for six months. The provider had not yet completed an unannounced visit although one was scheduled. Staff meetings were being held in line with the provider's policy and were resident focused.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All residents had transitioned to live in this centre by moving from another previously registered designated centre. The provider had followed all aspects of their admissions and transition policies. The provider had reviewed all residents' assessed needs prior to them moving to ensure that this centre was a suitable home for their needs.

The provider and person in charge had developed a transition booklet for each individual and there were easy-to-read checklists for transition and plans to explain moving house. The inspector reviewed correspondence that was in place explaining the reason for the move and the providers plans for housing.

Residents had service contracts in place and there was evidence that these had been discussed with residents. These documents were all signed or if not signed then a note was present stating they had been discussed with and explained to residents and were reflective of the service provided and charges in place.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices. Systems were in place to meet their assessed health and social care needs.

Residents were being supported with their healthcare-related needs and had as required access to a range of health and social care professionals to include GP

services and where required, mental health supports. Residents were also supported to communicate in accordance with their assessed needs and preferences. All residents living in this centre have complex communication needs and abilities and all have visual difficulties.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre.

Regulation 17: Premises

This centre was newly created from part of a purpose built property that accommodates another designated centre operated by the provider. The premises is compact although all three residents have their own bedroom. They share one accessible bathroom and there is a living room that also doubles as a dining room. The centre kitchen is also compact and there is not sufficient space for residents to actively participate in meal preparation. The inspector acknowledges that this is not currently an activity residents demonstrate an interest in participating in.

To the rear of the premises, in the garden is a utility/laundry room which is also used for the storage of all documentation and for an overflow of food storage from the kitchen. A relaxation area has been built separate to the house but part of the centre. It is not insulated nor weather proof to a sufficient level that residents could use it regularly however, the provider spoke of the potential to reconfigure it to alleviate storage concerns that would free up other areas within the house.

Notwithstanding the storage difficulties the centre is clean, warm and comfortable with residents personal items and photographs now on display.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and a risk register detailing the overall risks in the centre and control measures to mitigate those risks. Additionally, each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being.

For example where a resident may be at risk due to their visual difficulties this had been updated and continuously reviewed to include additional risks such as risk of ophthalmology infection.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations and had been correctly installed when the centre was first registered. For example, the inspector found that the emergency lighting system and fire alarm system was being serviced on a quarterly basis each year. Staff also completed as required, checks on all fire equipment in the centre. From a discussion with the inspector staff could outline what they were reviewing and why in addition to the the areas they monitored.

Fire drills were being conducted as required including those that represented minimum staffing levels. While each resident had personal emergency evacuation plans in place these were not found to be up-to-date with them being dated prior to the residents moving to this centre. These personal evacuation plans required review to reflect the new centre a new equipment that may be required to support mobility.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies and procedures in place for the safe management, monitoring and review of medicines. However some areas required review as found on inspection.

Where residents required the use of a thickening agent to alter fluid consistency the prescription for this was in their file. However, this item was not on the resident prescription summary or kardex. This meant that the guidance for staff on its use and the amount to use was not available. Staff when asked told the inspector that they used differing amounts depending on the liquid and there was a lack of guidance of the volume of fluid used. The resident's mealtime support plan also referred to the incorrect consistency descriptor although it did refer to the correct amount of scoops for use. The storage of this prescribed thickener was also found to be not in line with teh providers medication policy and this had not been reviewed or risk assessed.

Residents medication administration plans were found not to have been updated or reviewed within stated timelines and these plans had not been reviewed since the residents had moved into this designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed residents' assessments and personal plans and found them to be person-centred and detailed. While not all of these plans had been updated on the move to the new centre they were found to be current and reflective of resident current needs.

Residents' abilities, needs, wishes and preferences were highlighted in their plans. There was evidence of a clear link between assessments and plans, and evidence of ongoing review and evaluation of them. Assessments were occurring at least annually and were multidisciplinary including the resident and their representative. Although as stated previous annual review had taken place in the previous centre where the residents had lived.

Residents' opportunities to develop and maintain relationships and to hold valued social roles formed part of the development of residents' goals and these had expanded and developed since the move to this centre. Daily and weekly schedules and options to support choice making were available for all residents.

Residents had set personal goals and these these were associated with making choices and positive risk taking. The inspector found for instance one resident had set the goal to become a member of the local library and this had happened. Staff were now supporting the resident to visit the library on a regular basis, to expand their access to 'audio books' and to engage in groups within the library community.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare-related needs and had as required access to a range of health and social care professionals. From a review of a sample of records the inspector found that daily observations were recorded and there was evidence of follow up. For instance where eating, drinking and swallowing difficulty was observed a speech and language therapy review appointment was considered.

Residents had comprehensive annual medical checks and records were maintained of all health related appointments. Residents were also supported to attend hospital

appointments and clinics as required. Support plans were in place to guide staff in supporting residents with their healthcare needs.

Judgment: Compliant

Regulation 8: Protection

The provider had a safeguarding policy and procedures in place to guide staff practice. Staff who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. One staff member spoke to the inspector regarding the new finance oversight systems and showed the inspector examples of how these were kept and maintained. It was evident, that following previous errors in the application of financial systems and decision making in this centre that these incidents had been fully investigated and the subsequent safeguarding plans were now closed.

All allegations and suspicions of abuse were reported and followed up on in line with the provider's and national policy. There was evidence of the person in charge having awareness of the need to complete robust investigations in relation to any allegation, incident or suspicion of abuse. There were no current or active safeguarding plans in this centre. Residents had assessments completed which guided the development of intimate and personal care plans. Some of these plans while reflective of current need and were seen to guide staff practice had been completed prior to residents moving into this centre. Areas where residents may be vulnerable had been considered and the associated risks assessed to guide the development of personal support plans.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that for the most part the rights and diversity of residents was being respected and promoted in the centre. Residents' personal plans, keyworker meetings and their goals were reflective of their likes, dislikes, wishes and preferences.

The inspector found that resident meetings were not happening in line with the providers policy, for instance, no meetings were recorded for March and only two in April. When they did happen they were found to contain information that related to how residents spent their time, were involved in their community and home and provided information on resident rights.

For one resident, the inspector observed staff carrying out personal care without taking time to close doors into the hall way meaning that the residents' rights to privacy and the maintenance of their dignity was not assured.

Residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication attempts. They were observed being offered choices in a manner that was accessible for them.

Judgment: Substantially 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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Bungalow OSV-0008666

Inspection ID: MON-0041921

Date of inspection: 07/05/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC ensured all outstanding mandatory training was completed by 07.05.2024 and certificates were sent to Aurora training department where training records were updated. PIC has completed the outstanding refresher mandatory training by 07.06.24. Two employees have been booked in for Frist Aid training on 05.06.2024. PIC will ensure continuous oversight of training records through quality conversations.</p> <p>Six employees will complete Introduction to Positive Behaviors Support by 17.06.2024. PIC will ensure three employees outstanding will complete the outstanding modules on human rights training by 30.06.2024</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider reported at Admissions & Discharge meeting in May 2024 that they have now secured funding for the identified permanent home for the people supported, which will be ready in Q2/3 in 2025.</p> <p>To further improve the current living and storage space in The Bungalow the PIC has reviewed with the provider possible options for reconfiguration. It has been decided to insulate the outside room and set up storage and desk area to facilitate additional work space for office and governance work with shelves for folders. PIC completed resource form on the 31.05.2024. H & S department is awaiting the necessary quotes and are working on the necessary refurbishments to be completed and will keep PIC and DOS updated on same.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC has updated all personal evacuation plans to reflect the current needs of the people supported by 23.05.24. PIC has completed a fire drill on 04.06.2024, following this she will further review all plans.

Personal Evacuation plan was discussed at team meeting on 29.05.2024.

PIC will ensure the review of documents is in line with the Personal Plan Framework to ensure plans are updated annually as per policy or in line with the changing needs of the people supported.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Community liaison Co-Ordinator/Medication Manager will review and amend Medication policy in regards to guidance on nutritional supplements and thickening agents by 28.06.2024. A meeting was held between DOS, ADOS and Community Liason nurse and necessary amendments were agreed, final review is currently underway with DOS and sign off with CEO.

PIC will ensure that all staff have on the job mentoring in relation to swallow care at the team meeting on the 29.05.24,
Staff Nurse in designated center will follow up with OJM for staff absent from team meeting by 28.06.2024

PIC has requested from the training department further training on Positive mealtime and nutrition for adults with an ID, this has been scheduled for September'24.

The PIC and the Community liaison Co=Ordinator and Medication Manager planned a meeting on the 31.05.2024 to review if medication management systems in the Bungalow are in line with policy.

PIC and staff nurse will provide ongoing support in medication management to the staff team.

The PIC has reviewed the person supported medication administration plans on 23.05.2024 to ensure they reflect the current information and address.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: PIC to ensure that focus and future meetings are completed in line with policy and will delegate this duty if and when she is on leave. OJM completed with staff on focus on future planning meeting by WCI Auditor on 14.05.2024

PIC brought the Guidance on a Human Rights-based Approach in Health and Social Care Services for discussion with the team at meeting on the 29.05.24.

Following team meeting PIC will email guidance to all team members to read and sign off by 26.06.2024

PIC has discussed Intimate Care Policy at the team meeting on 29.05.2024 and all team members were asked to read and sign off by the 07.06.24.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2024
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	29/05/2024
Regulation 29(4)(a)	The person in charge shall ensure that the	Not Compliant	Orange	28/06/2024

	designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	28/06/2024
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the	Substantially Compliant	Yellow	29/05/2024

	organisation of the designated centre.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	26/06/2024