



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

Issued by the Chief Inspector

Name of designated centre:	Tús Álainn
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:	20 November 2023 and 21 November 2023
Centre ID:	OSV-0005731
Fieldwork ID:	MON-0032996

About the designated centre

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

Tús Álainn is a designated centre operated by Saint Patrick's Centre, Kilkenny. The designated centre is a detached bungalow located in the suburbs of Kilkenny city and ideally located for residents to engage with local amenities, to promote and support their social inclusion and integration with the local community. The designated centre has a capacity for three adult residents, and the provider has decided that the centre is for female gender only. Tús Álainn designated centre provides full-time residential services for people with intellectual disabilities and complex health care needs. This individuals living in this designated centre are supported by a staff team comprising nursing, social care worker and health 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
Monday 20 November 2023	12:30hrs to 17:30hrs	Miranda Tully	Lead
Tuesday 21 November 2023	09:00hrs to 14:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This announced inspection was completed to inform a decision regarding the renewal of registration for this designated centre. The inspection took place over two days. Two other inspections were also carried out over that time frame in other centres operated by the registered provider. Some overarching findings in relation to the provider's oversight and governance and management arrangements were identified in all three centres inspected, in addition to improvements required in financial safeguarding and the management of resident possessions. This report will outline the findings against this centre.

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. The provider was recognising the complexity of residents' needs and responding appropriately. They had systems in place to monitor the quality of care and support for residents, and these were found for the most part to be proving effective at the time of this inspection. Some improvement was found to be required in the following areas; governance and management, managing residents personal possessions, risk management, and medicines and pharmaceutical services. These are outlined under the specific Regulations below.

The inspector used observation, discussion with staff and reviewed documentation to determine residents' experience of care and support in the centre. Residents communicated in a variety of ways including through vocalisations, use of objects of reference and interaction with familiar staff. The residents living in this centre were unable to tell the inspector in detail their views on the quality and safety of the service. However, the inspector saw that residents appeared content and relaxed in the centre and were comfortable in the presence of the staff supporting them.

This centre is a large bungalow with its own garden in a residential area on the outskirts of the city, in close proximity to shops, churches, restaurants and recreational areas. The centre is registered for a maximum of three residents. The inspector met all three residents over the course of the inspection.

On arrival, the inspector was greeted by the person in charge and introduced to the residents who lived in the centre and the staff supporting them for the day. One resident was watching television in the living room, staff described to the inspector the residents communication cues, it was evident that the resident was comfortable in the centre and in the presence of staff. A second resident was in the kitchen with a staff member looking at an electronic device, staff advised that they were planning a cake sale for a charity. The third resident entered the kitchen and was observed using communication methods to seek a drink and later request a walk. It was evident that staff were knowledgeable in terms of residents' communication style and were seen to respond quickly to residents' requests.

On the second day of the inspection, one resident was up and carrying out their morning routine at the time of the inspector's arrival, the other residents were in

bed however were beginning to prepare for the day. Residents were observed preparing for the day ahead supported by staff. Over the course of the inspection residents were observed being supported with local walks, to attend mass, reflexology and also shopping for an upcoming event. Residents were also given opportunities to relax and have time on their own if they choose to do so. At all times the inspector heard the staff team engage in a positive and respectful manner.

The team leader of the centre supported the inspector to view the centre, the premises was well maintained and decorated in a homely manner. Each resident had their own room which were individualised.

In summary, it was evident that the residents received a good quality of care and support. However, there were some areas for improvement which included personal possessions, fire safety, risk and medication management. Overall, the residents appeared content in their home and in the presence of staff members throughout the inspection.

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 was a clearly defined management system in place which strived to ensure that the service provided was safe, consistent and appropriate to residents' needs.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also had responsibility for one other centre and was supported in their role by a team leader. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six-monthly audits. However, some improvement was required in the assessment and management of risk as discussed under regulation 26 and in the effectiveness of medication audits.

On the day of inspection, there was an experienced and consistent staff team in place in this centre. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place and the use of regular relief staff which ensured continuity of care and support to residents.

There was a programme of training and refresher training in place for all staff. A review of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised.

This meant that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

Overall, the findings of the inspection were that the provider and the local management team were for the most part identifying areas for improvement and taking action to bring about the required improvements.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection. The person in charge was also responsible for another centre. They were supported in their role by a team leader. It was evident through review of local systems in place for example, local audits and staff supervision that daily oversight was appropriately delegated to ensure care was delivered as expected.

Judgment: Compliant

Regulation 15: Staffing

A review of staff duty rosters found that actual and planned rosters were maintained. The inspector found that the current staffing arrangements at the designated centre were appropriate to support and meet the assessed needs of the residents. The registered provider was found to be rostering fewer staff members during weekends, however when there was a planned activity, increased staff was provided. In addition, there was a deficit of 1.4 WTE staff in the designated centre, these roster shortfalls had been filled by consistent agency staff and or relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had a training matrix in place, and the inspector found that all staff members had received mandatory training in safeguarding, food safety, fire safety, first aid, positive behaviour support, the safe administration of medication,

PEG training, managing eating, manual handling, and patient handling. Refresher training had been scheduled for staff members when required.

The staff team in this centre were supported in their role by the completion of formal supervision and a clear staff supervision system was in place. The inspector reviewed the schedule for supervision meetings and a sample of the supervision records which demonstrated that the staff team received supervision in line with the provider's policy.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that records as specified in Schedules 2, 3, and 4 of the regulations were well maintained, were kept up-to-date and were suitably stored.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures and staff had specific roles and responsibilities in the centre. The centre was managed by a person in charge who was supported by a team leader and both were familiar with residents' care and support needs and their responsibilities in relation to the regulations. There was a clear focus on quality improvement in the centre.

The provider had completed audits as required by the Regulation including six monthly unannounced audits and an annual review, the person in charge and team leader had devised action plans based on these audits. Centre based audits and reviews were also occurring that monitored the provision of care and support.

Improvements were required to ensure local management systems in the

designated centre ensure the service provided is safe, appropriate to residents needs, consistent and effectively monitored. For example, a number of individual risk assessments required review to ensure they were appropriately assessed and measures in place to mitigate the risk were accurate as discussed under Regulation 26. In addition, the effectiveness of medication audits required review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

A clear complaints process was provided in the centre. Information guiding residents how to complain was available them. It was evident that residents were support to make complaints, and that action was taken on foot of complaints in the centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including review of risk management, health care, personal possessions, protection and fire safety. The inspector found good evidence of residents being well supported in the majority of areas of care and support. However, some improvement was required in relation to the management of personal possessions, fire safety, risk and medication management.

The inspector reviewed a sample of residents' personal files which comprised of a comprehensive assessment of residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs.

The residents were protected by the polices procedures and practices relating to

safeguarding in the centre. Staff had completed training and were found to be aware of their roles and responsibilities in relation to safeguarding. The residents were observed to appear comfortable and content in their home.

The inspector reviewed a sample of residents' finances and while they found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre, improvements were required in terms of access to statements of accounts and systems for accessing monies.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. However, improvement was required in the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night time.

Relevant risks were discussed with the inspector on the day of inspection. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. A number of individual risk assessments required review to ensure they had been appropriately assessed and measures in place to mitigate the risk were accurate.

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for them in relation to their rights, complaints and advocacy were engaged within the service.

Regulation 12: Personal possessions

All residents in this centre had Health Service Executive (HSE) Private Patient Property Accounts (PPPA) with clear pathways in place to guide in the use of these. 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. These restrictions had previously been identified in other centres operated by the provider. The provider has acknowledged that this practice requires review and there is a plan in place, however, on the day of inspection the practice remains in place.

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and checks on the money held in the centre. However, statements for residents accounts were last viewed in June 2023.

Judgment: Not compliant

Regulation 17: Premises

The premises was purpose built to suit the assessed and future needs of the residents that lived there. The centre was seen to be clean and adequately maintained and was decorated in a manner that suited the residents' preferences. Efforts had been made to personalise the decor in the centre for the residents that lived there and there was a homely environment present in the centre. Residents had access to a pleasant garden, if desired. Consideration had been given to the residents preferences in planning for the future development of this area.

Judgment: Compliant

Regulation 20: Information for residents

The provider had devised a guide for residents that contained all the required information as set out by the Regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the policies, procedures and practices relating to risk management in the centre. The provider's risk management policy contained all information as required by the Regulation.

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. However, there were inconsistencies in documented control measures and it was unclear if all factors had been appropriately assessed, in particular when supporting a resident with moving and handling. For example, a risk assessment for a resident's osteoporosis identified the requirement of two staff however a risk assessment for the same resident for manual handling identified the need for one staff. In addition control measures noted input of healthcare professionals, however such professional had not supported the resident with the particular risk.

Judgment: Not compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required.

However, improvement was required in the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night time. At night-time the three residents were supported by one staff member on a waking-night shift. Some residents were assessed as requiring some additional support due to their mobility needs. While, the provider had identified that staffing supports in another designated centre would support with the evacuation of this centre, this arrangement had not been appropriately tested.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place for the ordering, receipt, prescribing, storing, disposal and administration of medication. There had been an increased focus on medication management by the provider due to the number of medication errors recorded. The provider had daily counts and audits of medicines and increased local mentoring for staff. A reduction in incidents was evident in the previous six weeks.

However, the inspector found that some documentation and practices in the management of medication required review. For example, as required medication protocols differed from practices described by staff members in the centre. In addition, the inspector found as required medicine, had not been dated on opening. This did not allow for staff to determine when the medicine should be disposed of.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal plans and found that personal plans to be comprehensive in that they informed all aspects of the residents' life and up-to-date assessments of needs had been implemented.

Judgment: Compliant

Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed a sample of healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. The person in charge had ensured that residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Overall in the service was striving to provide residents with choice and control across service provision. Although residents had limited access to finances this has been addressed accordingly under Regulation 12.

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for them in relation to their rights, complaints and advocacy were engaged within the service.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tús Álainn OSV-0005731

Inspection ID: MON-0032996

Date of inspection: 20/11/2023 and 21/11/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • PIC & TL will complete full review of current risk assessments to take place by 30th of January 2024. • Lead auditor will meet with Community Liaison Co –Ordinator and Medication manager to review medication audits and their effectiveness with a view to update (By 19.01.2024) 	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: <ul style="list-style-type: none"> • The Finance Department were due to launch updated policy in October 2023, however this was delayed due to unforeseen issues, this policy will now be launched in January 2024 with introduction to Soldo cards for people supported. • PIC will circulate the updated the Finance Policy team read and sign off on. (23.01.2024) • Finance will roll out of person supported Soldo cards in January 2024. This will facilitate up to date statements for each person’s spending on a daily basis. • The backlog of statements for people supported in the old systems are currently underway and will be completed by a relevant team member in January 2024. All statements up to 30 September 2023 will be issued to people supported by 31 January 2024 All people supported will have statements up to 31 December 2023 by latest 31 March 2024. 	

<ul style="list-style-type: none"> • PIC will add policy to January agenda to reflect change of process & system to include Soldo cards for the person supported at January Meeting (By 30.01.2024) 	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>PIC & TL will take the following actions,</p> <ul style="list-style-type: none"> • Complete full review of current risk assessments and the identified control measures, update and amend will be completed as required by 30th of January 2024. • PIC/TL will bring risk assessments to team meetings for discussion and all staff to sign off on (By 09.02.2024) • PIC/TL send referral to OT and physiotherapy referral (By 15.12.2023) 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>PIC and TL will take the following actions,</p> <ul style="list-style-type: none"> • They will oversee a fire drill by night to incorporate use of ski pad and response from responding house by the (By 10.01.2024) • They will discuss plan with PIC in responding house ensuring they are aware of response (By 10.01.2024) • PIC and TL to ensure all relevant information and risk assessments, SOPs in relation to manual handling is reviewed and updated. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • PIC/TL to add Medication Management policy to next team meeting agenda for discussion • PIC/TL will invite Medication Management Officer to attend team meeting to outline the 	

importance of labelling open bottles of medication to ensure they are disposed of when required (12.01.2024)

- Review of PRN documentation to be completed by team lead and staff nurse by 20.01.2024.

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	30/01/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/01/2024
Regulation 26(2)	The registered provider shall ensure that there	Not Compliant	Orange	20/01/2024

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	10/01/2024
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.	Substantially Compliant	Yellow	15/02/2024

<p>Regulation 29(4)(c)</p>	<p>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 out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.</p>	<p>Substantially Compliant</p>	<p>Yellow</p>	<p>15/02/2024</p>
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