



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

Issued by the Chief Inspector

Name of designated centre:	Dinan Lodge
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	08 May 2025
Centre ID:	OSV-0005621
Fieldwork ID:	MON-0047075

About the designated centre

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

Dinan Lodge is a designated centre operated by Saint Patrick's Centre (Kilkenny). The designated centre provides a community residential service for up to four adults with a disability. The designated centre is a two-storey detached house located in County Kilkenny. It comprises of four individual resident bedrooms, a shared bathroom, a living room, kitchen and dining area. The upstairs of the premises consists of an office and bathroom. A large secure garden area is available for residents to use if they wish. The centre is staffed by the person in charge, 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:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 8 May 2025	09:40hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were empowered to make decisions about their care and support. The inspection was carried out in one day by one inspector.

The inspector had the opportunity to met with the four residents in their home throughout the inspection as they went about their day. The residents used verbal and alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. The inspector spoke with two members of the staff team and management. In addition, the inspector reviewed records pertaining to the care and support provided in the centre and the governance arrangements in the centre. Overall, the inspector found that the staff team were implementing the provider's systems effectively to ensure they had good oversight in respect to safeguarding in this centre.

Dinan Lodge provides residential care for up to four adults with a disability. The centre comprises of a two-storey house which consists of four individual resident bedrooms, a shared bathroom, a living room, kitchen and dining area. The upstairs of the premises consists of an office and bathroom. Overall, the inspector found that the centre was decorated in a homely manner. The provider had identified that the premises was not suitable for the long-term needs of the residents and had identified an alternative premises. The provider had registered the new designated centre in March 2025 and submitted a notification to cease operating this designated centre once the residents have moved home. At the time of the inspection, the residents were in advanced stages of moving to the new premises.

Over the course of the inspection, the inspector had an opportunity to meet and briefly engage with each of the four residents living in the centre and to observe them as they went about their day. The four residents did not attend a day service and were supported with activation from their home. The service provided one vehicle and two of the residents had their own vehicles to attend appointments and to access their local community.

On arrival, the inspector briefly met with one resident in the hallway as they were preparing to leave the centre to access the community. The inspector then met with a second resident as they listening to music in the sitting room. They appeared comfortable in the centre and in the presence of the staff team. They were observed being supported to do their laundry before leaving the service to access to community. The third resident chose to have a lie-in and this was respected. The fourth resident had already left the service to attend an appointment.

In the afternoon, the inspector observed the four residents spending time in the kitchen and dining room having lunch. The residents appeared comfortable and content throughout the inspection. Staff were observed to be familiar with residents'

communication preferences. Later in the afternoon, the four residents left to attend different activities including visiting family, attending a confirmation and accessing the community.

In summary, it was evident that residents living in this centre were receiving a good quality service and ensured that they were safeguarded. The suitability of the layout and design of the premises had been self-identified by the provider as an area for improvement and at the time of the inspection, the four residents were in advanced stage of moving to a new home.

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

Capacity and capability

The provider had a clear and accountable governance structure in place to ensure that the service provided was safe, consistent and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents assessed needs.

The person in charge was in a full-time role and they held responsibility for the day-to-day operation and oversight of care in this and one other designated centre operated by the provider. There was evidence of regular quality assurance audits taking place to ensure the service provided was appropriate to the residents needs and actions taken to address areas identified for improvement. The audits, staff meetings included a review of incidents and procedures to ensure residents were safeguarded.

The inspector reviewed the staff roster and found that the staffing arrangements in the designated centre were in line with residents' needs. Staff training records were reviewed which demonstrated that staff were up-to-date with required training and suitably supervised.

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the previous two months of rosters, the inspector found that there was an established staff team in place. At the time of the inspection, the designated centre was operating with three vacancies. The vacancies were covered by the existing staff

team and regular relief staff. This ensured continuity of care and support to the residents.

The registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The four residents were supported during the day by three staff members. At night, the four residents were supported by two waking night staff. One resident was also availing of a number of Personal Assistant hours a week. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records for the staff team, it was evident that the staff team in the centre had up-to-date training in areas including fire safety, safeguarding and epilepsy. Some staff were due refresher training in de-escalation and intervention techniques and manual handling, however this had been self-identified by the provider and refresher training was scheduled. A number of the staff team had also completed training in human rights. Overall, this meant the staff team were provided with the required training to ensure they had the necessary skills and knowledge to support and respond to the needs of the residents and to promote their safety and wellbeing.

There was a supervision system in place and all staff engaged in formal supervision. From a review of a sample of three supervision records, staff were appropriately supervised and supervision meetings were occurring in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was responsible for one other designated centre operated by the provider and was supported in their role and the day-to-day management of this centre by a team leader.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2024. In addition, the provider had completed six-monthly unannounced provider visits to the centre. Staff

meetings were held monthly and included a review of safeguarding. This ensured that the service was safe, meeting the needs of the residents and meeting the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided person-centred care and support to the residents. As noted, the provider had identified that the design and layout of the premises was not suitable for the long-term needs of the residents and had identified an alternative premises. At the time of the inspection, the residents were in advanced stages of moving home.

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

The inspector found that the service provider had appropriate and effective systems in place to keep residents safe. A review of the incident log demonstrated that incidents were reviewed and managed appropriately and safeguarding plans were in place where required.

Regulation 10: Communication

The residents used verbal and alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. Each resident's communication needs were outlined in their personal plans which guided the staff team in communicating with the resident. The inspector was informed that the provider had begun a quality programme to enhance the guidance regarding communication. The staff team spoken with demonstrated a clear understanding and knowledge of the residents' communication methods and were observed communicating with residents throughout the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the four residents' personal files. Each resident had an up to date comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs and supports. The inspector found that the person plans were up-to-date and reflected the care and support arrangements in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. There was evidence that residents were supported to access psychology and psychiatry, as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. For the most part, it was evident that restrictive practices had been reviewed by the provider's restrictive practices committee. One recent restrictive practice had been introduced and was in the process of being reviewed. The inspector was informed that the provider planned to review all restrictive practices as part of the move to the new home to ensure they were appropriate and the least restrictive measure.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to safeguard residents. There was a safeguarding policy in place, which clearly directed staff on what to do in the event of a safeguarding concern. The inspector reviewed the log of incidents occurring in the centre in the last six months and found that incidents were reviewed and managed appropriately. There was safeguarding plans in place to guide day-to-day practices and safeguard the residents. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The residents were observed to appear content and comfortable in their home.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted in the centre. Staff spoken with about residents in a professional and caring manner. Residents were supported with activation by the staff team from the designated centre. The inspector observed the staff team discussing and planning the activities for the day with the residents supporting residents to make decisions about their care and support. The inspector also reviewed the plans for supporting the residents move to their new home. The residents had visited their new house and were engaged in picking furniture and paint colours for their new home. All interactions between staff and residents were kind, respectful and in line with resident needs. The staff team were supported to completed training in human rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant