



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

Issued by the Chief Inspector

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| Name of designated centre: | Cumas |
| 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: | 21 March 2025 |
| Centre ID: | OSV-0007775 |
| Fieldwork ID: | MON-0046530 |

About the designated centre

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

Cumas is a designated centre located in Co. Kilkenny. It provides residential supports for four individual residents over the age of 18 years with an intellectual disability. An appointed person in charge oversees the day to day operations of the centre. The centre is comprised of 4 single occupancy apartments which have been decorated and adapted to meet the needs of the residents. Staffing support is afforded 24 hours a day 7 days a week.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 |
|----------------------|----------------------|-------------|------|
| Friday 21 March 2025 | 09:50hrs to 15:00hrs | Marie Byrne | Lead |

What residents told us and what inspectors observed

From what residents told them and what the inspector observed, was told and from documentation reviewed, the inspector found that this was a well-run centre where residents were enjoying a good quality of life. The areas where improvements were required had been self-identified by the local management team. These included, staffing numbers to ensure continuity of care and support for residents, and the impact on residents' rights of how a change in charges was communicated to them. These areas will be discussed further in the body of the report.

This inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities 2013 and the National Standards for Adult Safeguarding (2019). The inspection was completed by an inspector of social services over the course of one day.

Cumus provides residential care for four residents with an intellectual disability on a full-time basis. The centre is comprised of four apartments in Kilkenny city. Each apartment has its own front door. The apartments each have a resident bedroom with an ensuite bathroom, an office, a main bathroom, an open plan kitchen/dining/living room, a storage space and a laundry room. Two of the apartments have a sensory room. In each apartment, the art work and soft furnishings contributed to how homely and comfortable they appeared. Residents' apartments and bedrooms had photos, evidence of their achievements, and art work which reflected their passions and interests. They had access to television, books, computers and music systems. There were three vehicles to support residents to take part in activities and to access their local community.

There were four residents living in the centre on the day of the inspection. During the inspection, the inspector had an opportunity to observe and engage with each of the four residents. They had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions, sign language and body language to communicate. In line with their communication support needs and preferences, residents did not tell the inspector what it was like to live in the centre, so the inspector used observations, discussions with staff and a review of documentation to capture their lived experience.

Over the course of the inspection, the inspector observed that there was a warm, friendly and welcoming atmosphere in each of the apartments visited. There was work ongoing in two of the apartments to improve accessibility for residents in a number of bathrooms. The two residents living in these apartments had gone on holidays the week before the inspection and during this time the majority of work had been done in the apartments; however, some delays had occurred the remaining works were ongoing and due to be completed in the days after the inspection. Every effort was being made to minimise the impact of this for residents. For example, where they wished to, staff were supporting residents to

take part in activities of their choice in their local community during the hours works were being completed.

During the inspection residents were engaged in a number of activities in their home or in their local community. For example, one resident was supported to attend social farming while another resident went shopping. One resident was supported to stay at home as they had been unwell the day before the inspection. Staff supported them to relax and recover. Another resident was planning to go out and about with staff later in the day.

Throughout the inspection, staff were observed to be very familiar with residents communication styles and preferences. They spent time with residents and residents were observed and heard seeking them out if they required their support. There were easy-to-read documents available about areas such as, safeguarding, complaints, residents' rights, restrictive practices, how to access advocacy services, fire evacuation, and infection prevention and control (IPC). The inspector reviewed a sample of two residents' plans and found that easy-to-read documents and social stories were used to support residents to understand their healthcare needs, the restrictive practices in place, and the medicines they are prescribed.

The inspector observed residents being supported to make choices around how and where they wished to spend their time. Staff were observed to respect residents' privacy in their home. They were observed to knock on residents' apartment and bedroom doors before entering. Staff who spoke with the inspector used person-first language and focused on residents' strengths, talents and how they contributed to their home and community.

Resident and family input was sought as part of the provider's annual and six-monthly reviews. The feedback from residents indicated they were happy in their home, and with staffing supports. There were four open resident complaints at the time of the inspection and these will be discussed further under *Regulation 9: Residents' Rights*.

In summary, residents were busy and had things to look forward to. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required, such as those relating to residents' rights and staffing numbers and continuity of care and support.

The next two sections of this report will present 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 the service provided.

Capacity and capability

As there was a specific emphasis on the safeguarding of residents on this inspection

and the inspector had an opportunity to meet the four residents, the human rights and equality lead, a person participating in the management of the designated centre, and four staff working in the centre to review safeguarding arrangements in the centre. Overall, the inspector found that the local management team were implementing the provider's systems effectively to ensure they had good oversight in this centre in respect to safeguarding.

There were staff vacancies and it was evident that the local management team were attempting to ensure continuity of care and support for residents; however, this was not always proving possible, particularly at times when there was unplanned leave. This will be discussed further under *Regulation 15: Staffing*. The inspector found that staff had access to training and refresher training in line with the organisation's policy, including safeguarding training. Two staff who spoke with the inspector, one of whom was an agency staff, were aware of who to escalate any concerns they may have in relation to the quality and safety of care and support for residents.

Regulation 15: Staffing

There were 2.3 whole time equivalent vacancies at the time of the inspection. In an attempt to ensure continuity of care and support for residents while the provider recruited to fill these vacancies, the local management team was attempting to reduce the impact of these vacancies by regular staff completing additional hours and relief staff and agency staff covering the required shifts. However, from the sample of rosters reviewed for 3 months, a high volume of shifts were being covered by different relief and agency staff. For example, for a two week period reviewed 19 shifts were covered by seven different relief and agency staff. The inspector acknowledges that during this period, in addition to the staffing vacancies there were two staff on unplanned leave.

A sample of three staff files were reviewed and these were well-maintained and contained the required information. This included Garda or police vetting, reference checks and valid identification for staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and a sample of 10 certificates of training for three staff. 100% of staff had completed safeguarding training. In addition they had completed training in areas such as advocacy, personal planning, supporting decision making, the Assisted Decision-Making (Capacity) Act 2015, and human-rights.

The inspector spoke with two staff who reported that they were well supported by

the local management team and aware of how to report any concerns they may have. When incidents did occur, these were discussed in detail during staff meetings. These discussions demonstrated the staff's commitment to maintaining a safe environment for residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider was successfully implementing a number of control measures to reduce presenting risks relating to incidents, accidents and safeguarding and protection in this designated centre. There was a clear focus on reducing the risk of harm and promoting residents' safety and wellbeing.

The person in charge was on planned leave on the day of the inspection and the inspector found that they were utilising the provider's systems for oversight and monitoring effectively as in their absence staff could access all the required information which was found to be accurate and up-to-date.

The provider's last two six monthly and annual reviews were reviewed and they were highlighting areas for improvement. The majority of actions from audits and reviews were being completed and leading to the required improvements. The inspector found that improvements were required in relation to how the provider communicated changes to terms and conditions of residency with residents in this centre and this is discussed further under *Regulation 9: Residents' Rights*.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities they enjoy and to be involved in day-to-day running of the centre. The apartments were found to be warm, clean and homely during this unannounced inspection. As previously mentioned, four residents had raised complaints which were in the process of being reviewed in line with the provider's policy and procedures. These complaints related to the timeliness and format that the provider communicated a change to the terms and conditions of residency. This will be discussed further under Regulation 9: Residents' Rights.

The inspector reviewed a sample of two residents' assessments of need and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. The inspector found that there was clear guidance in place which was found to be person-centred and to promote a proactive approach

to care and support. Restrictive practices were documented and regularly reviewed to ensure that they were the least restrictive and used for the shortest duration.

Regulation 10: Communication

Residents were supported to make decisions about their care and support and to promote their rights, health and wellbeing. From a review of the two residents' plans they each had their communication needs assessed and those who required it, were supported by a speech and language therapist. They had a communication section in their care plan which described how staff should present information to them in a way that best suits their communication needs, styles and preferences.

Judgment: Compliant

Regulation 17: Premises

The provider had considered safeguarding in ensuring the premises was designed and laid out to need the number and needs of residents. Each resident had their own apartment and there were a number of private and communal spaces where residents could choose to spend their time.

The provider's audits and reviews had highlighted that improvements were required in relation to accessibility for two residents in their apartments and as previously described the required works were ongoing at the time of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the a sample of 12 general and 14 individual risk assessments. They were found to be up-to-date and to reflect the presenting risks in the centre. Risk ratings and control measures were found to be proportionate to the presenting risks.

The person in charge was completing incident trending and this was leading to an update of the relevant documentation and learning as a result of these reviews was shared with the provider and staff team. Where safeguarding risks were identified the necessary measures were put in place to control these risks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Following a review of the two residents' assessments and plans, the inspector found that the provider had measures in place to meet their safeguarding needs. Their likes, dislikes and support needs were clearly recorded and regularly reviewed. They were supported to develop goals and to plan and regularly take part in meaningful activities. Some residents' goals were focused on developing their life and independence skills, and taking positive risks. Risks relating to safeguarding were assessed, documented and reviewed regularly.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the provider was considering the safeguarding needs of residents in the management and response to behaviours that challenge. The inspector reviewed a sample of two residents' plans and found that they were detailed in nature and guided staff practice. Staff who spoke with the inspector demonstrated an up-to-date knowledge of the proactive and reactive strategies detailed in residents' plans.

There were a number of restrictive practices in place in line with residents' assessed needs. These were reviewed on a regular basis to ensure they were the least restrictive for the shortest duration in line with the provider's policy. The person in charge was reviewing them quarterly and the provider's restrictive practice committee were reviewing them, at least annually. Examples of restrictions included locked presses and doors for safety, and an audio monitor at night in two of the apartments. The audio monitors were used at times when staff were supporting residents in the neighbouring apartments. The inspector spoke with staff, reviewed documentation relating to incidents and risk assessments and found that the restrictive practice relating to an audio monitor was proving effective in reducing presenting risks and ensuring that residents got support from staff, if they needed it.

Judgment: Compliant

Regulation 8: Protection

Through a review of documentation and discussions with staff and the local

management team the inspector found that residents were supported and assisted to develop their knowledge and understanding relating to safeguarding and protection. Resident and keyworker meetings reviewed demonstrated that discussions were being held in relation to safeguarding and protection in a format that best suited residents' communication preferences. A sample of two residents' intimate care plans were reviewed and these were found to be detailed in nature and clearly identified their wishes and preferences.

100% of staff had completed safeguarding training. Two staff were found to be aware of their roles and responsibilities should there be an allegation or suspicion of abuse. Through discussions with staff and a review of documentation the inspector found that there was a culture of openness around recognising and reporting safeguarding concerns. Staff were focused on implementing the required controls to safeguard residents.

The inspector reviewed the safeguarding register and records relating to allegations of abuse since the last inspection and found that the provider's and national policy was being followed. Each allegation had been submitted to the Health Service Executive Safeguarding and protection team, and follow ups were completed as required. There had been a trend of unexplained injuries which had led to a review of the environment, assessments and implementation of recommendations made by the relevant health and social care professionals, and the development and review of a number of risk assessments and protocols. As a result, a number of additional controls were now being implemented to reduce the risk of unexplained injuries. The inspector spoke with the provider's human rights and equality lead who described a piece of work which was ongoing with the practice development team around an unexplained injury pathway.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident that residents' were receiving a person-centred service which was striving to support them to exercise their rights to have choice and control over their life in a number of areas. For example, residents were supported on a daily basis to make choices about their routines throughout the day, and these choices were upheld. One resident was supported to get a pet for their apartment and two residents were supported to apply for grants to have the required works completed to make their areas of their apartments more accessible.

The details on how to access independent advocacy supports were on display. The staff team were ensuring information was presented to residents in a format that best met residents' communication preferences. As previously mentioned there was easy-to-read information available on a number of areas such as advocacy, safeguarding, restrictive practices and human rights. In addition, in each residents personal plan there were easy-to-read documents specific to their care and support

needs. These documents showed the numerous dates they were reviewed with residents.

However, the inspector found that improvements were required in relation to how the provider communicated a change in terms and conditions of residency to the four residents living in this centre. The provider had recognised that the four residents were not paying the correct statutory contributions towards maintenance and accommodation costs and had communicated a change in charges to residents. Through a review of documentation sent to residents to communicate this change and a review of four open complaints made by the residents living in this centre, the inspector found that the changes in charges were not communicated to residents in a format that suited their communication support needs and preference. In addition, there was a short timeframe between when the change in charges was communicated mid December 2025 and the change in payments which were implemented in January 2025.

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 | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Cumas OSV-0007775

Inspection ID: MON-0046530

Date of inspection: 21/03/2025

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 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Since the date of inspection, provider has assigned 3 WTE staff to the center to fill WTE vacancies and to cover planned leave. 2 staff have commenced work in the center on 14.04.2025 and 17.04.2025. 1 staff is due to commence on 28.04.2025. This will ensure full staffing compliment in the center. Relief and agency staff will be used only to cover unplanned leave.</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>While provider did not communicate the change in charges in a format that suited person supported communication support needs and preference, all 4 gentlemen were supported to raise a complaint on this matter on 02.02.2025. These complaints are currently in complaint process and further circle of support has been facilitated by Human Rights and Equality Lead for further clarification.</p> <p>The Provider shall ensure that communication of all information to the people supported in the center is in a format that is suited to the communication needs of the people in the Centre. The communication shall be clear and communicated in a timely way to ensure that people can be supported by the staff team to understand the information and respond accordingly as required.</p> <p>Way of communication will be discussed as governance meeting on 28.04.2025 between Persons in Charge, Wellness, Culture & Integration managers and Director of Service.</p> | |

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 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 28/04/2025 |
| Regulation 15(3) | The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. | Substantially Compliant | Yellow | 28/04/2025 |
| Regulation 09(2)(a) | The registered provider shall ensure that each resident, in accordance with | Substantially Compliant | Yellow | 28/04/2025 |

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| | his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support. | | | |
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