



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Damara
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:	15 April 2025
Centre ID:	OSV-0003446
Fieldwork ID:	MON-0046387

## About the designated centre

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

Damara is a designated centre that provides residential support for up to four adults with intellectual disabilities. The centre is based on the outskirts of Kilkenny City on a campus style setting. The centre is one building divided into four separate bungalows, each with their own front door and it is located within walking distance of the city. The staff team consists of a person in charge, a social care worker and healthcare assistants. The residents supported in Damara present with intellectual needs and may have a diagnosis of autism and other needs. The home is a seven day residence open all year with no closures. The centre, as confirmed in the statement of purpose is not open at present to new admissions. The centre has four service vehicles available for use by residents.

**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
Tuesday 15 April 2025	09:20hrs to 16:20hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

From what residents told them, and what the inspector observed, this was a well-run centre where residents were regularly engaging in activities of their choosing. This unannounced inspection was 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) Regulations 2013, and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019). The inspection was completed by an inspector of social services over the course of one day.

Overall, the inspector found that the team were implementing the provider's systems effectively to ensure they had good oversight in respect to safeguarding in this centre. This inspection had positive findings, with the majority of regulations found to be compliant. Significant works had been completed to the premises to make them more homely and comfortable for residents since the last inspection. Further improvements were required in relation to staffing numbers and this will be discussed further under Regulation 15: Staffing.

Damara provides residential care for up to four residents with an intellectual disability. The centre comprises a single storey dwelling subdivided into four self-contained apartments, each of which has their own front door. The premises is situated to the back of a campus style setting. Each of the apartments has a self-contained back garden. At the front of the premises there is a poly-tunnel, bicycle shed, paved area with seating, space for parking and a communal garden area. Each apartment is decorated in line with residents interests and passions. For example, one resident had some of their art work on display, another resident has an art room and a room with gym equipment. Residents have access to televisions, mobile phones, books, computers, sensory equipment, gym equipment, board games, arts and crafts supplies and music systems. There are four vehicles to support residents to attend appointments and to access their local community.

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. They also had an opportunity to speak with three staff members, the person in charge and a person participating in the management of the designated centre (PPIM). Residents had a variety of communication support needs and used speech, vocalisations, facial expressions, sign and body language to communicate. In line with their communication support needs and preferences, one residents told the inspector what it was like to live in the centre and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of the other three residents.

Residents appeared comfortable and content throughout the inspection, particularly in the presence of staff. Staff were observed to be very familiar with residents'

communication preferences and to respect their 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 like to be supported. They spoke about supporting residents to develop and achieve their goals.

Throughout the inspection, staff were observed to be available to residents should they require support. They were observed spending time with residents, affording them space if they wished to spend time alone, to encourage their independence and to take time to listen to them and support them to make choices. There were easy-to-read documents available about areas such as, my money, complaints, human rights, how to access advocacy services, and safeguarding. There were picture rosters and menu planners on display.

Based on what the inspector read and was told residents were supported to visit and spend time with the important people in the lives. Residents could choose to take part in day services on a sessional basis. They had hobbies and interests and work was ongoing to support them to explore their community and seek out different activities and events they may enjoy. For example, one resident was now hiking on a regular basis and had a certificate for completing a mountaineering course and for map reading skills. They were part of the local mountain rescue team and regularly attending meetings and events. Another resident had created a multimedia piece of art for which they had won an award. A video had been created about their art work and they had received their award from a famous television personality.

Based on what the inspector observed, residents got up when they wished to, had meals and snacks when it suited them and went out and about, if and when they wished to. During the inspection residents were engaged in a number of activities in their home or in their local community. They were observed relaxing watching television, listening to music, using sensory equipment, and coming and going with the support of staff. Based on a review of residents' goals and plans they were regularly taking part in activities such as swimming, going to the gym, using the facilities in local hotel such as jacuzzi and sauna, going to mass, attending music sessions in day services, going on boat trips, going to a local cattle mart, and attending an over 50's group. Residents were also taking part in the upkeep of their home. For example, one resident likes to make their own breakfast, do their laundry and clean areas of their apartment.

During the inspection two residents were observed spending time together on the patio and to later go for a walk around the campus together. The inspector met one resident in the afternoon and they spoke about going for a long walk and doing a bit of shopping while they were out. The other resident was relaxing in their apartment when the inspector visited them and they used sign language and pictures to tell staff and the inspector about things they liked to do, their plans for the day and their plans for the weekend.

Resident and family input was sought as part of the provider's annual and six-monthly reviews. This feedback indicated they were happy in their home, and with staffing supports. The inspector reviewed three residents feedback from 2025 which

indicated that they felt safe living in the centre, that they lived in a nice place, enjoyed the food and were supported to make choices and decisions. They indicated they were happy with their access to activities and supported to be visited by or visit their family and friends.

In summary, it was evident that residents living in this centre were receiving a high quality service which was promoting their rights, and ensuring that they were safeguarded. They were supported to explore their community, achieve their goals, and to stay safe. They appeared to be comfortable and content in the centre.

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 inspector found that there was good oversight of the service, particularly relating to safeguarding. There was a focus on ensuring that residents' rights were respected and upheld.

Efforts had been made to ensure there were an appropriate number of staff who had the necessary skills and experience to support residents; however, there were vacancies and this was found to be impacting on the availability of staff to support residents, at times. This will be discussed under Regulation 15. The inspector found that the provider was supporting staff to be aware of their roles and responsibilities in relation to the care and support they provide for residents. They had access to training and refresher training in line with the organisation's policy, including safeguarding training. Information was shared with the staff team at handovers, and staff meetings to ensure that all staff were kept informed of any control measures in place to support residents to reach their goals and to keep them safe.

The provider had effective governance and management arrangements in place and this was ensuring that residents were safe and in receipt of a good quality service. There were clear lines of responsibility and accountability. Staff meetings, area-specific audits and the provider's annual and six-monthly reviews, all included a review of safeguarding and trending of incidents.

## Regulation 15: Staffing

The inspector found that the centre was not fully staffed in line with the statement of purpose. There was one whole time equivalent staff vacancy and one staff was on extended unplanned leave at the time of the inspection. In addition, the provider had identified that additional staff was required, at times, to support residents. The

inspector acknowledges they had put additional staff in place at times; however, from a review of a sample of rosters this was not consistently implemented. A roster review was ongoing at the time of the inspection as a control measure for presenting risks and to consistently implement community connecting hours for residents.

The provider was attempting to ensure continuity of care and support for residents while filling vacancies and covering leave. Where possible, regular relief staff were covering shifts and a small number of agency staff were covering the remaining shifts. For example, for one week of rosters reviewed, 10 shifts were covered by four regular relief staff and four shifts were covered by two agency staff.

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

Following a review of the staff training matrix, the inspector found that staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. 100% of staff had completed training identified as mandatory in the provider's policies such as safeguarding and positive behaviour support. In addition, the majority of staff had completed additional trainings such as, a human rights-based approach to health and social care, supporting decision making, person-centred planning, the fundamentals of advocacy and autism awareness.

There was a supervision schedule in place to ensure staff were in receipt of regular formal supervision. The inspector reviewed a sample of probation and supervision for four staff. Agenda items at these meetings included safeguarding, advocacy, accidents and incidents, complaints and staff training. In addition, five on-the-job mentoring forms were reviewed in relation to fire, risk, safeguarding and medicines management.

A sample of three staff meeting minutes from 2025 were reviewed. These were found to be resident focused and agenda items were varied. Safeguarding and protection was on the standing agenda as was complaints, safety, restrictive practices and learning as a result of incident review and trending.

Two staff who spoke with the inspector stated they were well supported in their role. They described the local management team as very supportive. They spoke about the availability of the person in charge or the wellness culture and integration manager (PPIM) should they require support, or the on-call manager in their absence.



Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was also responsible for another designated centre operated by the provider and were found to be present in this centre regularly. They reported to and received supervision and support from a wellness culture and integration manager.

They provider had identified personnel responsible for promoting and managing safeguarding in the service and their contact details were on display in the centre. Following a review of incidents it was evident that learning from these was used to ensure safeguarding measures were appropriate and effective.

Following a review of the provider's annual and six-monthly reviews, the inspector found that there were good systems for oversight and monitoring. Safeguarding and protection, incidents, restrictive practices and complaints were regularly reviewed as part of the provider's audits and reviews. There was a clear focus on promoting residents' safety and wellbeing in this centre.

Judgment: Compliant

### Quality and safety

The inspector found that the provider was making every effort to implement the principles outlined in the National Standards for Adult Safeguarding to ensure residents were receiving a service which promoted and upheld their rights. Residents were engaging in activities they found meaningful on a regular basis. They were spending time with their family and friends. Their experience of care and support in the centre was being captured on a regular basis.

Residents had support and risk management plans which considered their safety and safeguarding. Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration. Where possible, they were reduced or eliminated. Residents were supported by the relevant health and social care professionals such as consultants, general practitioners, occupational therapists, physiotherapists and speech and language therapists.

Residents rights were recognised and promoted and they were supported by staff to understand how to reduce the risk of harm and maintain their health and wellbeing.

## Regulation 10: Communication

Residents were supported to make decisions about their care and support. From a review of three residents' plans they each had their communication needs assessed and had a total communication booklet in place.

There was information available in an easy-to-read format on areas such as safeguarding and complaints. For example, there was information available in an easy-to-read format on "my money" which detailed the supports and systems available to support residents to keep their money safe. Safeguarding, complaints and human rights were discussed with residents at weekly future planning meetings.

Judgment: Compliant

## Regulation 17: Premises

The provider had considered safeguarding in ensuring the premises was designed and laid out to meet 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. Significant work had been completed to the premises since the last inspection. The inspector was shown pictures of residents' apartments before and after these works. Pictures had been taken to prepare residents for the required works and residents were involved in re purposing rooms, picking new furniture, picking paint colours, and picking art work and soft furnishings. For example, one resident had art work they had purchased and their own artwork on display, whereas one had minimal items and artwork in their apartment in line with their preference for a low sensory environment. The gardens and pollytunnel had also been cleared out and tidied since the last inspection.

The apartments were interconnected and staff described a blossoming friendship between two residents which had resulted in opening the shared door between their apartments, at times. The inspector observed these two residents spending time together on a number of occasions throughout the inspection.

Judgment: Compliant

## Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. There were systems to identify, assess and manage risks in the centre. The inspector reviewed the centre-specific risk register

and 10 general and individual risk assessments. These outlined control measures which mitigated against risks in the centre. Risks were discussed at staff meetings to ensure staff were knowledgeable about risks and the controls in place to address these risks. For example, discussions were held when a new control measure had been implemented around opening the door between two apartments at night time. There was also additional staff implemented later in the evenings in line with presenting risks and one residents' preference to spend time alone in their apartment, particularly at night had been risk assessed.

Safeguarding was recognised as a risk, and there was a general risk assessment in place. In addition, where specific risks presented for residents, plans were put in place to ensure each person's safety in areas such as property destruction.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' assessments and plans and found that these documents positively described their needs, likes, dislikes and preferences. They were in receipt of support of health and social care needs in line with their assessed needs. From what the inspector read, heard and observed, residents were supported to make decisions and choices. They were involved in the development and ongoing review of their personal plans.

Residents were supported to develop goals and to plan and take part in meaningful activities daily. Some residents' goals were focused on developing their life and independence skills, taking positive risks and building their experiences in order to identify new hobbies. Risks relating to safeguarding were assessed, documented and reviewed regularly. For example, one resident had reached their goal of taking part in a six week activity programme which included axe throwing, rock climbing, hiking, basic survival skills, boating, nature art and zip lining over a lake.

Each resident had a weekly planner which detailed the times and activities they wished to take part in. For example, one resident was planning to go shopping, to the cinema, to an art class, bowling, to a GAA match, out for a meal, for a pint in their local, to visit their family, to prepare meals and snack and to take part in the upkeep of their home. These planners were subject to change based on residents' choices daily.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a behaviour support and restrictive practice policy in place. There were a number of restrictions in the centre such as exit doors on a fob system, locked chemicals and controls on devices for safe and appropriate use of technology. There were risk assessments in place and residents' support plans demonstrated a clear rationale for any restrictions which were in place in addition to criteria for reducing and eliminating these practices, where possible. The inspector reviewed a restrictive practice register, restrictive practice risk assessments, a restrictive practice log, and the minutes of three restrictive practice review committee meetings. These all demonstrated oversight of restrictive practices to ensure the least restrictive were used for the shortest duration. Restrictive practices were discussed regularly with residents at keyworker meetings and easy-to-read documents were available in the centre on the topic.

The inspector reviewed a residents' positive behaviour support plan which was sufficiently detailed to guide staff practice. It detailed proactive and reactive strategies and when and how restrictive practices should be implemented.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured policies and procedures were in place to ensure residents were safeguarded from abuse, including an intimate care policy. Residents were safeguarded by the practices in the centre. For example, residents were supported by staff to complete regular balance checks of their income and expenditure. If they wished to, staff supported residents to develop and implement a weekly budget. They had a personal assets list maintained in their personal plan.

The inspector reviewed a centre-specific safeguarding folder which contained a safeguarding log, records of allegations or suspicions of abuse, safeguarding plans and any follow ups with the safeguarding and protection team.

The inspector reviewed three residents' personal and intimate care plans. These were detailed and gave staff clear guidance on what level of support residents needed in different care routines and how to ensure that their privacy and dignity was maintained.

Staff had completed safeguarding training and the two staff who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

It was evident that residents' were receiving a person-centred service. They were supported to exercise their rights to have choice and control over their life in a number of areas. For example, on a daily basis, residents was supported to make choices about their routines throughout the day, including activities they wished to take part in.

Residents' right to access information was promoted and upheld. For example, as previously discussed there was easy-to-read information available on a variety of topics. They were being supported to develop short and longer-term goals. Complaints and safeguarding were regularly discussed during keyworker and residents' meetings.

The provider had developed an implementation plan for the Assisted Decision-Making Capacity Act 2015. It outlined the reforms in legislation and the benefits of the act. The provider had provided training for key staff and more was planned. They had also identified key personnel to support with implementation and developed easy-to-read documents.

The inspector reviewed seven focus on future planning meetings which are held with residents weekly. These meetings focus on wellbeing and provide details on the framework used in health and social care to ensure a human rights-based approach, the FREDAs principles (Fairness, Respect, Equality, Dignity and Autonomy). The meetings focuses on community mapping and residents' circle of support.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
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	Compliant

# Compliance Plan for Damara OSV-0003446

Inspection ID: MON-0046387

Date of inspection: 15/04/2025

## 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> <ul style="list-style-type: none"><li>• Aurora has implemented a new recruitment strategy, using an external recruitment agency to support the provider in implementing a robust system and process to recruit staff. As this recruitment strategy is being embedded it is envisaged that there will be evidence in the reduction of vacancies across the service.</li><li>• The PIC will continue to plan roster and use the same relief and agency staff to ensure consistency for people supported, reporting on this through the PIC Monthly Status Report</li><li>• WCI Managers will review staffing of the designated centre at their weekly meeting, where decisions of allocation of new staff will be agreed by 30.05.2025</li></ul>	



## 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	30/05/2025