



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

Issued by the Chief Inspector

Name of designated centre:	The Bungalow
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	09 June 2021
Centre ID:	OSV-0005818
Fieldwork ID:	MON-0025822

About the designated centre

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

The Bungalow is a residential home located in Co. Kilkenny. The service can provide supports to three residents over the age of eighteen years with an intellectual disability. Currently this service only provides care to male residents. The service operates on a 24 hour 7 day a week basis, with staffing levels in place based on the assessed needs of the residents. The Bungalow aims to "develop services that are individualised, rights based, and empowering; that are person centred, flexible and accountable". The services supports and facilitates residents to participate in their local community and participate in activities which are meaningful to the individuals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 2015 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
Wednesday 9 June 2021	09:30hrs to 16:30hrs	Tanya Brady	Lead
Wednesday 9 June 2021	09:30hrs to 16:30hrs	Leslie Alcock	Support

What residents told us and what inspectors observed

This inspection took place in a manner so as to comply with the public health guidelines and minimise potential risk to residents and staff during the COVID-19 pandemic. The regulations prioritised for examination were those which provided the best evaluation of what it was like for residents to live in this house and what level of safety and care was afforded to the residents by the staff and the organisation supporting them.

This centre is a bungalow set in its own grounds in a rural setting. Each resident had their own bedroom and shared a sitting room, dining room, bathroom, kitchen/utility room and visitor's room. To the rear of the house was a large decked area where staff had erected a gazebo to provide shade and shelter. Three residents lived in this centre and the inspectors had the opportunity to meet all three over the course of the day. The inspectors observed residents engaging in their daily activities and when relaxing in their home. Inspectors also observed staff interactions with residents and it was observed that residents were relaxed, comfortable and enjoying the company of staff members. Staff were seen to be warm in their interactions with residents and attentive to their needs.

On arrival the inspectors observed the residents relaxing in the sitting room where they were listening to music, with residents' armchairs positioned in a specific orientation to each other and to the sources of light in the room. Some residents enjoyed specific textures and staff had ensured they had favoured items to hold or explore as use of touch was important. The team leader spoke with the inspectors to outline residents' particular communication and support needs. This was of particular importance as all residents in this centre have visual impairment and some have additional hearing impairment. Inspectors required guidance to ensure they did not impede residents' independence or cause feelings of anxiety.

While discussing daily activities and interests, the team leader explained to inspectors that one resident won't currently get into the car or their wheelchair and that a programme was in place to build skills towards achieving this. Late in the day the resident did with support move to sit in their wheelchair for a brief period and staff supported them in going for a short walk. Inspectors noted that in the afternoon while other residents were out doing an activity, this resident was supported to listen to audio books, relax outside on the deck and was offered a range of activity options by the staff member supporting them. The staff member also responded appropriately when the resident indicated when they wanted the staff to stop an activity.

Staff advised that the other residents enjoyed going for drives and walks within their local area and inspectors observed the staff going out with two residents during the inspection. Residents had activities they liked to complete in the centre and inspectors observed one resident supported to go and pick up the post from the post box in the morning. The resident used a series of non-verbal cues such as body

orientation and vocalisation to request that staff supported them in closing the zip on their jacket before going outside. This activity was stated as important to the daily routine of the resident.

Personal items and photographs of the residents were visible in the sitting room and the individual bedrooms and resident's artwork was also visible on display in the house. When staff began preparation of lunch the smell of the food cooking provided an important cue for residents in anticipating what was happening next. Staff report that they were aware of the impact of specific triggers and as such did not prepare food other than at mealtimes or when requested by residents.

The residents had moved into this centre from a campus based centre and staff who had been working with them for a number of years stated that living in this centre had brought many positive changes to their lives. The provider and person in charge spoke to the inspectors about the future needs of residents and of the plans in place to move to a permanent home that will provide the residents with more living space. The person in charge showed the inspectors provisional floor plans for a potential permanent home.

Most of the staff working in the centre were familiar with the residents and responsive to their needs particularly in areas such as swallow care, communication, cognitive and behavioural and social support. There was one agency staff on duty and the inspectors observed the other staff providing direction to the agency staff in relation to assisting the residents when necessary.

Overall, the inspectors found this centre provided all three residents with a very homely and caring environment to live in. The following two sections of this report outline in more detail the specific regulations viewed by inspectors and their impact on the lived experience of residents.

Capacity and capability

Overall, the inspectors found that the registered provider and person in charge were striving to ensure a good quality and safe service for residents that was in keeping with their specific assessed needs.

The centre had a clearly defined management structure in place consisting of a person in charge, who worked on a full-time basis in the organisation. While the person in charge had responsibility for four centres, one of which is unoccupied at present, they are supported in their role by a full-time and experienced team leader and by the community services manager. The clear lines of accountability and responsibility meant that all staff were aware of their responsibilities and who they were accountable to.

Overall, the staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place. Where cover was required for annual leave or sick leave it was found that a bank of regular relief staff or regular agency staff were used to cover absences. This ensured some consistency of care for the residents. On-call arrangements were in place for staff.

Staff members were observed by the inspectors to be warm, caring, and respectful in all interactions with the individuals in the centre. Each staff member who spoke with the inspectors were knowledgeable in relation to their responsibilities and residents' care and support needs. All staff in the centre had completed training in line with residents' needs and were in receipt of support and supervision provided by the person in charge and team leader.

Regulation 14: Persons in charge

The person in charge has the required skill and experience for their role. They have however, a large remit and were named as person in charge for four centres one of which was unoccupied at the time of this inspection. Based on the compliance levels of this inspection, this arrangement was not found to have a negative impact on the service provided to residents in this centre. The inspectors noted that the person in charge is supported by a full time team leader in this centre who has some protected administrative time.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that there was an appropriate number and skill mix of staff provided to support residents. The staff team demonstrated flexibility in changing shift times to incorporate changes to residents' routines or needs. The provider used minimal numbers of agency staff or relief staff where required and these were familiar to the residents where possible.

Inspectors reviewed the rotas for the centre and found that they reflected the staffing levels on the day of inspection. Planned rotas were in place for the rest of the year and there was an emergency on call rota also available which was easily accessible to staff.

The inspectors reviewed a sample of personnel files against the regulations to ensure they contained the required documentation and found one staff member's photographic identification was out of date. In addition for the agency staff member

that was assigned to the centre on the day of inspection all the required documentation was not available for review, such as photographic identification.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Arrangements were in place for the staff team to receive training to support them in meeting the assessed needs of the residents. The inspectors viewed evidence of mandatory and centre specific training records in addition to resident specific training. All training and refresher training was up-to-date for staff. Two staff were due refresher training in 'first aid' however, this had been cancelled, but inspectors reviewed details showing that it had been rescheduled within a few weeks of the inspection and all correspondence regarding this was reviewed.

Staff were in receipt of formal supervision which was happening in line with the providers policy and action plans arising from these were developed and being monitored in a timely manner.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that there were appropriate governance and management structures in place with clear lines of authority and accountability. The registered provider had arrangements in place to monitor the service provided to residents. The annual review for the previous year and six-monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, plans were in place to address these. The inspectors were satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis.

The provider and person in charge had audit schedules in place and systems in place to ensure that any actions identified from these were completed within required timeframes. The person in charge had completed a skill survey with staff and outcomes from this informed personalised 'on the job' practical supports which staff reported as being helpful to them carrying out their role. There was evidence that the staff team and the management team were meeting regularly and the person in charge and team leader had protected time to meet on a regular basis.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose is an important governance document and inspectors reviewed the current version available which accurately described the nature of the service provided. The statement of purpose contained all of the information as required by the regulations and there was evidence that it was regularly reviewed.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors reviewed the incident and accident records and were satisfied that the chief inspector was being notified of any adverse event occurring in the centre as required by the regulations. The person in charge was aware of their remit to notify adverse incidents and of the timeframes within which notifications are required to be submitted.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, safe, person centred and which promoted their rights.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices.

Individual social care needs of residents were being supported and encouraged. From viewing resident files, the inspectors saw that the residents were being supported to maintain links with their families and friends. At the time of this inspection, access to the community was restricted for residents due to the current COVID-19 pandemic. However, residents were supported to go for walks in the local vicinity and drives or outings for a coffee. Staff had developed a wide range of activities within the residents home and a student recently on placement in the centre had created a personalised sensory exploration box for each resident.

The inspectors found that the provider and person in charge were proactively protecting the resident in the centre. They had appropriate policies and procedures

in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding.

Regulation 13: General welfare and development

Developing and maintaining personal relationships and links with the local community were actively encouraged and facilitated. Inspectors observed one resident supported to go for a walk and staff supporting them to greet neighbours. Residents were engaged and involved in activities that were of the residents choice and they were offered preferred activities over the course of the day. The individual social care needs of residents were being supported and encouraged and this was reflected in personal plans and during what were called 'visioning' meetings. Inspectors observed staff members supporting each other to understand non verbal resident communications and staff who were responsive to residents needs. As an example a staff member clearly understood a gesture that indicated the resident wished the staff to stop reading a book to them.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be very clean and welcoming, externally there was a well maintained small garden and area of hard landscaping which residents used on a regular basis. The residents each had their own bedroom which were simply decorated in line with their specific care needs and personal preferences. The residents had plenty of storage for their personal items and these were also displayed throughout the house. Doors into the house were ramped making the centre accessible. Internally transition between rooms or zones were indicated by the use of single message recordable devices that gave residents an auditory cue of where they were moving to.

The centre had a number of areas that required repair or maintenance such as cupboard or drawer fronts in the kitchen that were worn and paint was chipped. Some ceiling lights had no lampshades or one had a torn light shade and other areas required minor painting repair where fixtures had been moved.

The kitchen was located in an area that was a risk for residents to move through when in use as it was narrow and not laid out in a manner that was easy to navigate with a visual impairment. This meant that residents moved through the visitors room to reach the table for their meals. The visitors room and second sitting room, was also used as a staff office space and storage for household items were stored here such as clothes horse and vaccum cleaner. The provider had identified these areas as a concern and there were plans that were shared with the inspectors to provide a

long term home for residents better suited to their needs in another location.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The residents in this centre were protected by policies, procedures and practices relating to health and safety and risk management. Risk management systems were effective, centre specific and considered. There was a detailed and current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations made to meet the complex needs of the residents. Any changes in either the residents assessed needs or as a result of an incident or accident were promptly responded to.

There was evidence that the staff were guided by up-to-date standard operating procedures when implementing control measures for specific risk assessments. Where changes to the environment had been identified such as the use of the gazebo these were promptly assessed and risk assessed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19.

The person in charge and team leader ensured regular cleaning of the premises, sufficient personal protective equipment was available at all times and staff had adequate access to hand-washing facilities and or hand sanitising gels. There were quick reference guides or 'how to...' sheets available for staff to follow should they need to for example, order additional PPE or contact a GP regarding a suspected case of COVID-19. Mechanisms were in place to monitor staff and residents for any signs of infection.

Training records viewed indicated that all staff had completed training in infection control procedures. All residents had been assessed for risks associated with accessing their community, visiting and the risk of contracting COVID-19.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents in this centre did not present with behaviour that challenges however, they were supported to enjoy the best possible mental health and, if required, the person in charge could access psychology and or psychiatry support.

Staff had received up-to-date training in the management of behaviour that challenges which encompassed skills on ensuring the environment was appropriate to residents assessed needs. Where restrictive practices were in place, these were assessed and guidance was available to staff on how to appropriately apply these. The inspectors discussed with the person in charge and team leader the practice of regular hourly nightly checks on residents for which there was no assessment that indicated they were required. This was scheduled for review by the person in charge on the day of inspection.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse in the centre. There were no open safeguarding concerns and there was evidence that previous concerns were monitored, reviewed and dealt with appropriately both internally with the providers' social work department and externally with Health Service Executive (HSE). Each resident had detailed intimate care plans in place and staff were knowledgeable on how to protect residents.

There was regular engagement between the person in charge, the residents and their families or legal representatives.

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 - 2015 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Bungalow OSV-0005818

Inspection ID: MON-0025822

Date of inspection: 09/06/2021

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: SPC HR and Training Department have now ensured that outstanding documents in respect of employees and agency staff in The Bungalow is in place, as outlined in Schedule 2 of the Health Act Regulations.</p> <p>An out-of-date photo ID for one employee has yet not been updated due to COVID restrictions. A letter of National Driving License Service outlining delays in renewing driving licenses has been added to the HR file and the updated driving license will be made available by the employee as soon as available.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Acting Team Leader and PIC have submitted a request to Health & Safety Department immediately after the inspection took place with a list of identified repair works to be completed.</p> <p>SPC maintenance plan for The Bungalow will be updated as soon as the repair works have been approved and a timeframe for completion has been scheduled.</p> <p>The damaged lamp shade has been replaced and all lights in The Bungalow have now suitable and functional lamp shades in place.</p> <p>As discussed with the inspector on the day of the visit to The Bungalow planning for a bespoke house for the 3 gentlemen has commenced. Full renovations of the identified property have to be completed to ensure it meets the gentlemen's needs. A date for their</p>	

transition is yet not being scheduled; SPC Housing & Facilities Manager will keep the PIC, staff team and people supported involved in progression of the development for the move in 2022.

The PIC, Acting Team Leader and staff team are ensuring – until the gentlemen move to their future home that storage of items in the visitors/sitting room is kept to a minimum to provide a homely environment and provide free and safe movement for the gentlemen.

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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	20/06/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	15/06/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/10/2021