



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

Issued by the Chief Inspector

Name of designated centre:	Kildalton
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	21 March 2024
Centre ID:	OSV-0007229
Fieldwork ID:	MON-0038037

About the designated centre

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

Kildalton is a centre run by the Health Service Executive located close to a town in Co. Sligo. The centre provides residential care for up to five male and female residents, who are over the age of 18 years and who present with an intellectual disability. The service can also provide care to residents with specific health care and mobility needs. The centre comprises of one bungalow dwelling which provides resident with their own bedroom, some en-suite facilities, bathrooms, shared communal rooms and large accessible garden space. Staff are on duty both day and night to support the residents who live here. A waking night-time arrangement is in place in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 21 March 2024	10:45hrs to 16:15hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had in place in order to ensure compliance with the Care and Support Regulations (2013). It was completed over one day and during this time, the inspector met with residents and spoke with staff. From what the inspector observed, it was clear that the residents living at this designated centre were enjoying a good quality life where their human rights were respected and they were supported to be active participants in the running of their home and to be involved in their communities. Improvements with the statement of purpose would further enhance the quality of the service provided.

Kildalton is located in a rural area within driving distance of a busy village and a regional town. The premises was accessible, spacious and suitable to the assessed needs of the residents. The entrance hall was bright and welcoming. The kitchen was well-equipped and a plentiful supply of nutritious foods were provided. Residents had a choice of two dining areas in which to enjoy their meals and both areas were nicely presented. In addition, there were two sitting rooms, both of which were comfortable and warm with personal items displayed. One room had a large television screen which residents were using to listen to music. The second room was a quieter space where residents were observed completing activities of their choice. Each resident had their own bedroom. Two residents invited the inspector to their rooms which were nicely decorated in line with their individual preferences. There was a utility room to the rear of the house for the laundering of linens and clothing. Level access was provided around the perimeter of the house. This meant that it was accessible for residents that used wheelchairs. There was a large garden at the back and a pathway which led to a garden room. This room was used by the residents to spend time together and to complete activities. It was a warm and relaxing space with a window that overlooked a green field. This room was not shown on the floor plans of the designated centre or on the statement of purpose. Therefore, the provider was required to submit an application to vary condition 1 of the registration conditions.

The inspector met with all residents during the course of the inspection. One resident returned from a horse riding session which they said that they enjoyed very much. They spoke to the inspector about a trip that they were planning with their friend. It was clear that they were looking forward to this. A second resident held a longer conversation with the inspector. They said that they were happy in their home, that they liked their room and that they had their own jobs to do at that centre which they appeared proud of. Another resident smiled from time to time and used signs to indicate their likes and dislikes. All residents were observed moving around their home freely, talking together and with staff, enjoying their meals and snacks and listening to music. The atmosphere was warm, welcoming and cheerful.

Staff spoken with told the inspector that they enjoyed working in Kildalton. They said that they worked as part of a team that focused on the human rights of the

residents. They told the inspector that they were provided with human rights training which assisted them in promoting individual rights. This included advocating for residents and making sure that their voices were heard. For example, they said that residents had the right to choose what they wanted to do and if they preferred to stay at home their choice would be respected. The resident would be offered a choice of activities, such as baking, which they could complete at home instead. From the observations made, it was clear that the dignity of each resident was promoted. If a resident requested support, this was provided promptly and with kindness and respect.

The person in charge told the inspector that all residents were supported to spend time with their families where suitable and in accordance with their wishes. This was supported through telephone calls, visits to the centre and trips home. In addition, residents had opportunities to meet with their friends. For example, an event to celebrate St. Patrick's Day was held recently during which the residents had an opportunity to meet the staff and residents that they used to live with before they moved to their community dwelling. It was clear that this was an enjoyable event. Furthermore, residents were supported to be actively involved in their communities if they wished to do so. All residents had access to planned day services. As outlined, other activities were arranged at home and they included baking, crafts, trips for dinner or coffee, sporting events and evening events such as theatre trips and discos. Dedicated transport was provided. In addition, the person in charge told the inspector that the resident at this centre liked to host parties in their home for their families and friends. The inspector viewed photos of these events that were displayed in the centre.

Overall, the inspector found that Kildalton was a welcoming home with a warm relaxed atmosphere. The residents were provided with a good quality, person-centred and rights based service where they were active participants in their community. The staff employed were familiar with residents' support needs and attentive to their requirements. Adjustments to the statement of purpose were required in order to fully comply with care and support regulations.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to residents met their needs and was under ongoing review. However, improvements were required with the statement of purpose to ensure that it provided an accurate reflection of the premises provided, to include the addition of a garden room since

the last inspection.

The statement of purpose was available to read in the centre. It was revised in October 2023. As outlined, this required further review to ensure that the garden room was included on the footprint of the designated centre and to ensure compliance with schedule 1 of the regulation.

The policies and procedures required under Schedule 5 of the regulation were prepared in writing and were stored in the centre. They were up to date.

The person in charge commenced employed at this centre in March 2023. They reported to a senior management structure and told the inspector that they were supported in their role. They had responsibility for the governance and oversight of two designated centres which were located within driving distance of each other. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. There were two agency staff members working with the team. They were reported to be consistent and familiar with the assessed needs of residents. When the person in charge was not available the assistant director of nursing was available to provide support. An on-call system was used, which staff said worked well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. The person in charge was proactive in their monitoring of the staff training matrix and in ensuring that where additional training was required, that this was provided. For example, an additional training need in safeguarding and protection was identified and this in person training event was planned for. Where training was outstanding, there was a reasonable reason for this and a plan in place for completion. In addition to mandatory training, dysphasia training, falls training, frailty training and training in person-centred planning was offered to staff. A formal schedule of staff supervision and performance management was in place. Five out of thirteen meetings were completed and the others were in progress.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. A range of support meeting were facilitated by the provider in order to ensure that persons in charge had formal opportunities to meet regularly and to share learning. External speakers were invited to these meetings when required. The inspector found that the centre was adequately resourced to ensure the effective delivery of care and support. A range of audits were in use. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. Team meetings

were taking place on a regular basis. They were well attended and the minutes were available for review. A review of incidents occurring found that they were documented in accordance with the provider's policy. The Chief Inspector of Social Services was informed if required in line with the requirements of the regulation.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and for the care provided. However, improvements were required with regard to the administration of the statement of purpose to ensure that it was in compliance with the requirements of the regulation.

The next section of this report will outline the care and support provided and it if was of good quality and ensured that people were safe.

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place. Where actions were required under this regulation, they were anticipated and planned for.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was available to read in the centre. However, further review was required to ensure the following;

- to ensure that the garden room was included on the footprint of the designated centre in line with the requirements of schedule 1 of the regulation.

Judgment: Not compliant

Regulation 31: Notification of incidents

The provider and person in charge had submitted relevant notifications as specified by the Chief Inspector and within the required timeframes.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

The inspector found that the service provided in Kildalton was person-centred and safe. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community. It was a well-governed and managed service and this had a positive impact on the quality and safety of the service provided. However, administrative improvements were required with the statement of purpose as outlined above. This would ensure that it provided an accurate reflection of the premises provided.

Resident were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. As outlined, they were provided with access to a range of facilities for recreation in line with their personal preferences. These included home and community based activities such as community day services, sporting events, sensory experiences, shopping, concerts and day trips. Comprehensive assessments of residents' health, personal and social needs were completed. Each resident had a personal-centred planning book and an assessment of need which were reviewed regularly. Residents and their representatives were involved in setting goals through their personal planning meetings.

Residents who required support with their health and wellbeing had this facilitated. The inspector found that where a resident had a specific healthcare need, that a joined up approach was used. For example, a resident that was presenting with poor health had a comprehensive review. A plan was put in place which included a medical recommendation for the completion of procedure under sedation. The person in charge worked with the resident's healthcare team to ensure that other procedures such as dentistry could be completed at the same time in order to minimise the residents discomfort while addressing their needs. In addition, access to the support of allied health professionals was provided in accordance with individual needs. For example: residents attended nursing specialists, physiotherapy, speech, language therapy and had a referral to occupational therapy.

Residents that required support with behaviours of concern had the support of a behaviours specialists and if required, behaviour support plans were in place. Where an escalation of behaviours was identified, this was reviewed promptly and actions were planned and progressed. Restrictive practices were in use in this centre. Protocols for their use were in place. In addition, the person in charge completed a self-audit of restrictive practice in January 2024. This ensured that they were effectively monitored and regularly reviewed.

Resident's safeguarding and protection was taken seriously in this centre and systems were in place to protect residents from abuse. For example, the safeguarding policy was up to date, staff had access to training and those spoken with were aware of the identity of the designated officer and of what to do should a concern arise. There was one open safeguarding concern at the time of inspection and an interim safeguarding plan was in place. A strategy meeting was due to take

place the following day and would include the designated officer, and the resident impacted in order to review the effectiveness of the plan to date. The inspector found that the person in charge completed a regular audit of any incidents occurring and ensured that gaps were identified and addressed. For example, in response to an increase in incidents a plan for face to face training was agreed and planned.

The inspector found that the designated centre was operated in a manner that respected the rights of each resident. As outlined, staff were provided with training in human rights. Residents were supported to participate in decisions about their care and support and to have control in their daily lives. For example, a review of the rights of residents with epilepsy and prescribed emergency medicines was completed. This was required as residents were dependent on nursing staff to accompany them on community outings in order to administer emergency medicine should the need arise. This impacted on their freedom, as nursing staff were not always available. A provider level review was completed, the policy was updated and a training plan for healthcare assistants was put in place. This was reported to be working well with no concerns arising at the time of inspection. In addition, the provider had a human rights committee in place. Meetings were taking place on a regular basis and the minute were available for review.

The provider had effective management systems in place to reduce and manage risk in the designated centre. These included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had individual risk assessments with actions in place to reduce the risks identified. Where concerns arose, these were identified by the provider and a plan was put in place to manage the risks.

The provider had arrangements in place to reduce the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans and all staff had completed fire training. Those spoken with were aware of what to do if required.

In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. Improvements in the statement of purpose would further enhance the quality of the service provided.

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Annual reviews were up to date.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours of concern had the support of a behaviour specialists. The provider's policy on behaviour support and behaviour support plans were up to date. Restrictive practices were in use in this centre. Protocols for their use were in place and these were reviewed recently.

Judgment: Compliant

Regulation 8: Protection

Residents were supported to develop the knowledge and skills needed for self-care and protection. Safeguarding was taken seriously at this centre. Where concerns arose they were addressed promptly in line with local and national policy

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the designated centre was operated in a manner that respected the rights of each resident. Staff were provided with training in human rights. Residents were supported to participate in decisions about their care and support and to have control in their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kildalton OSV-0007229

Inspection ID: MON-0038037

Date of inspection: 21/03/2024

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 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none">• The Registered Provider has ensured that the garden room is now included on the footprint of the designated centre in line with the requirements of schedule 1 of the regulation. Completed 19/04/2024.• The Person in Charge has updated the Statemet of Purpose to reflect this change and has sent this to the Inspector. Completed 19/04/2024.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	19/04/2024