

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

Issued by the Chief Inspector

Name of designated centre:	Knock House
Name of provider:	Dundas Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	16 April 2024
Centre ID:	OSV-0005766
Fieldwork ID:	MON-0034532

About the designated centre

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

Knock House provides full-time accommodation for five adult residents in a two-storey community house in County Dublin. Its design and layout replicates a family home and the comfortable and welcoming feel of the house is consistent with a home-like environment. There are five individual bedrooms for residents, two bedrooms are on the ground floor and one of these has en-suite facilities. There is an additional shower room with a toilet on the ground floor also. The remaining three bedrooms are on the first floor and are all en-suite. There is also a full bathroom on the first floor as well as storage. Residents are encouraged to decorate and furnish to ensure their environment is as homely as possible. The house is also equipped with a domestic kitchen and dining room where residents are encouraged to get involved with the grocery shopping and with the preparation of meals and snacks. There is a living room and a sun room leading to the garden. Additionally, there is a large gallery/TV area on the first floor. The centre is staffed by direct support workers, team leads and a person in charge.

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
Tuesday 16 April 2024	09:30hrs to 17:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre Knock House. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's certificate of registration. The inspection was facilitated by the person in charge for the duration of the inspection. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The designated centre consists of a two-storey house just outside of a village in North County Dublin. The house comprised of five individual bedrooms, three of which had en-suites, three bathrooms, two lounge areas, a large kitchen and dining area, sun room and staff office. The designated centre had exclusive use of a vehicle in order to access the community, day service and activities of residents choice. The local village was a five minute walk from the designated centre and residents were supported and encouraged to use the local facilities and amenities, which included small supermarket, shop and chemist. If residents required a larger town was also in close proximity with greater amenities such as cafes, restaurants and large shopping centre, that residents could access with public transport or the centres own transport. The centre was also surrounded by a large garden area, which was maintained by residents. Residents and staff had developed a wildflower meadow in the garden to support bees and other insects. The garden area was also home to chickens which residents and staff supported as part of the home. The inspector found that the centre had ample living space for residents and was well maintained. Each resident had their own bedroom and during the course of the inspection, residents spoke to the inspector about how they were support to make their bedroom their personal space. The inspector observed that each residents room was decorated in line with their interests and hobbies such as football posters, completed Lego sets, musical memorabilia and family pictures.

There was five residents living in the designated centre on the day of the inspection, the inspector had the opportunity to speak to all residents during the course of the inspection. In addition, all five residents completed the questionnaires in relation to support in the centre prior to the inspection. The information in these questionnaires presented that residents were happy in their home, that they felt they had support to make decisions and that the staff team were kind and supportive of their choices. One resident noted on the questionnaire that they would like to review an option for pizza in terms of their current speech and language review. The inspector observed that the staff had already made enquires to assist the resident with this request and were liaising with members of the multidisciplinary team and other centres to see what if any meal plan could be available.

The inspector had the opportunity to speak to one resident who wanted to show the inspector how their room had been decorated. The resident had recently had a

bespoke cabinet fitted into their bedroom which allowed for greater access to their belongings and more space in their room. The resident spoke to the inspector about their upcoming plans to attend a concert of classical music. The resident had recently purchased a suit which they were looking forward to wearing to the concert. The resident told the inspector that they have a great interest in music and also in films.

One resident spoke briefly to the inspector, the inspector observed that the resident was taking time to decide if they wished to speak to the inspector as the inspector was a new visitor to their home. The inspector observed staff talking to the resident about how the inspector was visiting to make sure that everyone in the centre enjoyed living there. The inspector noted that staff spoke to the resident about the "nice to meet you" document that staff had shown resident during the week to explain who the visitor to the residents home was. The inspector then briefly spoke to the resident with the support of staff. The resident informed the inspector that it was very nice to meet them and that they really enjoyed their home. The inspector observed the staff team support the resident with activity choices for the day. The inspector observed that staff had a clear understanding of the residents communication needs and support required by residents when changes were happening in their environment.

One resident was a keen amateur photographer and spoke to the inspector about their love of photography. The resident had a love of taking pictures of wildlife and in particular of birds that reside in the local area. The resident had a number of their photographs displayed within their home. The resident spoke to the inspector about other interests that they have outside the home including football and rugby. The resident played for two local sides in both sports. The resident had also recently taken up a 12 week course in the local gym and was attending weekly. The resident told the inspector that they have a great family and they regularly visit them or meet them for meals out or events.

One resident spoke to the inspector about how they were developing skills within the designated centre in order to increase their employment opportunities in the local community. The resident told the inspector that they had been making bird houses with staff and displaying them in the garden. The resident was also taking care of the gardens in the designated centre to develop this so that they could possibly use this skill when looking at job possibilities. The resident spoke to the inspector about a number of roles they had taken on in their home in relation to health and safety. The resident also spoke to the inspector about how staff had supported them to get a tattoo which they had wanted for a number of years but had always been advised against. The resident told the inspector that staff helped him understand what it would mean having a tattoo, for example it is there for life and it can take a lot of time with elements of pain involved during the process as needles are used. The resident was extremely proud of their tattoo and showed the inspector the detailed work that had gone into the design. Staff informed the inspector that they had gone into detail with the resident about the positive and negatives that having a tattoo can be and supported the resident throughout the process. The staff team

supported the resident to make an informed decision and a choice that the resident discussed had been a positive experience.

One resident spoke to the inspector about finishing their first year of college. The resident told the inspector that the previous years during the pandemic had been very difficult time and that they were really enjoying going to college. The resident told the inspector that they like living in their home and that the staff team are helpful and supportive. The resident showed the inspector their room and discussed their interest in Lego, writing screen plays and in the science fiction gathering Comic-Con. The resident had a large number of completed lego works and some that were a work in progress. The inspector observed that the Lego pieces completed were intricate with clear attention to detail throughout. The resident also showed the inspector pictures of their family and friends that were displayed in their room.

The next two sections of the report present the findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. Overall the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with strong local governance and management supports in place.

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and were supported by a PPIM who was an Assistant Director of Services for the provider. The inspector observed clear communication systems and oversight in place between the person in charge and the PPIM.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents, and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre and there was evidence to demonstrate

that the residents and their families were consulted about the review. A six-monthly unannounced review of the centre had taken place in March 2024 of the quality and safety of care and support provided to residents and there was an action plan in place to address any concerns regarding the standard of care and support provided.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding adults, fire safety and infection control. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. Staff had access to regular and quality supervision. A review of supervision records found that the content of supervision was thorough and sufficient to meet the needs of staff. Staff had completed training in human rights and the inspector observed the principles of human rights throughout residents support plans, residents meetings and residents input to their home.

As part of their governance for the centre, the registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies were readily available for staff to access. The inspector viewed a sample of the policies, including the policies on safeguarding, positive behaviour support, communications, residents personal property and finances, and food safety; and found they had been reviewed within three years of approval.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a full and complete application to support the renewal of the centre's certificate of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with

disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the resident's current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas such as safeguarding, fire safety and medication management. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs, such as understanding autism and positive risk taking. Staff had also completed training in human rights and the inspector could observe aspects of the training in staff practice.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre. The inspector reviewed a sample of supervision notes and found them to be in-depth and promoted the personal and professional development of staff.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

Six-monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner. There was a clear action plan for areas identified for the designated centre, with a time frame in place for any outstanding actions to be completed. An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review.

A suite of audits were in place including monthly local audits, fire safety, health and safety and medication management. On completion of these, action plans were developed to address any issues identified.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated, and was located in an accessible place in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that occurred in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. The person in charge had submitted notifications regarding adverse

incidents within the required three working days as set out in the regulations and had ensured that quarterly and six-monthly notifications were submitted as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies had been reviewed within the three years of approval. The inspector also found evidence that policies were discussed regularly at staff team meetings and that they had been signed by staff members to indicate that they had been read.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met.

The premises was found to be well maintained and homely. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes. Residents had access to a large garden which was furnished with garden furniture and outdoor activities.

There was a risk management policy and associated procedures in place. There was an accurate risk register in place that reflected the risks identified in the centre. The processes in place ensured that risk was identified promptly, comprehensively assessed and that appropriate control measures were in place.

The inspector found that residents had an up-to-date and comprehensive assessment of need in place and that support plans were derived from these assessments of need. Support plans were comprehensive and were written in person-centred language. The inspector saw that residents had access to health care in line with their assessed needs. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans. Residents had access to numerous technology devices. Residents spoke to the inspector about the importance of having quick WiFi in the centre to access areas of interest, for example to look at cinema timetables or to watch movies and sporting events.

Residents engaged in activities in their home and community and were supported to maintain relationships with friends and family. Residents had access to opportunities for leisure and recreation. It was found that residents were central to the personal planning process, and that their will and preference was respected with regard to decision making. The inspector found that residents were supported to set and achieve personal goals which were regularly reviewed with the individual resident and staff team to ensure that goals identified were enhancing their quality of life.

The provider had effected appropriate procedures and policies to ensure the safe administration of medications. Staff had received training in this area and could competently describe the processes for the ordering, administration and disposal of medications. Staff spoken to on the day were knowledgeable of each residents medication. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preference. There was clear auditing systems in place to identify medication errors and medication audits were discussed at staff meetings in order to promote shared learning.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The person in charge and staff team were reviewing each residents positive behaviour support in line with identified changing needs in a timely manner. The use of restrictive practices within the centre was being monitored by the person in charge and the inspector reviewed evidence of the person in charge and staff team updating residents to the use of restrictive practices and ensuring residents were informed and educated in relation to any restrictive practice within the designated centre. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. The registered provider had ensured that residents had access to media sources and technology. Residents had televisions, tablets, and mobile devices, and there was Wi-Fi available in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities with residents attending college, local sports teams and personal interest classes in the local community. Residents were encouraged to maintain relationships with their families and friends.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. The centre had been recently refurbished and the inspector found that residents bedrooms reflected their personal tastes and interests. The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

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

There was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. Adverse incidents were then discussed at each staff meeting in order to promote a culture of shared learning and reduce risk for residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines. Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff spoken to on the day of the inspection could detail how medication was prescribed, requirements for review of medication and what procedures were to be followed in the event that a medication was discontinued for a resident.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed. Residents had also been assessed to manage their own medicines but no residents were self administering on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need and personal plan in place. From the sample reviewed, residents' assessments clearly identified their care and support needs. Assessments and plans were regularly reviewed and updated with any changes in need. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness. Multidisciplinary professionals were involved as appropriate in creating support plans.

Each resident had an accessible person-centred-plan with their goals and aspirations for 2024. These included residents' goals and the actions required to achieve them. Residents were supported to set goals that were meaningful for them. For example, one resident had set up a goal to find employment in an area that they would require no additional support from staff. The resident was working through the goal by completing skills coaching in the relevant employment they had identified.

Judgment: Compliant

Regulation 6: Health care

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Individual health plans, health promotion and dietary assessments and plans were in place. A review of residents files demonstrated that residents had access to general practitioners, hospital consultants and allied health care professionals in accordance with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Behaviour support plans were available for those residents who required them and were up-to-date and written in a person centred manner.

The inspector observed a number of interactions between residents and staff that identified that staff were acutely aware of residents support needs in relation to their positive behaviour support and could identify residents needs as they presented and react in line with their individual supports.

Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible. The inspector found that the person in charge and staff team had completed a review of restrictive practices in place in the centre and had included residents in order to promote residents understanding of the rationale for restrictive practices.

Judgment: Compliant

Regulation 8: Protection

Overall, the inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice.

Safeguarding concerns had been reported and responded to as required and safeguarding plans were in place to manage these concerns.

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding, and there was a safeguarding policy to guide staff.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant